



## North Carolina Child Fatality Task Force 2019 Action Agenda

**Legislative “support”** items receive the highest level of support from the CFTF.

**Legislative “endorse”** items are led by others and endorsed by the CFTF.

**“Administrative”** items are non-legislative items sought to be further examined by the CFTF.

(**Note:** Items beginning with “*continue*” are those carrying over from the 2018 CFTF Action Agenda)

### Legislative Support & Endorse

#### Recommendations to prevent infant deaths

**Support** a state appropriation of \$85,000 in additional funding to expand the Safe Sleep NC program that works to prevent sleep-related infant deaths.

**Continue to support** legislative changes to strengthen North Carolina’s Infant Safe Surrender law to make it more likely the law will be used in circumstances for which it was intended to protect a newborn infant at risk of abandonment or harm by making legislative changes to accomplish the following: 1) remove “any adult” from those designated to accept a surrendered infant; 2) provide information to a surrendering parent; 3) strengthen protection of a surrendering parent’s identity; 4) incorporate steps to help ensure the law is only applied when criteria are met.

#### Recommendations to prevent youth suicide and/or firearm-related deaths and injuries to children

Continue **support** for an increase in funding to the School Nurse Funding Initiative by \$5 million recurring to add 100 school nurses in high-need communities to move toward meeting nationally recommended ratios.

Continue to **support** legislation requiring suicide prevention training and a risk referral protocol in schools, with specific requirements related to frequency and duration of the training, who receives the training, and minimum criteria for training components.

Continue to **endorse** an appropriation of \$100,000 in recurring funds for a full-time School Social Worker Consultant to be housed in the Department of Public Instruction Student Support Services in order to provide coordination, training, support, and data collection for school social workers in North Carolina.

Continue to **support** state funding for a new statewide firearm safety initiative, as recommended by the 2017 Firearm Safety Stakeholder group, that is focused on education and awareness surrounding firearm safe storage and distribution of free gun locks; funding to go to DHHS to appropriately engage a third-party organization to implement the initiative. (Two-year funding estimate is for \$155,700: \$86,500 for year one; \$69,200 for year two.)

## Recommendations to prevent motor vehicle-related injuries and deaths to children

Continue to **support** legislation allowing for primary enforcement of all unrestrained back seat passengers, and increase fine for unrestrained back seat passengers from \$10 to \$25.

Continue to **support** legislation that would require ignition interlocks for all DWI offenders.

## Recommendation for system supports to meet the needs of youth in the Juvenile Justice System

**Support** \$50 million in recurring state funding for the effective implementation of Raise the Age legislation.

## Recommendations to prevent harm to infants and youth caused by tobacco and nicotine use

Continue to **endorse** additional Quitline NC funding of \$3 million.

Continue to **endorse** at least \$7 million in funding for youth nicotine use prevention, including e-cigarettes.

## Recommendations to strengthen the statewide Child Fatality Prevention System

*(More detail about these recommendations is available via the document titled “CFTF Child Fatality Prevention System Recommendations for 2019,” posted on the CFTF website.)*

**Support** legislation, agency action, and policy change to implement the following changes to the Child Fatality Prevention System (CFP System):

- I. Implement centralized state-level staff with whole-system oversight in one location within the Department of Health and Human Services (DHHS) with the formation of a new cross-sector Fatality Review and Data Group and with child fatality staff in the Office of the Chief Medical Examiner (OCME) remaining in OCME.
- II. Implement a centralized electronic data and information system that includes North Carolina joining 46 other states to participate in the National Child Death Review Case Reporting System.
- III. Reduce the volume of team reviews by changing the types of deaths required to be reviewed by fatality review teams to be according to certain categories most likely to yield prevention opportunities.
- IV. Reduce the number and types of teams performing fatality reviews by combining the functions of the four current types of teams into one with different procedures and required participants for different types of reviews (including intensive-type reviews of abuse or neglect-related deaths with state-level staff assistance), and giving teams the option to choose whether to be single or multi-county teams. DHHS should study and determine an effective framework for meeting the federal requirements for Citizen Review Panels and for reviewing active DSS cases without using all local review teams for these purposes.
- V. Formalize the three committees of the Child Fatality Task Force (CFTF) with certain required committee members and expand the required CFTF report to address the whole CFP system with required report to be distributed to additional state leaders beyond the Governor and General Assembly.

**Support** for maintaining current state funding for existing positions and operations that support Child Fatality Prevention System work, and for additional recurring funding to support this work pursuant to DHHS determinations to be made related to the most appropriate placement and staffing configuration for this central office as well as funding needs of local health departments to support CFP system work. (Funding estimate is for \$550K.)

Pursuant to DHHS determinations to be made related to launching a Fetal and Infant Mortality Review Program to inform state-level action related to the prevention of infant deaths (which account for two-thirds of all child deaths), **support** funding to enable implementation of the evidence-informed practice of FIMR as a pilot. (Funding estimate is for \$300K.)

## Administrative Issues

**Administrative** support for CFTF Executive Committee to explore and pursue possibilities for funding for a three-year lead suicide prevention coordinator position in North Carolina that would coordinate cross-agency efforts to carry out implementation of the 2015 NC Suicide Prevention Strategic Plan and determine a sustainability plan for ongoing statewide coordination for implementation of the Strategic Plan.

**Administrative** support for CFTF to further study the issue of child abuse and neglect reporting including but not limited to the following issues: benefits, challenges, and resources needed for a statewide reporting hotline; the potential use of other tools such as mobile applications for reporting; incorporation of prevention education in reporting tools; and policies related to how cases reported to DSS but screened out for not involving a parent, guardian, custodian or caretaker are referred to law enforcement.

**Administrative** support for CFTF to further study the efficacy of requiring additional training related to child sex abuse prevention in child care settings and other K – 12 settings.

**Administrative** support for the work of the North Carolina Breastfeeding Coalition, MomsRising, NC Child, and the Carolina Global Breastfeeding Institute in their efforts to: examine ways in which pregnancy and lactation accommodations in the workplace can decrease infant mortality, increase child health and well-being, and address racial and socioeconomic health disparities; and research policies in place in other states that address these types of workplace accommodations.

**Administrative** support for the CFTF to work with the YMCA of the Triangle to engage stakeholders and experts to further examine issues and data related to a proposal for North Carolina to adopt provisions of the CDC's Model Aquatic Health Code pertaining to lifeguards at public pools, bringing information back to the CFTF for consideration.