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Child Fatality Task Force Releases Annual Report; Many Recommendations Focus on Healthy Birth Outcomes

RALEIGH – On the eve of the legislative short session, a legislative study commission releases its 2014 Annual Report. Recommendations of the Child Fatality Task Force are submitted to the Governor and General Assembly. Over the past 23 years recommendations advanced by policymakers and enacted into law have helped contribute to a 45% decline in the child death rate.

“Growing the prosperity of our state depends on assuring that our next generation grows up healthy, safe and strong. While the Task Force offers a sustained and strategic focus on strategies to prevent child death and promote well-being, the Governor, legislators and other policy-makers are the leaders who ultimately translate these recommendations into policies that save the lives of children,” said Karen McLeod, co-chair of Child Fatality Task Force and President/CEO of Benchmarks.

The recommendations of the Task Force cover a broad spectrum of causes of child death – including infant mortality, violence and unintentional injury. Since two-thirds of all child deaths are to babies before their first birthdays, the CFTF has a number of recommendations to promote healthy birth outcomes.

For example, the CFTF recommends one-time funding for a facility to serve high-risk pregnant women and their children. UNC-Horizons is a comprehensive substance abuse treatment program for NC pregnant and/or parenting women and their children. UNC-Horizons serves women from every corner of NC with evidence-informed interventions for substance abuse and critical wrap-around services. They also conduct research and train professionals around the state and the nation.

“This is a cross cutting issue. Substance abuse, especially of prescription drugs, is a growing problem in the North Carolina and the nation. Unintentional poisoning has increased greatly among teens over the past several years,” noted Dr. Peter Morris, Child Fatality Task Force Co-Chair and Executive Director of Urban Ministries of Wake County. “Now we are also seeing more and more babies born with substances in their system. These children are at risk for sleep, irritability and other behavioral issues and thus parenting may be challenging. Intervening at this critical point around birth can help save and improve lives.”

The Task Force also recommends on-going funding for existing, key infant mortality prevention programs that address every aspect of infant mortality, including preconception, pregnancy, birth, and first-year-of-life with a focus on geographic areas of high need as well as a one-time appropriation to the Perinatal Quality Collaborative of NC to implement data systems around a new screening requirement to detect certain treatable heart defects. Another recommendation to reduce infant mortality is for the Division of Medical Assistance to consider coverage of lactation consulting to support new mothers in their efforts to breastfeed. This is expected to save at least 14 lives and save more than \$2 million annually.

Other recommendations include assuring safe drug disposal from take-back events and permanent drop boxes, banning youth from using commercial tanning beds, and further study of how to support adopted families.

In addition to detailing the issues reviewed by the CFTF over the past year and previous accomplishments, the *Annual Report* highlights the need to assure that each public dollar invested in children's programs produces maximum return to further improve child outcomes and reduce fatalities. Careful evaluation can provide important answers about whether or not NC is getting the maximum return from any given investment by assuring that only best practice programs are used and by concentrating investment in an array of evidence-informed programs across the continuum of need and care in a way that promotes equity.

These recommendations represent more than 1,300 hours of volunteer input from diverse experts including policy-makers, doctors and other medical professionals, child welfare experts, law enforcement, educators, local leaders and others. Elizabeth Hudgins, executive director of the Child Fatality Task Force, thanked them, noting "more than 11,000 additional children are alive today due to the efforts of these experts, concerned policy-makers, and committed individuals putting these policies into practice. That hard work, time and dedication has translated to roughly the equivalent of helping as many kids reach their 18th birthday over the past two decades as the current freshmen classes at the universities of Appalachian State, East Carolina and North Carolina State combined."

The full Action Agenda is attached below. The annual report is available on the CFTF website under Reports and Data. Available fact sheets on individual issues are posted under Current Action Agenda and Fact Sheets.

In 1991, the NC General Assembly adopted a child fatality prevention system. This system includes the NC Child Fatality Task Force, the policy arm of the system; the State Child Fatality Prevention Team (under the direction of the Office of the Chief Medical Examiner), which reviews individual cases and identifies statewide trends; and local child fatality prevention teams in all 100 counties, which review local cases and recommend local changes needed to prevent future child deaths. For more information about the Child Fatality Task Force, please see

<http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/>.



N.C. Child Fatality Task Force 2014 Action Agenda **4/7/14**

Legislative – Recommend/Support

1. **Recommend that the General Assembly and Governor include in the budget bill a statement of interest in conducting an analysis of return on investment through Results First with cooperation of the Executive and Legislative branches**
2. **Support one time funding of \$1 million to UNC-Chapel Hill for capital funds to secure an expanded and permanent site for operations of the Horizons program to provide medical and wrap-around services to pregnant and recently delivered women affected by substance use disorders.**
3. **Request study of best ways to promote adoption/discourage disruption for recommendations for 2015 legislative session by Omnibus Foster Care and Dependency Committee.**
4. **\$120,000 recurring to the State Bureau of Investigation for Safe Drug Disposal**
5. Provide legislative permission for DMA to cover medical lactation services, with the provision that coverage of these services would be projected to be cost saving to the Medicaid budget (moved from “endorse” in 2013)
6. Ban minors from using commercial/regulated tanning beds (moved from “endorse” in 2013)
7. Provide at least \$12 million in state dollars to DSS to partially replace lost federal funds to stabilize families and prevent children being removed from their homes (carry over; funded at \$4.8 M in 2013 budget bill)
8. Restore of \$575,000 for funding for the Carolinas Poison Center (carry-over)
9. Fund \$75,000 to Injury and Violence Prevention in the Division of Public Health to enhance public health capacity on prescription drug misuse (carry over)
10. Continue to fund key perinatal health promotion efforts(partially funded in 2013 budget bill)
 - a. 17-Progesterone (\$52,000)
 - b. East Carolina University High Risk Maternity Clinic (\$375,000)
 - c. March of Dimes Preconception Health Campaign (\$425,000)
 - d. NC Healthy Start Foundation (\$175,000)
 - e. Perinatal Quality Collaborative of North Carolina (PQCNC) (\$350,000)
 - f. Safe Sleep Campaign (\$202,000)
 - g. You Quit Two Quit (\$200,000)
11. Funding of \$50,000 non-recurring to the Perinatal Quality Collaborative to implement the data and quality initiative pieces relating to pulse oximetry screening (related to 2013 recommendation)

Bold indicates a substantially new item for 2014

Legislative - Endorse

- 12. Legislation to require drivers of scooters to wear reflective clothing**
13. Legislation to pilot the use of speed cameras in school zones (Phoebe's Law) (carry over)
14. Legislation to reduce childhood exposure to toxins (NC Toxic Free Kids Act) (carry over)
15. Funding of \$625,000 for Child Advocacy Centers (child focused place where child protective services investigators, medical experts, law enforcement and others can come together to respond appropriately to alleged child abuse and neglect) (carry over)
16. Continued funding for the Child Medical Evaluation Program which helps assure appropriate medical evaluations when children are allegedly abused or neglected (carry over)
17. Restore \$17.3 million from the Master Settlement Agreement to tobacco cessation and prevention (carry over)

Administrative

- 18. Support efforts by Horizons to administer methadone treatment/obtain OTP license**
19. Promote voluntary breastfeeding friendly efforts by workplaces (carry over)
20. Write letters of support for grants as needed for Centering Pregnancy (carry over)
21. Efforts of Prevent Child Abuse NC to work with the Medical Board to strongly encourage medical professionals to receive training to recognize and report child abuse and neglect. The Child Fatality Task Force recommends that the word "all" be deleted from the final draft. (The original request was to encourage training for "all" medical professionals.) (carry over)
22. Promote permanent lock boxes for collection of unneeded prescription medications (carry over)
23. Promote awareness of dangers of misuse of controlled substances, perhaps in conjunction with education on around other substances, such as alcohol (carry over)

Track and Monitor

- 24. Federal legislation relating to foreign and other adoptions**
- 25. CSRS implementation (based on item supported in 2013)**
- 26. Implementation of Child Treatment Program (based on item supported in 2013)**
27. Children's Trust Fund use and funding level (carry over)
28. Legislation pertaining to home births (carry over)
29. Developments relating to Centering Pregnancy (carry over)
30. Licensure for International Board Certified Lactation Consultants (carry over)
31. Second-hand smoke laws (carry over)
32. Helmet laws (carry over)

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