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Child Fatality Task Force Releases Annual Report; Many Recommendations Focus On Curbing Prescription Drug Abuse

RALEIGH – Today the N.C. Child Fatality Task Force releases its 2013 Annual Report. The report highlights policy strategies to continue North Carolina’s decline in the child death rate. In 2011, the child death maintained at the lowest level on record.

“Growing the prosperity of our state depends on assuring that our next generation grows up healthy, safe and strong. As in past years, the recommendations of the Task Force represent a variety of policies across the spectrum to prevent child death and promote well-being,” said Elizabeth Hudgins, Child Fatality Task Force Executive Director.

Recommendations of the Child Fatality Task Force are submitted to the Governor and General Assembly. Over the past 21 years recommendations advanced by policymakers and enacted into law have helped contribute to a 46% decline in the child death rate and avert more than 10,000 child deaths.

While most causes of child death are declining, deaths due to poisoning are increasing. This trend is driven by teen misuse of prescription drugs. It is consistent with national trends across all age groups; indeed abuse of these controlled substances is surpassing motor vehicle crashes as the leading cause of injury death in the United States. The Task Force recommends specific steps to strengthen the Controlled Substances Reporting System which monitors dispensing of such drugs, restoration of funds to the Carolinas Poison Center, funds to enhance public health capacity on prescription drug misuse, and other measures. The *Annual Report* has a special section detailing the recommendations and the need.

“These recommendations reflect the input and consensus of diverse experts – not just doctors, but law enforcement, pain-control advocates, pharmacists, researchers and others,” noted Dr. Peter Morris, co-chair of the Child Fatality Task Force and executive director of Urban Ministries of Wake County. “We all understand that this is a problem that is only going to get worse if we don’t shore up our systems.”

The Task Force also recommends that the State continue to sustain current infant mortality prevention infrastructure. Infant mortality is the leading cause of child death, with two-thirds of all child deaths being to infants under age 1. North Carolina has knit together an effective array of best practices that help babies be born healthy and make it to their first birthday. In addition to continued funding for these key existing programs, the Task Force also recommends adding to the newborn screening a test to determine if a baby is at-risk for certain heart problems and amending the school’s Healthy Behaviors Curriculum to include information about all risks for preterm birth.

On the child welfare front, the Task Force recommends investment of additional funds. The Child Treatment Program is a proven effective mental health intervention to help children overcome trauma, such as child abuse. Expanded support of this program could help reduce use of antipsychotic medication in children and the need for expensive longer-term out-of-home placements, both of which cost the state millions of dollars. It also greatly improves the lives and life-chances of the children who receive treatment as well as their families. Additionally, the Task Force recommends infilling funds lost due to changes in the way the federal government allows calculation of certain foster care costs. These funds have been used to keep children safe in their own homes and out of foster care.

“Each child death is just the tip of the iceberg,” concluded Karen McLeod, Task Force Co-chair and Benchmarks President/CEO. “Each death represents hundreds or even thousands of injuries, abused and neglected children and other negative outcomes. It also costs our State lots of money. Making strategic investments up front to help babies be born healthy, make it to their first birthday, overcome trauma and lead healthy and productive lives makes sense both for families and for the state budget.”

The Action Agenda is attached below. The annual report is available on the CFTF website under Reports and Data.

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 2013 Action Agenda

December 11, 2012

Legislative – Recommend/Support

1. Strengthen the Controlled Substances Reporting System, including
 - a. Increase use of CSRS
 - increase access to the Controlled Substances Reporting System by requiring that physician dispensed medications be reported into the CSRS
 - allow delegate accounts
 - levy civil fines of \$10,000 for misuse (to counter the increase in access)
 - b. Allow reporting of patterns of concern to an entity other than the Attorney General
 - allow CSRS to report patient use patterns of concern to the doctor of record with necessary changes to 90-5.2 and other laws
 - direct DHHS to make rules working with key stakeholders to operationalize reporting prescribing patterns of concern to the Medical Board
 - c. *Appropriate \$54,000 annually to shorten the CSRS report time to 24 hours*
2. Designate permanent funding source for CSRS
3. End civil liability relating to naloxone prescriptions
4. *Restore of \$575,000 for funding for the Carolinas Poison Center*
5. *Fund \$75,000 to Injury and Violence Prevention in the Division of Public Health to enhance public health capacity on prescription drug misuse*
6. *Fund the Child Treatment Program with \$2 million to support evidence based child mental health interventions to help children overcome trauma (such as child abuse) through appropriate evidence based mental health treatment strategies, including cognitive behavioral therapies*
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*
8. *Continue to fund key perinatal health promotion efforts:*
 - *17-Progesterone (\$52,000)*
 - *Eastern Carolina University High Risk Maternity Clinic (\$325,000)*
 - *March of Dimes Preconception Health Campaign (\$425,000)*
 - *NC Healthy Start Foundation (\$175,000)*
 - *Perinatal Quality Collaborative of North Carolina (PQCNC) (\$250,000)*
 - *Safe Sleep Campaign (\$202,000)*
 - *You Quit Two Quit (\$200,000)*
9. *Promote use of pulse oximetry (a test to determine if baby is at-risk of heart problems) in NC hospitals, including an appropriation of \$200,000 to the Perinatal Quality Collaborative of NC in year one and an appropriation of \$25,000 in year two*
10. Amend the Healthy Behaviors Curriculum to include information about all risks of preterm birth, including abortion and other factors

Legislative - Endorse

8. Legislation to pilot the use of speed cameras in school zones (Phoebe's Law)
9. Legislation to reduce childhood exposure to toxins (NC Toxic Free Kids Act)
10. Legislation to ban minors from using commercial/regulated tanning beds
11. *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)*
12. *Continued funding for the Child Medical Evaluation Program which helps assure appropriate medical evaluations when children are allegedly abused or neglected*
13. **Restore \$17.3 million from the Master Settlement Agreement to tobacco cessation and prevention*

Administrative

14. Promote permanent lock boxes for collection of unneeded prescription medications.
15. Promote awareness of dangers of misuse of controlled substances, perhaps in conjunction with education on around other substances, such as alcohol
16. Promote voluntary breastfeeding friendly efforts by workplaces
17. Support reimbursement of IBCLCs (International Board Certified Lactation Consultant)
18. Write letters of support for grants as needed for Centering Pregnancy
19. 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.)

Track and Monitor

20. Proposals on Good Samaritan laws relating to overdose
21. Access of law enforcement to the CSRS
22. Children's Trust Fund use and funding level
23. Legislation pertaining to home births
24. Developments relating to Centering Pregnancy
25. Licensure for International Board Certified Lactation Consultants
26. Second-hand smoke laws

**Starred italicized items carry an appropriation*