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Child Fatality Task Force Releases Annual Report

RALEIGH – The North Carolina Child Fatality Task Force has released its annual report containing policy recommendations to reduce child deaths, prevent abuse and neglect, and promote the safe and healthy development of North Carolina’s children. Twenty-five years ago, the NC Child Fatality Task Force, a legislative study commission, was created as part of the state’s Child Fatality Prevention System. Since then, recommendations it has made have contributed to a 46% decrease in the rate of child deaths.

Recommendations this year address motor vehicle safety, suicide prevention, causes of death connected to substance misuse and poisoning, as well as funding recommendations for perinatal health initiatives and programs addressing child abuse and neglect.

The Task Force launched a “Harmful Substances Initiative” to draw attention to the impact that drugs, alcohol, tobacco, and other toxins have on multiple causes of death and interrelated problems studied by the group. “From the impact of tobacco use on infant mortality to the role alcohol plays in motor vehicle deaths or the role drug use plays in the numbers of kids placed in foster care, harmful substances permeate the issues studied by the Task Force,” said Kella Hatcher, Executive Director of the Task Force. “Multiple types of policy solutions are needed, such as those that prevent access to substances like support for Operation Medicine Drop, those that provide intervention and treatment like support for the You Quit Two Quit perinatal tobacco cessation program, or those that address poison first aid and prevention education.”

With a recent increase in the number of youth suicides in North Carolina, this topic received special focus from the Intentional Death Prevention Committee of the Task Force. One resulting recommendation was to endorse funding to increase the number of school nurses in North Carolina. School nurses are frequently the first to see struggling youth in schools, and yet NC is so far below the nationally recommended nurse to student ratios that a nurse may only spend one half day per week in each assigned school. Other suicide prevention recommendations from the committee are not legislative in nature but are intended to lay the groundwork for future action.

Karen McLeod, Co-Chair of the Task Force, pointed out that, “Right now, evidence is driving a number of state-level groups including the Task Force in a similar direction on certain issues related to substance abuse and mental health, and these synergies serve to bolster calls for action.”

Motor-vehicle related crashes are the leading cause of unintentional injury deaths and a topic of focus for the Task Force, who is recommending legislation that addresses school bus safety through education and improvement to safety procedures, as well as funding for additional bus cameras and extended stop-arms. Another recommendation addresses North Carolina’s failure to meet safety recommendations from the National Highway Transportation Safety Administration related to seat belt laws.

Child abuse prevention was a primary factor giving rise to creation of the Task Force, and this year the group is recommending funding for two important programs addressing child abuse: the Coalition to Prevent Child Sexual Abuse and Child Advocacy Centers of North Carolina. Buck Wilson, Co-Chair of the Task Force and Cumberland County Health Director, noted “Task Force funding recommendations amount to a relatively small amount of money, and yet the impact on child health and well-being can be tremendous.”

The Child Fatality Task Force 2016 Action Agenda includes the following items:

Harmful Substances Initiative:

- Support safe drug disposal with \$120,000 in recurring state funds to the State Bureau of Investigation for Operation Medicine Drop, a nationally recognized drug take-back program.
- Support legislation to make technical corrections to the Controlled Substances Reporting System (CSRS) law to enable data to be securely stored for study purposes instead of destroying it after six years as current law requires. This system is an important tool in addressing the current opioid epidemic.
- Appropriate \$250,000 in state funds to support the You Quit Two Quit Program for perinatal tobacco cessation and prevention.
- Endorse legislation prohibiting the sale or distribution of bedding that contains toxic flame retardants.
- The Task Force will also be advancing or monitoring a number of other items related to harmful substances that are either administrative in nature (non-legislative) or may not require immediate action.

Child maltreatment prevention:

- Support legislation prohibiting the unlawful custody transfer of a child.
- Appropriate \$50,000 to support the NC Coalition for the Prevention of Child Sexual Abuse.
- Endorse \$775,000 in funding to support all accredited Children's Advocacy Centers in NC.

Suicide prevention:

- Endorse funding to increase the number of school nurses in North Carolina.

Administrative (non-legislative) agenda items include:

- Creation of a core group of state agency representatives to prioritize implementation of youth suicide prevention strategies from the 2015 NC Suicide Prevention Plan.
- Enhanced Medical Examiner training to gather more robust information related to suicide at the time of a death investigation.
- Support for Youth Mental Health First Aid.
- Support for integration of mental health services in primary pediatric care.

Perinatal health:

- Appropriate \$250,000 in state funds to support the You Quit Two Quit Program for perinatal tobacco cessation and prevention (also part of Harmful Substances Initiative). Sixty-five percent of all child deaths in 2014 were to infants under one year of age, and tobacco use during pregnancy is directly associated with the top four causes of infant mortality in NC.

Administrative (non-legislative) and issue monitoring:

- Continued work on implementation of Medicaid coverage of medical lactation services.
- Monitoring of previous funding commitments made by the General Assembly for a bundle of critical infant mortality prevention programs.
- Reflecting priorities included in the state's Perinatal Health Strategic Plan, the Task Force will monitor the work of parties currently engaged in addressing concerns with providing Long Acting Reversible Contraceptives in the immediate postpartum period while in the hospital.

Transportation safety:

- Support legislation and funding to address school bus safety.
- Support legislation allowing for primary enforcement (justification for traffic stop) of unrestrained back seat passengers, and increase the fine for unrestrained backseat passengers from \$10 to \$25.

The full report containing all recommendations and additional information on child death data is available on the Child Fatality Task Force Website: <http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/>.