Meeting of the North Carolina Child Fatality Task Force

October 31, 2022

Child Fatality Task Force

Our Children, *Our* Future,
Our RESPONSIBILITY

Welcome & Approval of Minutes

Minutes from last meeting on 8-29-22 have been posted on the CFTF website, the minutes have been sent out and the link to the minutes is also on your agenda. (Those here in person also have a hard copy.)

Today's Agenda

(posted on CFTF website & sent last week)

- Election of CFTF co-chair
- Reports and recommendations from each committee (recommendations from committees are on your agenda)

Refresher on CFTF process . . .

- CFTF Committees study data and prevention strategies and determine recommendations they want to make to the full CFTF
- **Types of recommendations are:**
  - **Legislative:** new or changed law; state funding
    - ***"Support"*** recommendations: CFTF fully supports and takes lead in advancing
    - ***"Endorse"*** recommendations: CFTF endorses another organization's efforts to advance
  - **Administrative**: further study; progress via non-legislative efforts
- Full CFTF considers committee recommendations and determines whether to approve
- **Recommendations approved by the full CFTF become part of the 2023 CFTF Action Agenda** that is included in the annual report submitted to the governor and General Assembly

Election of CFTF Co-Chair

Per statute and/or CFTF Policies & Procedures:

- The CFTF may have one chair or two co-chairs
- Both must be a statutory member of the Task Force
- Elected by majority vote of the CFTF
- Executive Committee seeks and nominates willing candidate to serve

  The Executive Committee is nominating Jill Cox to serve as Co-Chair (bio on your agenda) with Karen McLeod

- Any nominations from the floor?

Perinatal Health Committee Recommendations and Updates

PH Committee Recommendation

SUPPORT recurring funding totaling $250,000 per year to expand efforts to prevent infant deaths related to **unsafe sleep** environments.

*Note: expanded education and awareness around infant safe sleep was also a recommendation made by the **State Child Fatality Prevention Team** and one that has been repeated consistently by local teams that review child deaths.*

Infant Deaths Associated with Unsafe Sleep Environments or SIDS, NC 2016-2020*

Undetermined/Unknown
(Associated with Unsafe Sleep Environments)
505

Accidental Suffocation & Strangulation in Bed
(Associated with Unsafe Sleep Environments)
116

Sudden Infant Death Syndrome (SIDS)
28

649
North Carolina Infant Deaths were Associated with Unsafe Sleep Environments or SIDS

Source: Office of the Chief Medical Examiner, Division of Public Health, NC Department of Health and Human Services, October 27, 2022.
**Due to four pending cases, 2020 numbers are subject to change and additional unsafe sleep and SIDS deaths may be added as cases are completed.*

Unsafe Sleep is a Key Driver of North Carolina's Infant Mortality Rate and Racial Disparity Ratio

Leading Cause of Infant Mortality

Leading Cause of Postneonatal Mortality (Months 2-12)

NC Black Infants are Twice as Likely as White Infants to Die of Unsafe Sleep-Related Causes

Sources:
North Carolina State Center for Health Statistics
Office of the Chief Medical Examiner-Division of Public Health North Carolina Department of Health and Human Services

Multipronged Approach to Safe Sleep Education Works

EXAMPLE: The Sacramento County, CA Safe Sleep Baby (SSB) campaign used a multipronged approach to educate expectant/new mothers & families, along with health and social service professionals.

Three Key Components of SSB:

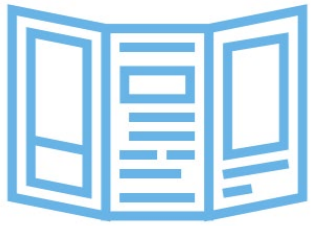
1. Community-wide social media campaign;
2. Supporting health & social service providers to increase families' infant safe sleep knowledge and environments; and
3. Assisting hospital systems and birthing centers to incorporate safe sleep education, policies, & procedures.

SSB Outcomes: Between 2013-2016, infant sleep-related deaths decreased by 54% and disparities decreased 62%

Source: https://first5sacramento.saccounty.gov/Results/Documents/3-yr_RAACD_EvalReport.PDF

What Safe Sleep NC Could Accomplish with a Budget of $250,000 ($2.10/NC Baby)

Offer extensive technical support and engaging trainings for organizations

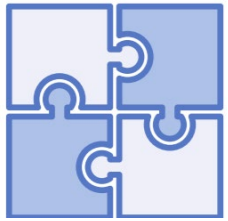


Provide a variety of printed and online patient education resources

Implement a comprehensive hospital initiative

Targeted interventions with organizations serving higher risk infants

Support parents & caregivers with tailored educational tools



Coordinate county-level collaborative campaigns

Discussion and voting on committee recommendation

SUPPORT recurring funding *totaling* $250,000 per year to expand efforts to prevent infant deaths related to **unsafe sleep** environments.

PH Committee Recommendation

Support (endorse?) funding request that has come from NC Medicaid, DHB, for the maternal morbidity and mortality funding bundle which includes funding for an additional incentive for group (prenatal care) visits, funding for broad doula coverage, and funding to increase the bundled payment rate.

Background on recommendation

- 2021 Issue application: provider incentives for group prenatal care
- **Evidence on positive impacts of group care:** decreasing preterm births, low birth weight births, NICU admissions, cesarean deliveries, and increasing breastfeeding and smoking cessation.
- There are other states using enhanced payment models for group prenatal care
- CFTF 2022 Administrative item to **request DHB NC Medicaid to review the current prenatal bundle rate and its impact on group prenatal care.**
- The CFTF wrote a letter requesting NC Medicaid to review the current prenatal bundle rate and its impact on group prenatal care.

NC Medicaid performed a review of the prenatal bundle

- Determined that NC's bundled payment rate is way below the national standard
- Increasing rate to the national standard is needed
- Need funding to add incentives for group prenatal care
- Need to fund broad doula coverage





NC Department of Health and Human Services

Doula Services & Group Prenatal Care

Tara Owens Shuler, M.Ed.

Maternal Health Branch Head

October 31, 2022

A Doula is….

- A trained non-clinical person who provides
  - continuous **physical, emotional** and **informational** support to a birthing person and their support person.
  - Support **before, during** and **shortly** after childbirth to help her achieve the healthiest, most satisfying experience possible.

Evidence for Doula Support during Birth

- 2017 Cochrane Review
- 26 studies across 17 countries, involving > 15,000 women
- Those with support were **more likely** to
  - Have spontaneous vaginal birth
  - Have shorter labors
- Those with support were **less likely** to:
  - Use pain medications
  - Have a cesarean birth
  - Have negative feelings about childbirth experiences.

https://www.nationalpartnership.org/our-work/resources/health-care/maternity/improving-maternity-doula-support.pdf

Traditional Birth Doula Services

- 1 – 2 Prenatal Visits
- Continuous Labor and Birth Support
- 1 – 2 Postpartum Visits
- Telephonic support

Outcomes of Extended Doula Support

- **Extended support includes:**
  - Pregnant person engages with the doula early in pregnancy further into the postpartum period

- **Associated with:**
  - Reduced likelihood of preterm birth & low birth weight

  - Improved breastfeeding outcomes

https://www.nationalpartnership.org/our-work/resources/health-care/maternity/improving-maternity-doula-support.pdf

Group Prenatal Care

Group Prenatal Care Structure

- Led by an obstetrician or other obstetric care provider, and co-facilitator
- Group size - approximately 8 –10 pregnant people of similar gestational age and their support persons
- Visits scheduled every 2–4 weeks
- Total of 10 visits, each lasting 90 –120 minutes

https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2018/03/group-prenatal-care.pdf

Components of Group Prenatal Care

- **Health Assessments**
  - Patient level
  - Provider level
- **Interactive Learning**
  - Group facilitated discussions
  - Informed, confident & empowered patients
- **Community Building**
  - Builds support systems

https://centeringhealthcare.org/what-we-do

Findings of Group Prenatal Care

- Decreases rate of preterm babies
- Decreases rate of low birthweight babies
- Increases breastfeeding rates
- Leads to better pregnancy spacing
- Nearly eliminates racial disparity in preterm birth
- Cost-saving by reducing preterm births

ACOG Clinical Opinion *(Reaffirmed 2021)*

- Improves patient education
- Increased opportunities for social support
- Feels more ready for labor and birth
- More satisfied with care in prenatal care groups

https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2018/03/group-prenatal-care.pdf

Birth Outcomes Findings for Black women

- Reduced **very early preterm delivery** (before 32 weeks).
- **Reduced** preterm delivery.
- **Racial disparity** in preterm birth for Black women relative to White women was eliminated.

file:///C:/Users/toshuler/Downloads/BirthEquity_IssueBrief__Oct9th2019%20(1).pdf

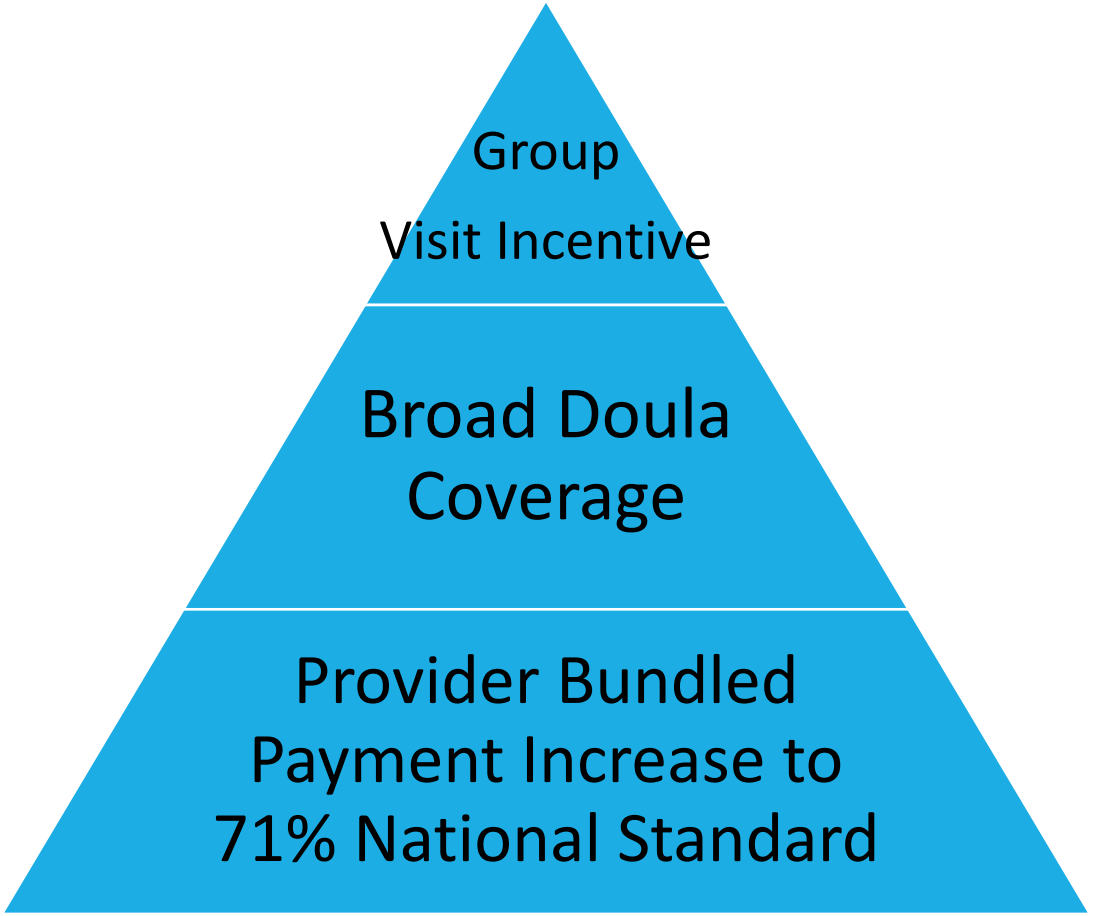
Information from NC Medicaid

Beth Daniel, MSN, RN

Associate Director Medical Health Clinical Policy

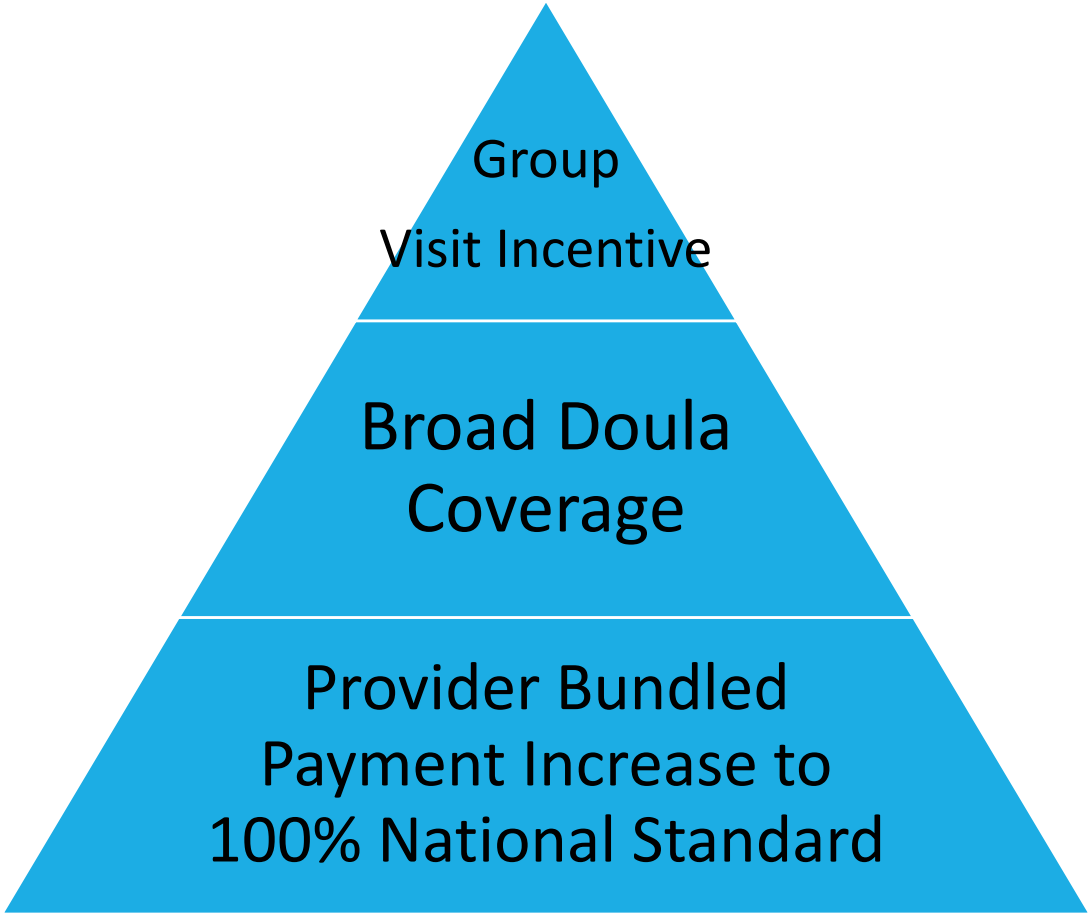
NC Medicaid, Clinical Policy

Maternal Morbidity and Mortality Bundle 2021-22 Budget Request



- Submitted to DHHS to be considered for the Governors budget in 2021
- Accepted and placed in the Governor's budget spring 2022
- Was not funded in final legislative budget

Maternal Morbidity and Mortality Bundle 2023-24 Budget Request



- Submitted to DHHS to be considered for the Governors budget in 2023

Discussion and Voting on Committee Recommendation

Support (endorse?) funding request that has come from NC Medicaid, DHB, for the maternal morbidity and mortality funding bundle which includes funding for an additional incentive for group (prenatal care) visits, funding for broad doula coverage, and funding to increase the bundled payment rate.

Perinatal Health Committee updates

- CFTF had a 2022 administrative recommendation to further study a statewide breastfeeding hotline: NC Medicaid is pursuing CHIP Health Services Initiative funding for a statewide hotline

- The committee has voted to repeat the prior year recommendations to strengthen the Child Fatality Prevention System which will be submitted to the CFTF at its December meeting.

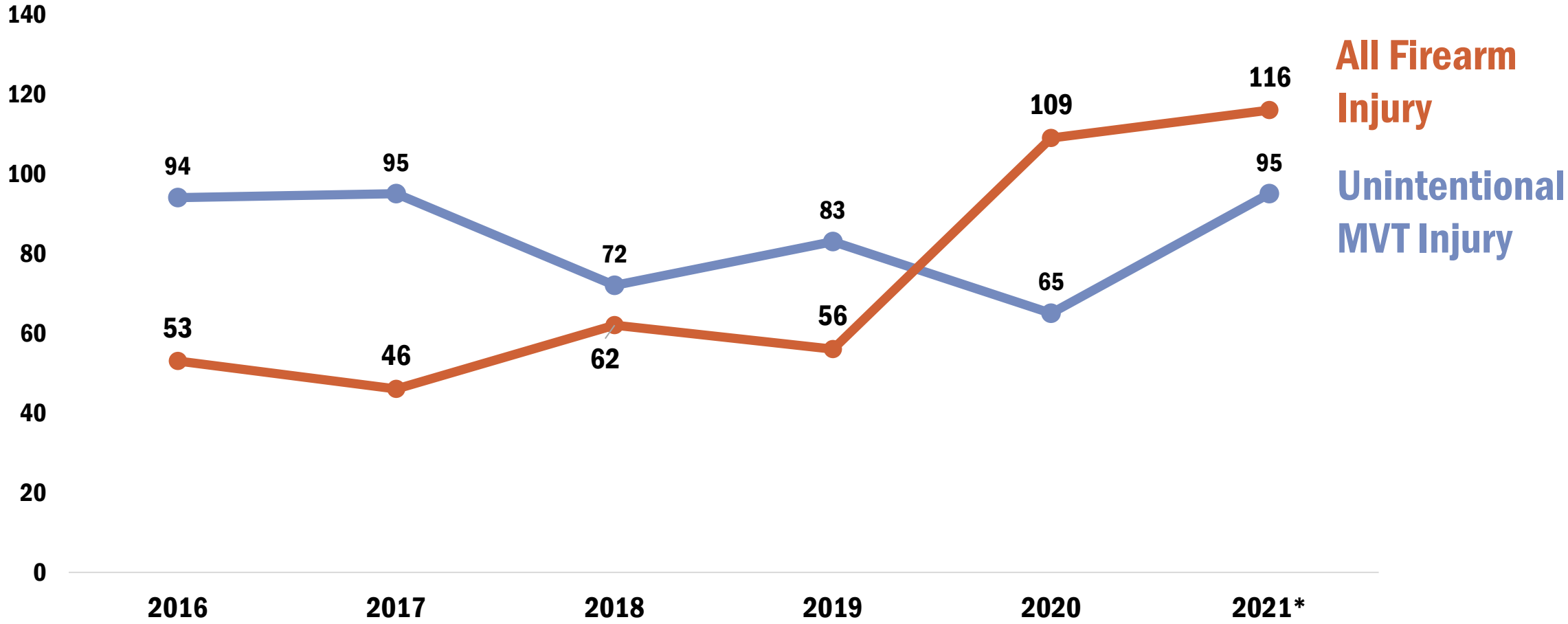
Unintentional Death Prevention Committee Recommendations and Updates

UD Committee Recommendation

SUPPORT legislation to launch and fund 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 with minimum two-year funding of $250,000.

Firearm injuries surpassed MVT injuries in 2020 and 2021*

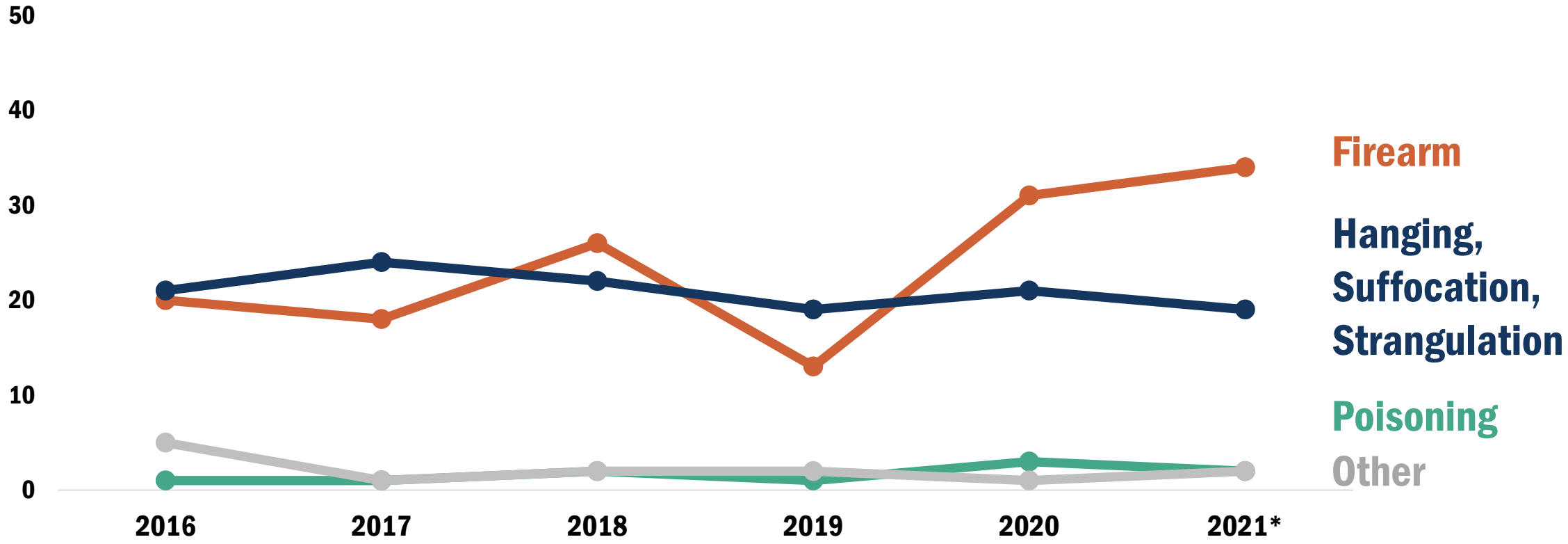
North Carolina Child (Ages 0-17) Motor Vehicle Traffic and Firearm Deaths, 2016-2021*



* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021*

Most of the increase in child suicide deaths in 2020 and 2021* is due to increases in firearm suicides.

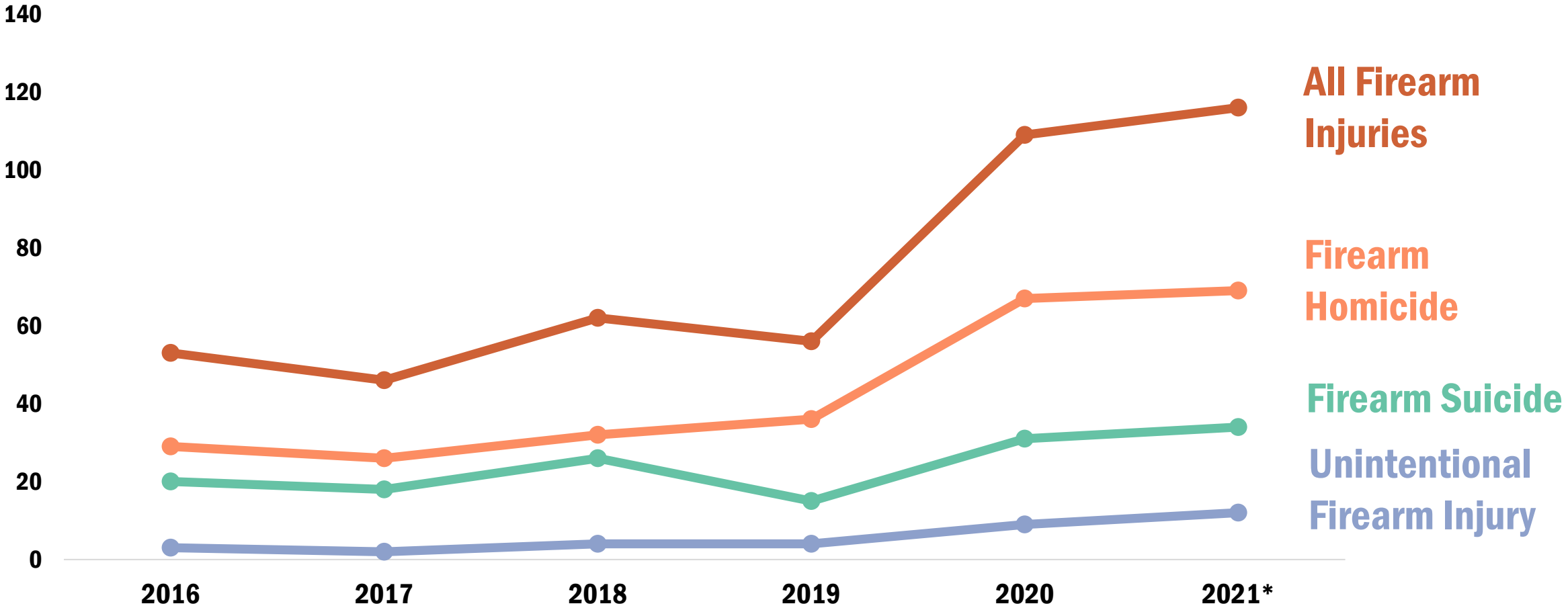
North Carolina Child (Ages 0-17) Suicide Deaths by Injury Mechanism, 2016-2021*



* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (Only one child death under the age of 10 was not included from 2020)
Source: NC Violent Death Reporting System, 2016-2020; NC State Center for Health Statistics, Death Certificate Data, 2021*

Most child firearm deaths in 2021* were homicides (59%).

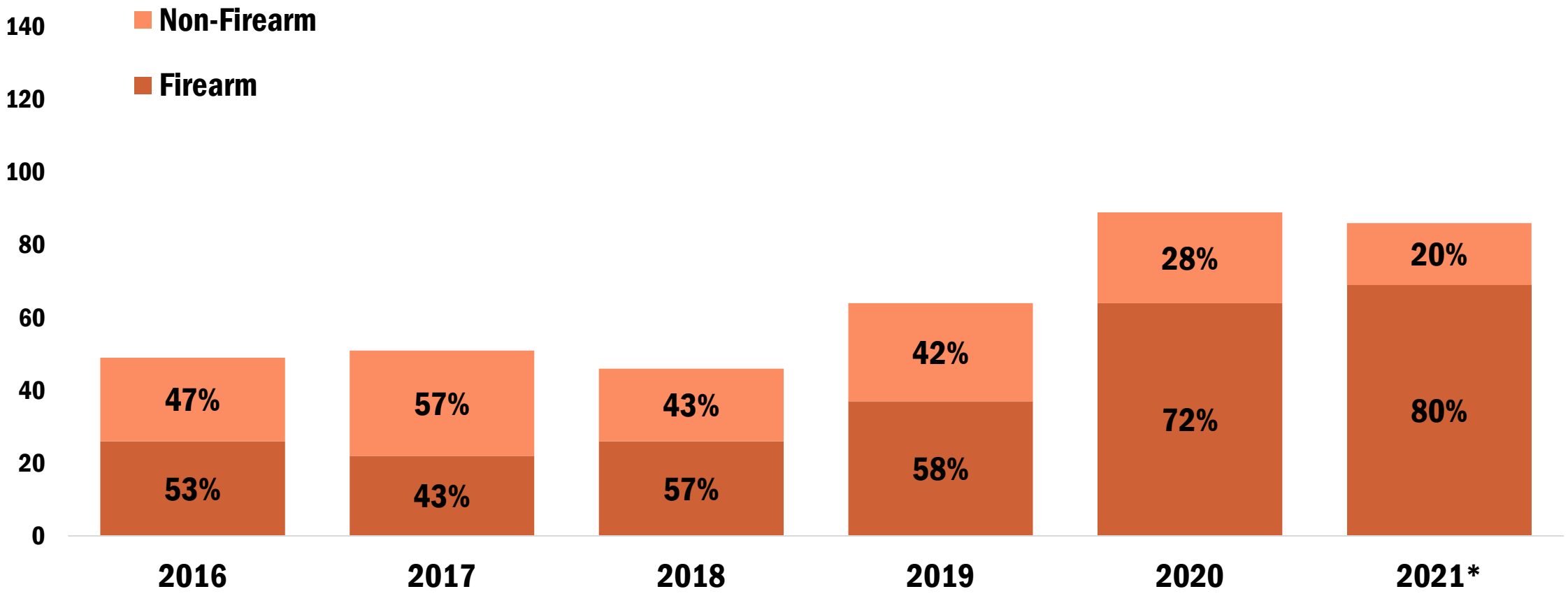
North Carolina Child (Ages 0-17) Firearm Injury Deaths by Intent, 2016-2021*



* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021*

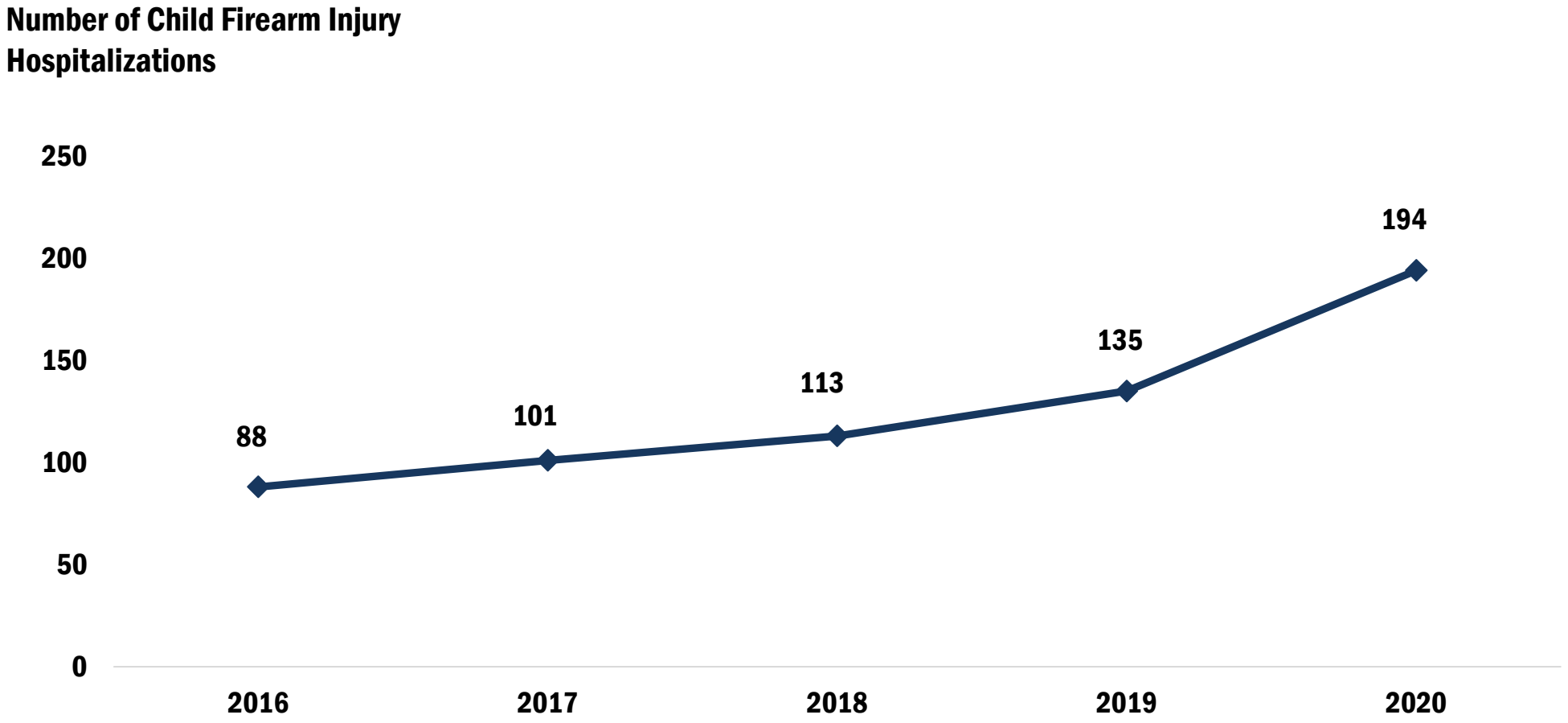
80% of homicides in 2021* involved a firearm.

North Carolina Child (Ages 0-17) Homicide Deaths by Injury Mechanism, 2016-2021*



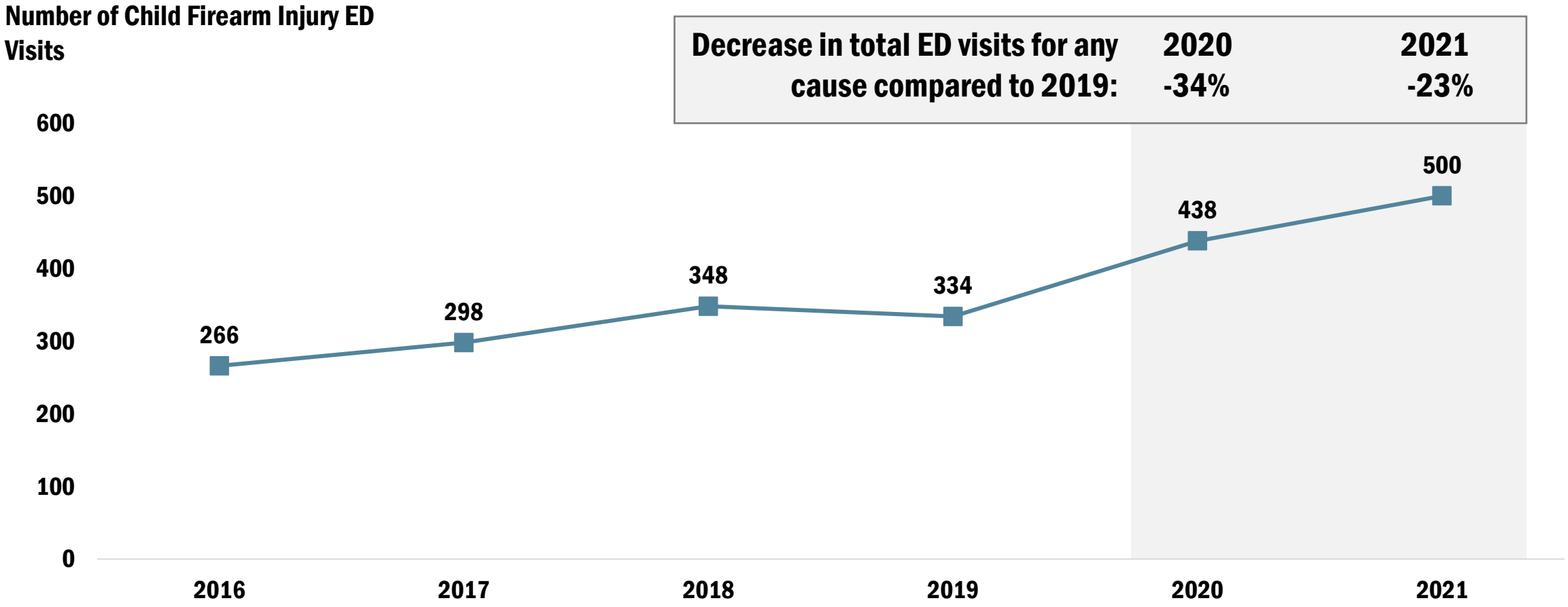
* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17
Source: NC Violent Death Reporting System, 2016-2020; NC State Center for Health Statistics, Death Certificate Data, 2021*

Child (ages 0-17) firearm injury hospitalizations have increased by 120% from 2016-2020.



Data limited to North Carolina Residents ages 0-17
Source: NC State Center for Health Statistics, Hospital Discharge Data, 2016-2020

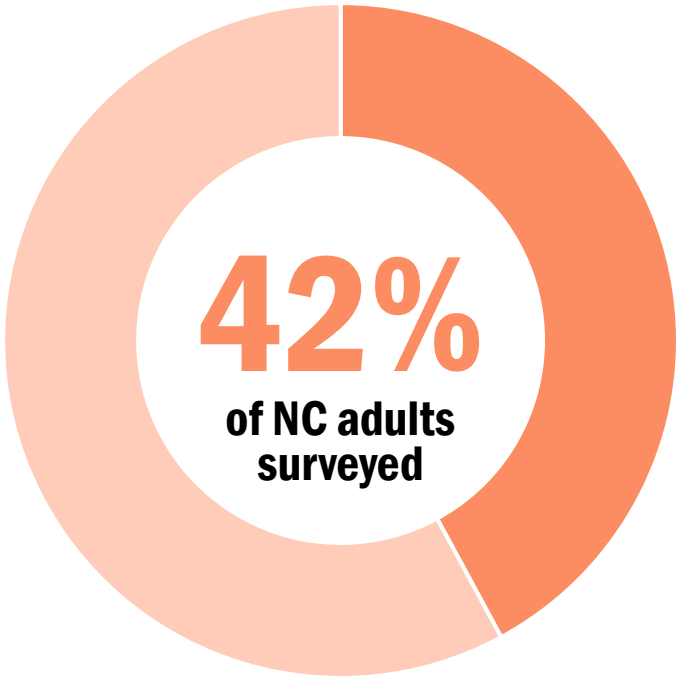
Child (ages 0-17) ED visits for firearm injury have increased by 68% from 2017-2021.



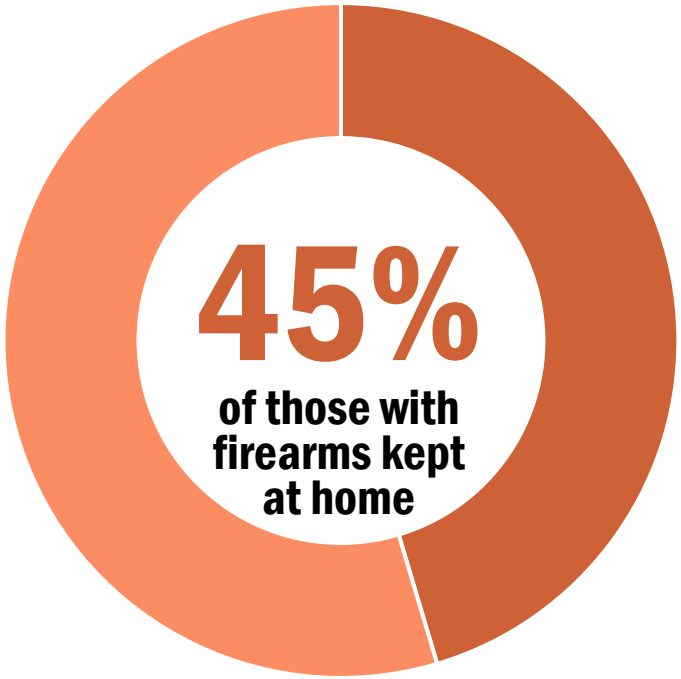
Data limited to North Carolina Residents ages 0-17
Source: NC DETECT Emergency Department (ED) Visit Data, 2016-2021

More than 2/5 of NC adults have a firearm in or around the home. Over half of firearms that are stored loaded are also unlocked.

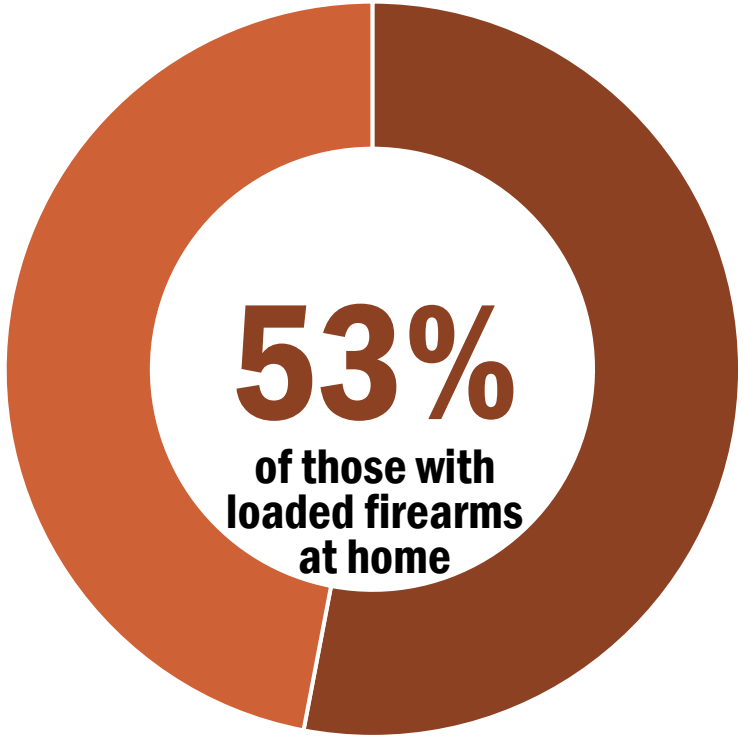
Firearms Kept In or Around the Home



Any of These Firearms are Currently Loaded



Firearms that are Loaded and Unlocked



NC BRFSS Firearm Safety Module, 2021 https://schs.dph.ncdhhs.gov/data/brfss/2021/nc/all/topics.htm#fr

Background on recommendation for firearm safety initiative

- **CFTF recommendation each year since 2018**
- Grew from a repeated recommendation from **the State Child Fatality Prevention Team**
- Informed by study and input from a **diverse group of stakeholders** in 2017
- **In 2021, HB 427 passed House 116 to 1 but Senate never took it up.**
- **The UD committee recommends more funding** to respond more quickly and broadly to alarming increase in gun deaths and injuries to kids

Many **suicide attempts are hastily decided** upon during a short-term crisis, with only minutes of deliberation prior to an attempt

90% of those who attempt suicide and survive do not go on to die by suicide later

There has been a **dramatic rise in gun purchases in recent years**

JAMA study showed that up to 32% of child/youth firearm deaths could be **prevented through safe storage** of firearms

More than **75% of guns used** in suicide attempts and unintentional injuries of kids **were stored in the home** of the victim, relative, or a friend

Safe storage is a school safety issue: most school shootings involve guns owned by shooter's family

From 2012 to 2021 (ten years), over 600 child deaths in NC due to firearm injury

(age 17 and younger)

Launching and Funding the Firearm Safety Initiative

FOCUS: Helping communities across the state launch local firearm safety initiatives tailored to the needs of their community

A significant portion of funding would be for state-level positions dedicated to creation of tools and resources and providing outreach and technical assistance to help communities across the state launch local initiatives.

Frequently asked questions about the intended initiative

Is this initiative the same as a firearm safe storage "campaign"?

Not exactly – a media campaign is important to jump-start safe storage awareness in our state, but the CFTF initiative is focused on tools & people power to launch locally tailored initiatives across the state ranging from one-time public events to group presentations to formation of community gun safety teams and much more . . .

Why would the prior bill (HB 427) put funding for this initiative in DHHS?

DHHS has an Injury and Violence Prevention Branch within the Division of Public Health; the 2017 stakeholder group had recommended implementation by those with expertise in injury prevention.

Is the CFTF initiative like teaching hunters how to safely handle guns?

No. It involves injury prevention specialists creating tools and helping local communities across the state launch local initiatives that are aimed at keeping guns safely stored away from curious young children and youth at risk of harming themselves or others, and giving people strategies and devices to do that.

Is the CFTF initiative focused on teaching kids gun safety?

No. The 2017 stakeholder group recommended a focus on educating adult gun owners. Educating kids about gun safety is not a focus for preventing youth suicide. Also, studies have shown that teaching young children gun safety does not reduce the likelihood that children will handle guns when they are unsupervised. However, educating youth about the dangers of carrying guns and having programs to prevent gun violence by youth are critically important and complementary to efforts surrounding safe storage education.

Why is the focus of the CFTF initiative on locally-driven initiatives?

Because that was identified by the 2017 stakeholder group (via reviewing research) as the best way to get more guns stored safely.

NORTH CAROLINA
DEPARTMENT OF PUBLIC SAFETY
PREVENT. PROTECT. PREPARE

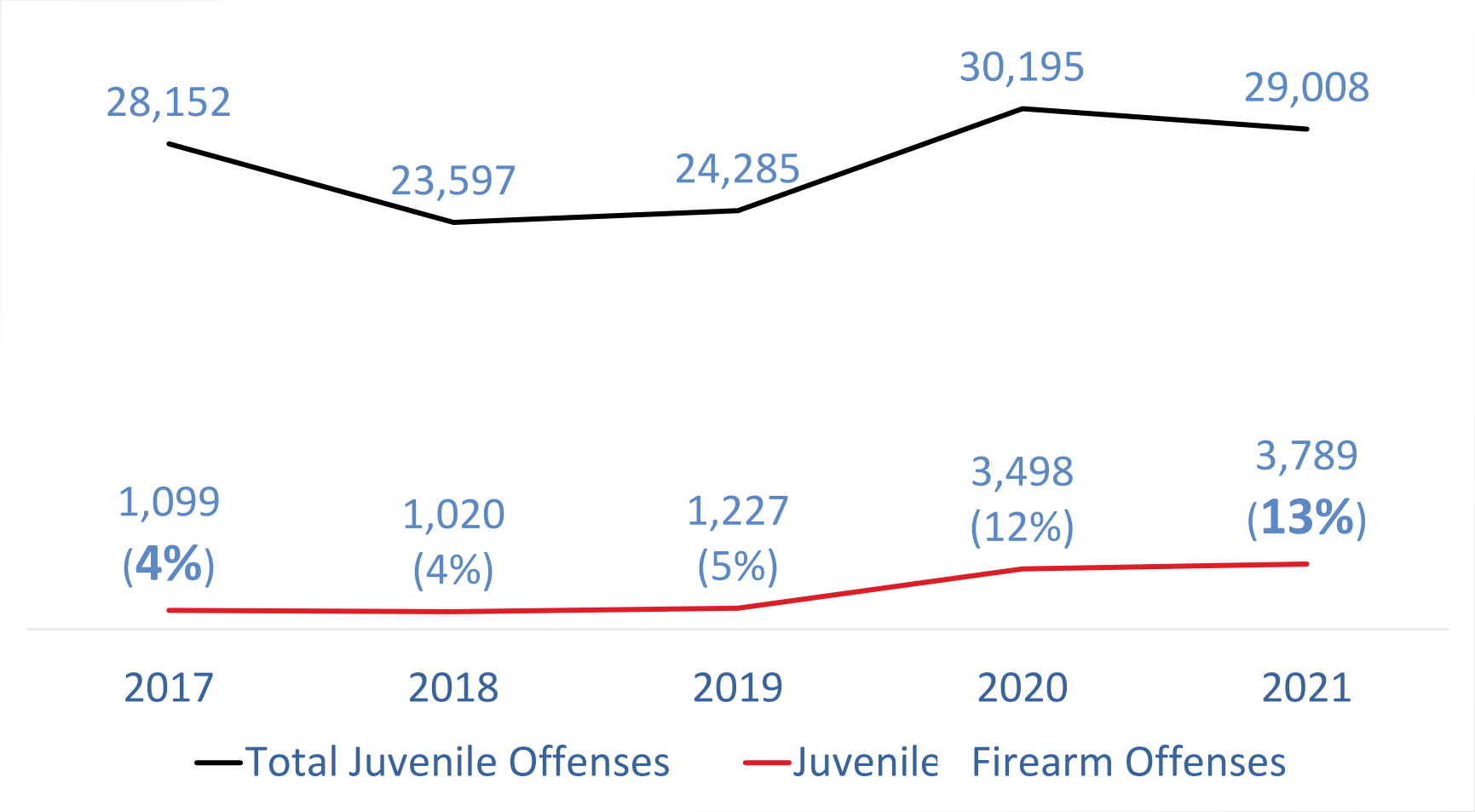
Juvenile Justice Update

Child Fatality Task Force

William Lassiter, NC DPS Deputy Secretary
for Juvenile Justice

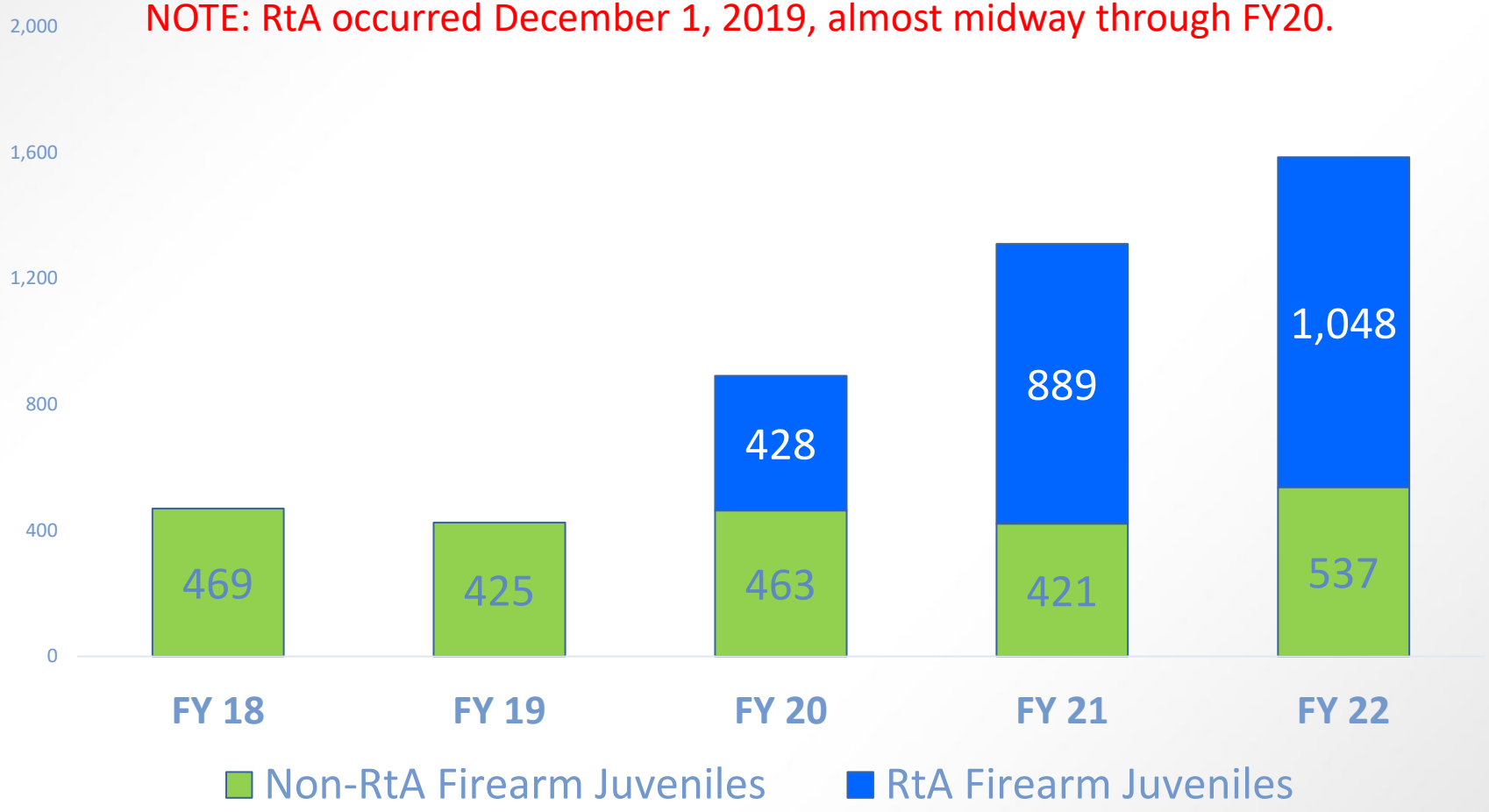
Firearm Offenses

Total Complaints and Firearm Complaints, 2017 – 2021

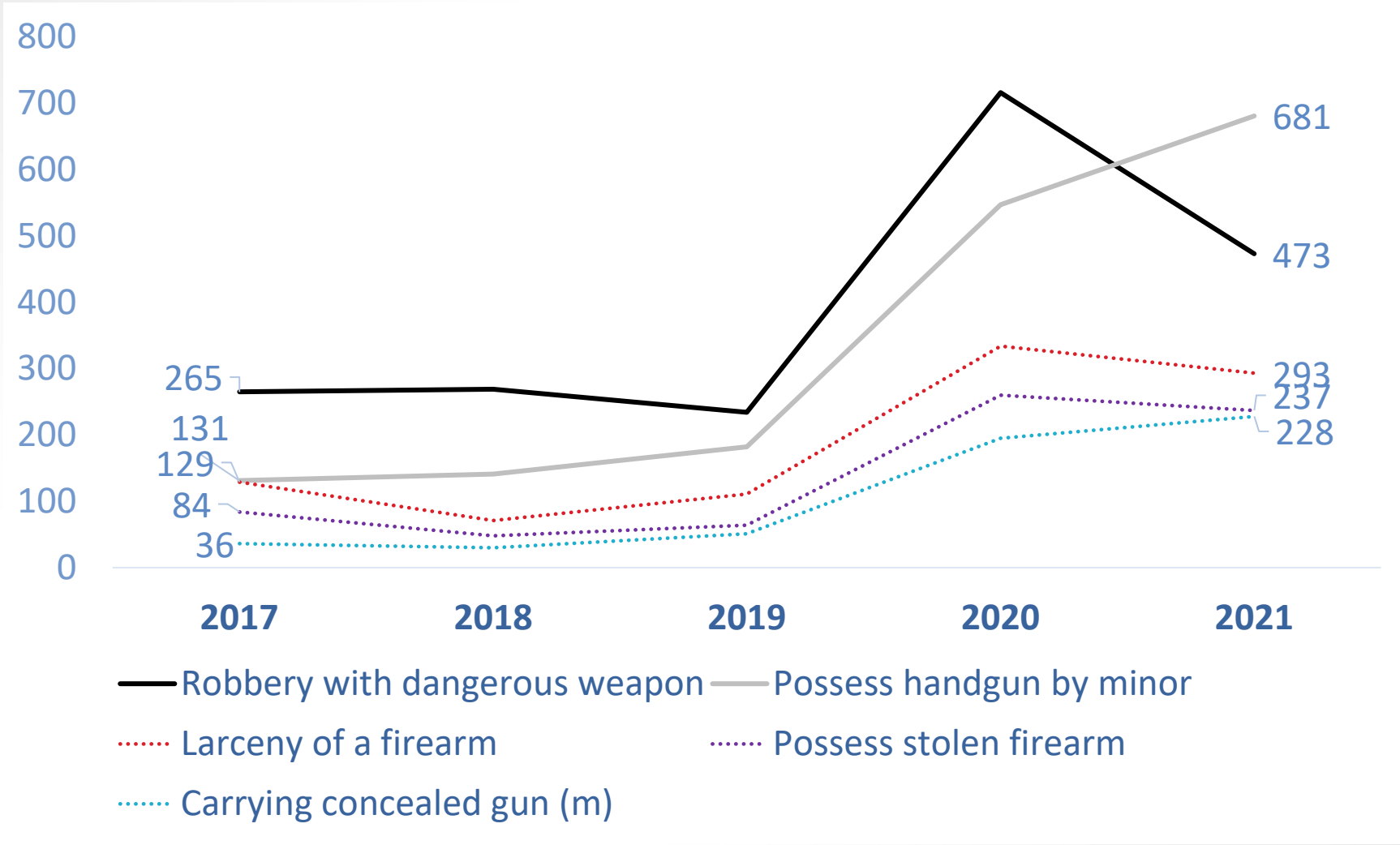


Non-RtA and RtA Firearm Charged Juveniles FY 18-FY22

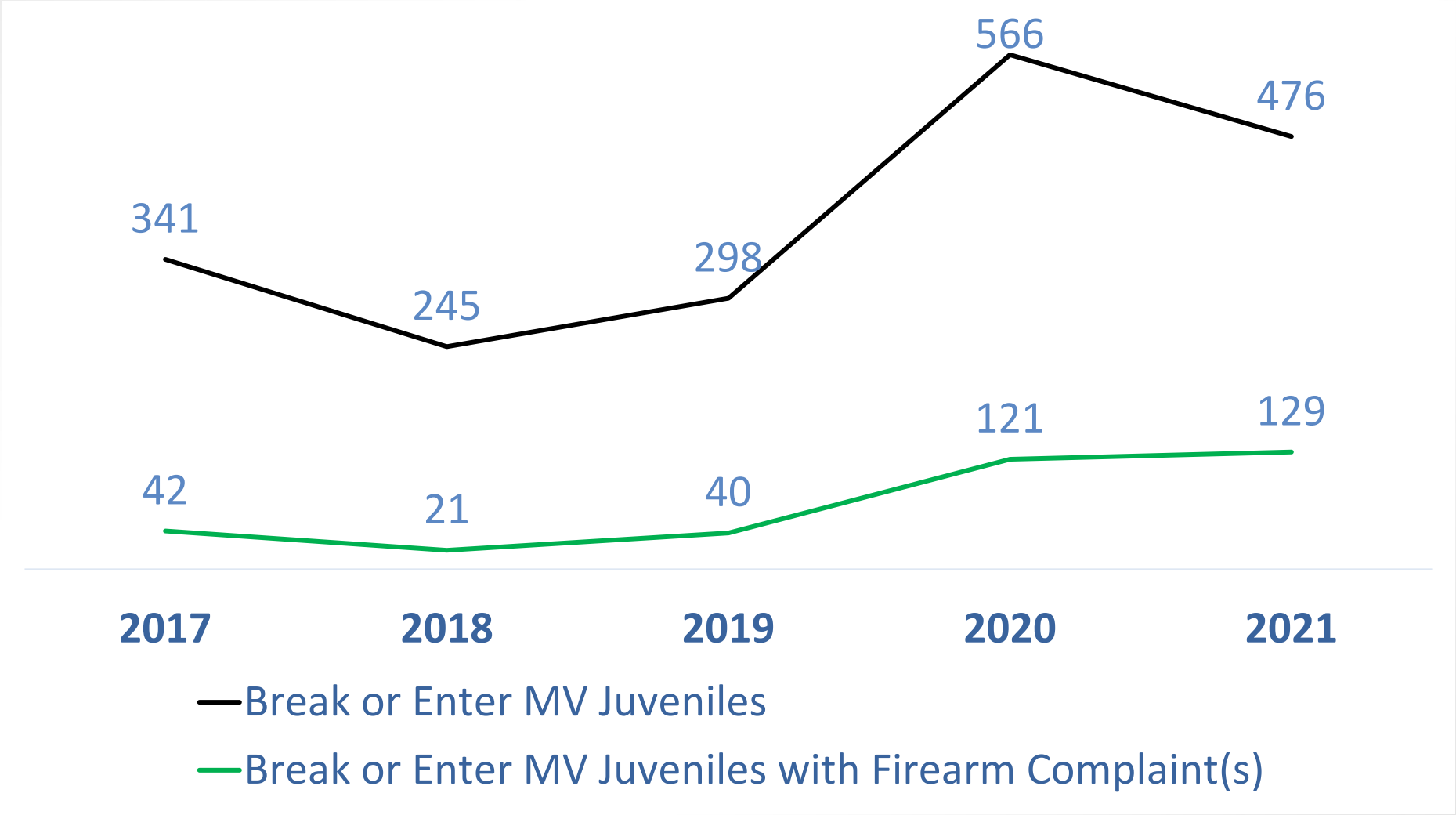
NOTE: RtA occurred December 1, 2019, almost midway through FY20.



Common Firearm Complaints – Trend, 2017 - 2021



Break or Enter MV Juveniles & Juveniles with Related Firearm Complaints, 2017 - 2021



B and E MV Juveniles with related Larceny of a Firearm Complaints, counted by Juveniles

Calendar Year	Break or Enter MV Juveniles	Juveniles with Larceny of a Firearm Accompanying the Break and Enter MV***	Percentage Juveniles with Larceny of a Firearm Accompanying the Break and Enter MV***
2017	341	33	10%
2018	245	16	7%
2019	298	24	8%
2020	566	87	15%
2021	476	89	19%

***Defined as juveniles with complaints received with the same offense date

Sheriff and Police Chief feedback

- Aggressive Public Service Campaign
- Using trusted messengers
- Youth Campaign
- Safe storage map
- Brochures on safe storage
- Flyers
- Posters
- Bus wraps
- Videos to show in Sheriff offices and DMV offices
- Providing information at gun shops and shows

Areas of Focus for Funding

Educating Kids about Gun Violence (EKG)

- 2-hr classroom interactive training for youth presented by uniformed police officers
- Educating students about the legal, medical, and emotional consequences
- Engaged the Fayetteville Police Department to train Methodist, a Juvenile Justice Statewide Contract provider who operates a Juvenile Crisis and Assessment Center and Transitional Living Home to implement this education at both sites
- Expanding across the state to include other statewide contracted provider sites as well as Court Services colleagues
- Program results link

Firearm Storage/Gun Violence Prevention Initiative

- Develop/implement statewide firearm safety awareness/education campaign; one-time funding - $1.5 million to be spent FY 2022-23
- Through RFP process develop/implement comprehensive statewide awareness campaign to targeted audiences
  - secure storage of firearms
  - alert youth to dangers of possessing/carrying firearms to school or other community locations
  - statewide media buy, social media campaign, digital/print deliverables, focus groups, surveys
- Develop partnerships, plan community events, seek to build youth involvement/engagement

Next Steps

- Complete steps/review (legal) needed for posting of RFP
- Evaluation team review RFPs/select winning proposal
- Partnerships, events and youth involvement subcommittee meets Thursday

Discussion and Voting on Committee Recommendation

SUPPORT legislation to launch and fund 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 with minimum two-year funding of $250,000.

Unintentional Death Prevention Committee updates

- Will bring committee recommendation to endorse legislation to require lifeguards at day camps at next CFTF meeting
- At next UD meeting:
  - Finishing discussions on motor vehicle topics
  - Update on tobacco and nicotine issues
  - Child fatality prevention system

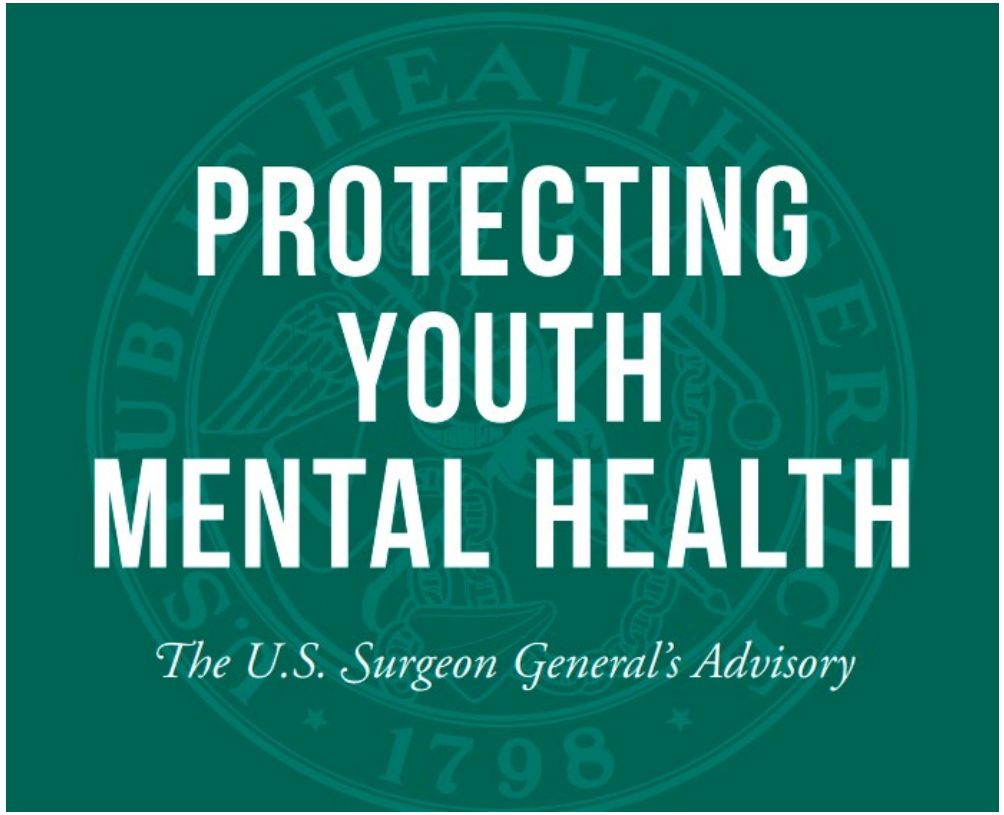
Intentional Death Prevention Committee Recommendations and Updates

ID Committee Recommendation

SUPPORT recurring funds to **increase numbers of school nurses, social workers, counselors and psychologists** to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios for these professional positions in schools; funding at least sufficient to sustain current positions whether sourced through temporary or permanent funding.

TWO RECENT CALLS TO ACTION ON YOUTH MENTAL HEALTH

Among the many prevention strategies addressed in the U.S. Surgeon General's advisory, the important role of school nurses, social workers, counselors, and psychologists and the need for more of them is highlighted, as is the need for initiatives focused on firearm safe storage

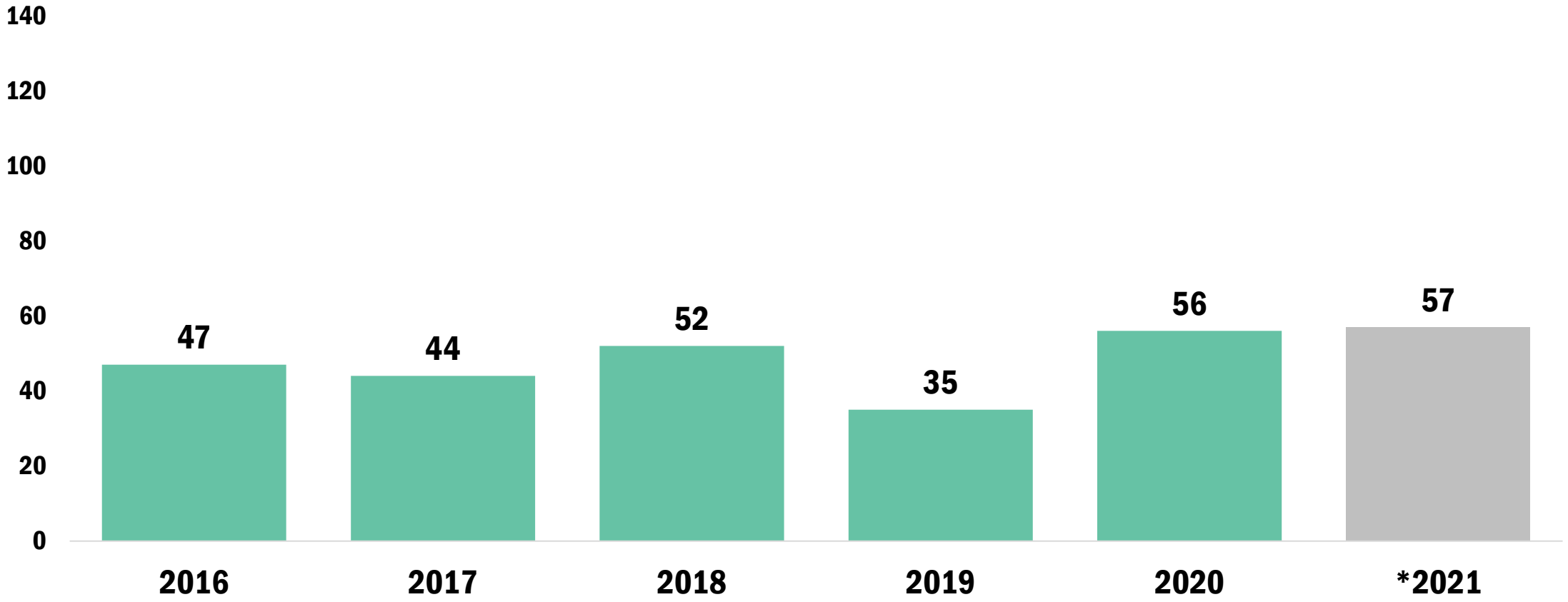


AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association

Child suicide deaths remained higher in 2021* than 2019.

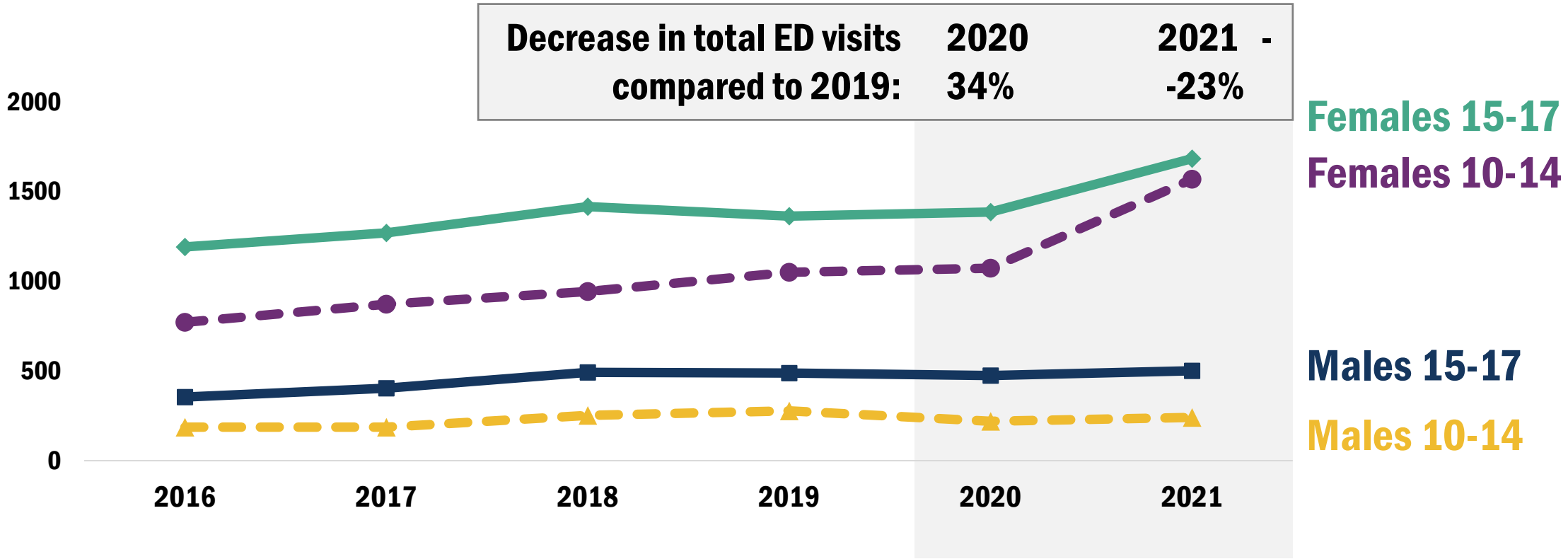
North Carolina Child (Ages 10-17) Suicide Deaths, 2016-2021*



* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (Only one child death under the age of 10 was not included from 2020)
Source: NC Violent Death Reporting System, 2016-2020; NC State Center for Health Statistics, Death Certificate Data, 2021*

There was a 46% increase in self-inflicted injury ED visits among females ages 10-14 from 2020-2021.

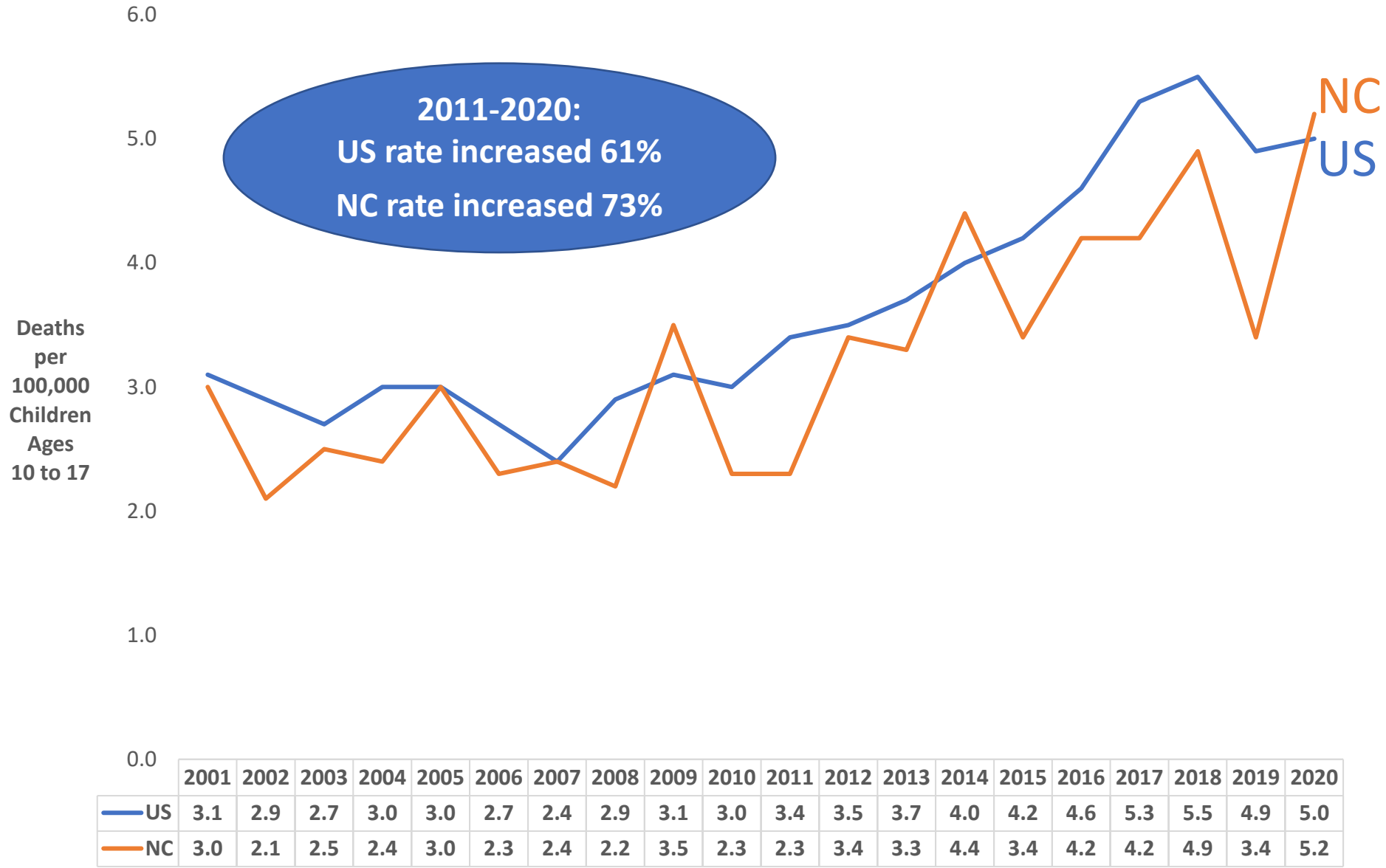
North Carolina Child (Ages 10-17) Self-Harm Injury Emergency Department Visits by Sex and Age Group, 2016-2021



Note: limited to NC residents ages 10-17
Source: NC DETECT Emergency Department Visit Data, 2016-2021

Suicide Rates have been rising: Suicide Rates Ages 10 to 17, NC & US 2001-2020

Note: We don't yet have a finalized rate for 2021

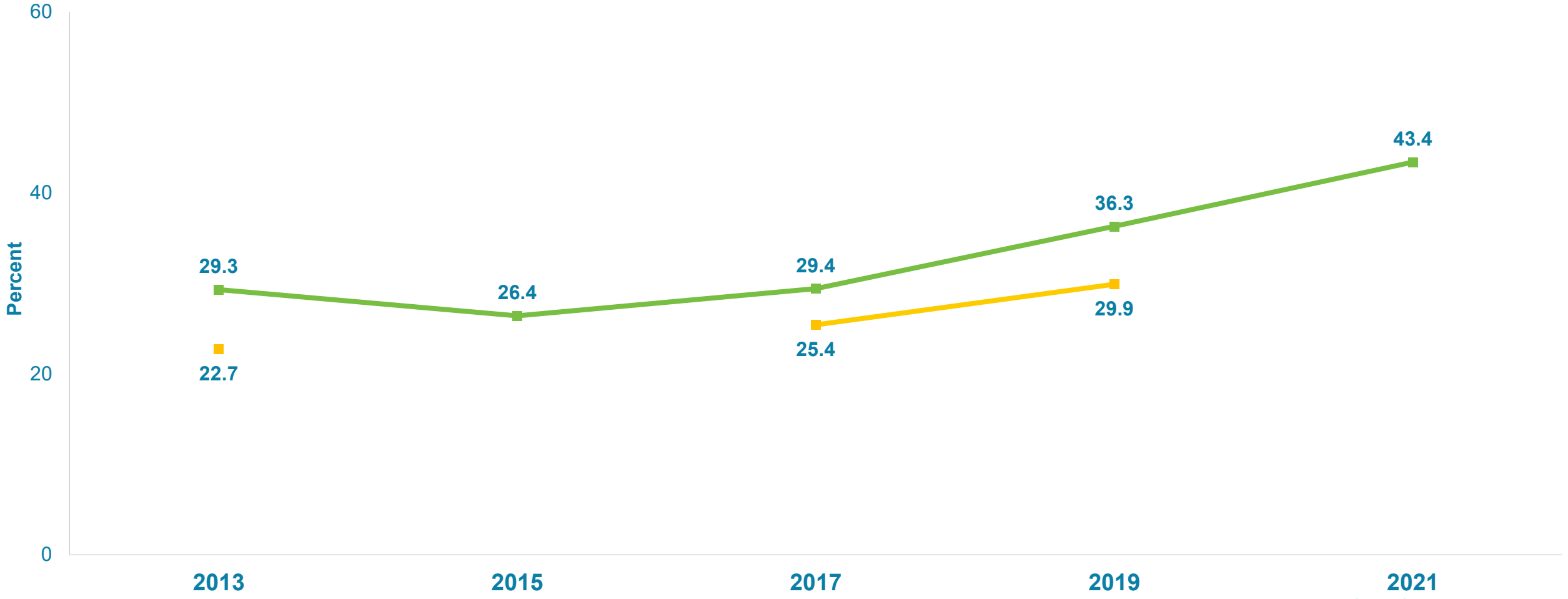


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
US	3.1	2.9	2.7	3.0	3.0	2.7	2.4	2.9	3.1	3.0	3.4	3.5	3.7	4.0	4.2	4.6	5.3	5.5	4.9	5.0
NC	3.0	2.1	2.5	2.4	3.0	2.3	2.4	2.2	3.5	2.3	2.3	3.4	3.3	4.4	3.4	4.2	4.2	4.9	3.4	5.2

Source: NC State Center for Health Statistics & National Center for Health Statistics (CDC Wonder)

NORTH CAROLINA Healthy Schools

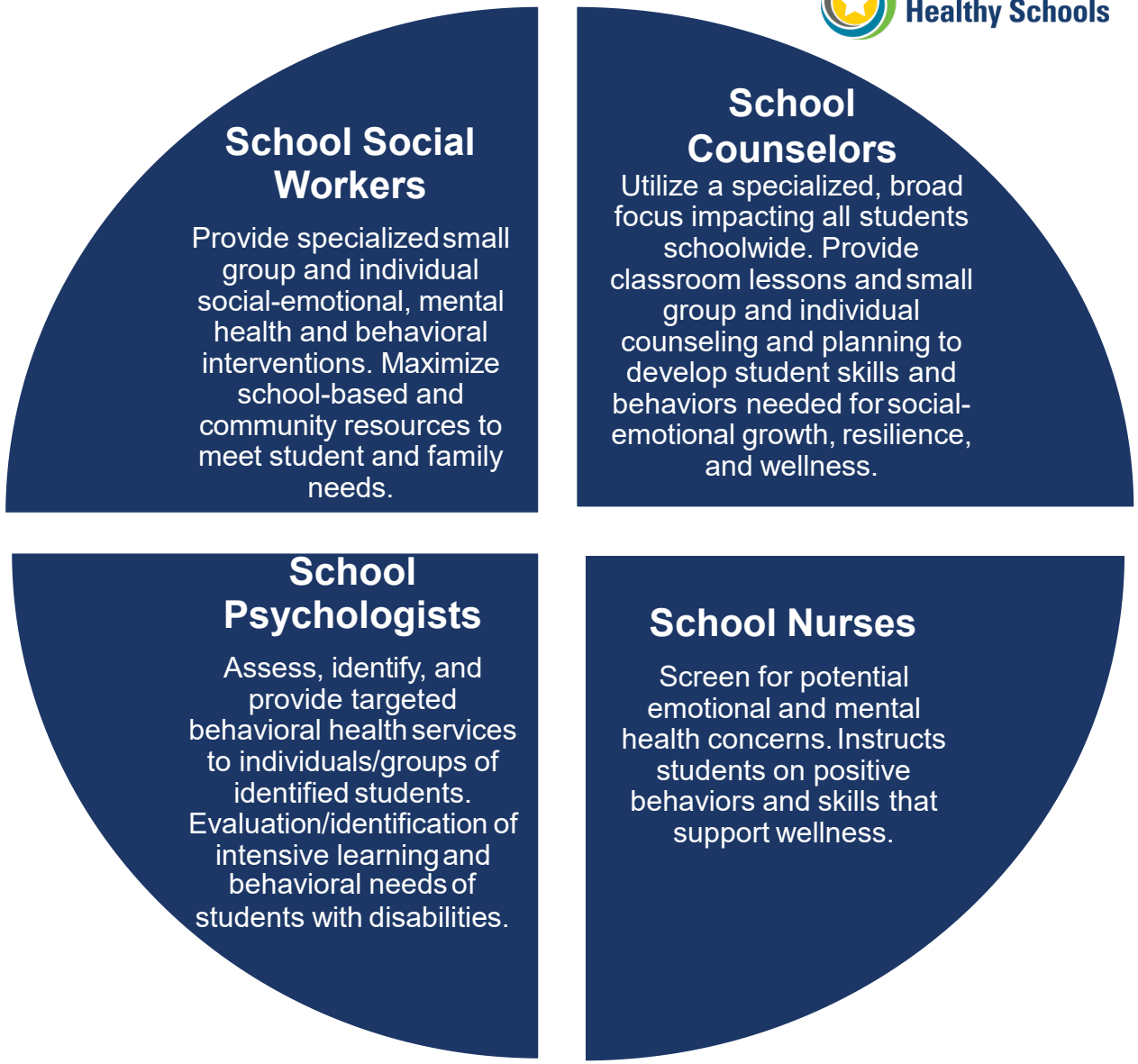
Percentage of High School Students Who Felt Sad or Hopeless, 2001-2021
Percentage of Middle School Students Who Felt Sad or Hopeless, 2001-2019



North Carolina - YRBS, 2001-2021

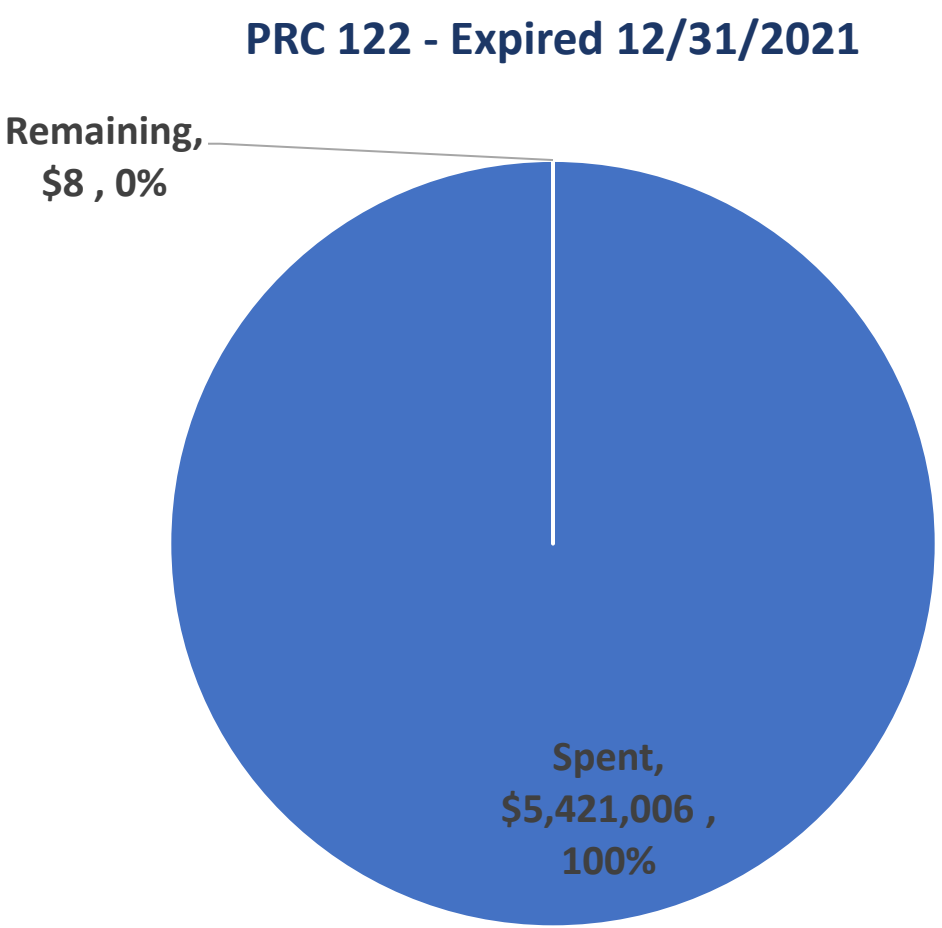
Ratios: current vs. recommended*

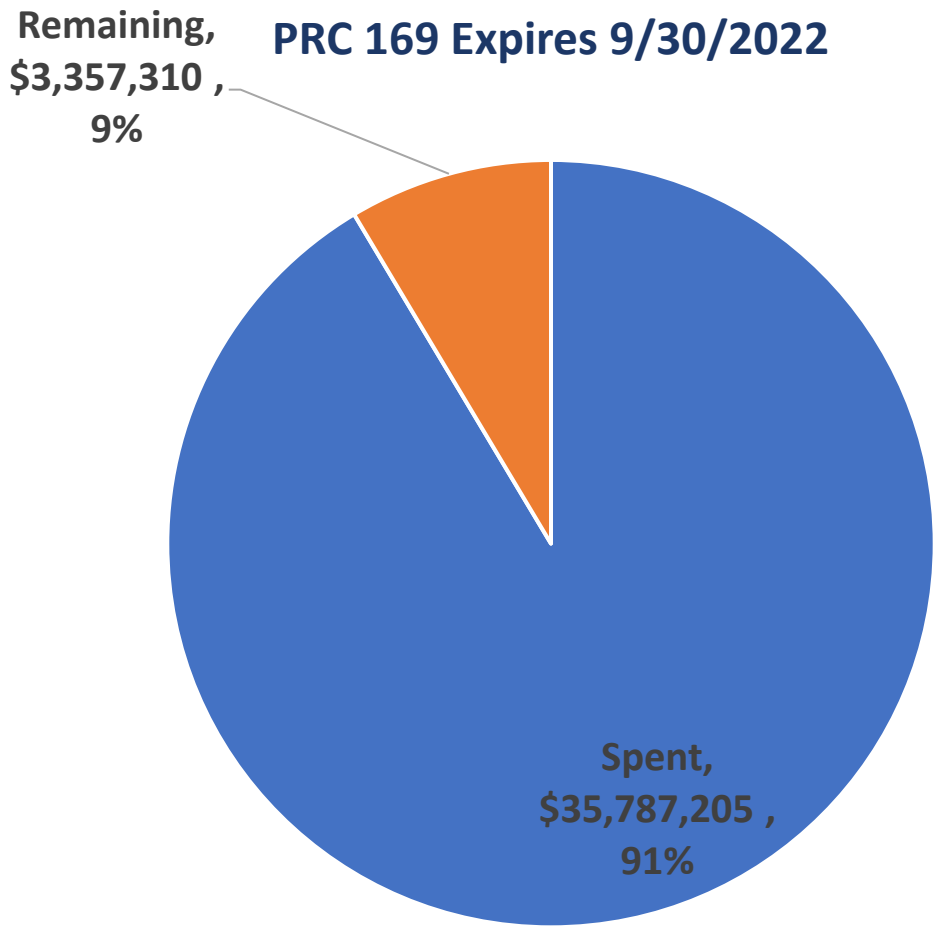
- School Counselors = 1:335 (1:250)
- School Nurses = 1:890 (1:per school)
- School Social Workers = 1:1,025 (1:250)
- School Psychologists = 1:1,815 (1:500)



*Reported to ID Committee of CFTF by DPI on 9-19-22

SIS Personnel Covid Expenditures*





*Reported to ID Committee of CFTF by DPI on 9-19-22

DPI Study Required by General Assembly related to examining situation for school health support personnel resulted in recommended actions that included:

- Reduce student ratios to the recommended ratios of each profession to aid in manageability of student caseloads.
- Employ at least one school social worker, school psychologist and school nurse to strengthen on site student support services teams.
- Fund competitive salaries to increase retention and recruitment.
- Create clearer job descriptions would protect school health support personnel from engaging in inappropriate job duties.

Perspective on staffing school nurses, social workers, counselors and psychologists

D. Natasha Scott, Ed.D., MSW
Executive Director, Student Services
Cumberland County Schools

Discussion and Voting on Committee Recommendation

SUPPORT recurring funds to **increase numbers of school nurses, social workers, counselors and psychologists** to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios for these professional positions in schools; funding at least sufficient to sustain current positions whether sourced through temporary or permanent funding.

Note: $40 million was spent in temporary COVID funding to hire more of these professionals; so that's roughly what would be required (recurring) to keep them.

ID Committee Recommendation

SUPPORT funding sufficient to sustain implementation and continued use of a **statewide school health data system** beginning in 2024.

Note: The State Child Fatality Prevention Team recommended implementation of a statewide school health data system

The Current Situation with School Health Records

- Schools are required to keep certain health-related information
- Approximately 25% of students live with a chronic health condition that may require school support.
- Schools are required to provide health related services that impact educational access and success.
- Student mental and behavioral health needs are significant and may be supported by different care providers in schools.
- There is currently no consistent way available in NC schools to adequately document and share information for students with mental and physical health needs or services.

Current practices in NC schools for health record keeping is varied

- Electronic Health Record for Schools (Self-Purchased)
- Power School Health Module
- Self-Created Microsoft Docs
- Hard-Copy Records

Some school systems can afford an effective electronic record system, many cannot, creating **equity issues**.

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How are Students Better Served through Access to a School Health Record Designed for This Purpose?

- Enables school health support professionals to **keep up with and respond more quickly to student needs** when students move around
- Facilitates **ability to see repeated student issues over time** that may be indicative of serious mental or physical health needs.
- Facilitates a **consistent and uniform record**
- Ensures **record keeping required for a school to bill for eligible Medicaid services**
- Ensures appropriate **protection of confidential information**

Funding needs

- DPI via a partnership with DCFW has identified funding for one year for a statewide system but has no funding to sustain it
- DPI must still undertake a process to determine the platform to be used and begin implementation
- Estimated cost is between $1 million and $1.5 million ($1 per student) per year

Discussion and Voting on Committee Recommendation

SUPPORT funding sufficient to sustain implementation and continued use of a **statewide school health data system** beginning in 2024.

ID Committee Recommendation

SUPPORT legislation to **strengthen the 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.

Background on CFTF & Safe Surrender

- In 2001 CFTF advanced original Infant Safe Surrender" law.
- Infant safe surrender or "safe haven" laws exist in every state and are designed to provide a safe alternative for a desperate parent of a newborn who may be tempted to engage in actions harmful to the infant.
- Task Force, with input from experts in juvenile law, examined law and developed recommended changes
- HB 473 passed the House unanimously in 2021, Senate did not take it up even though there was a nearly identical Senate bill

Refresher: reasons for recommended changes

Why remove "any adult" from those designated to accept a surrendered infant?

- "Any adult" cannot be trained or be expected to provide information about the law
- Concerns about human trafficking and unlawful custody transfer
- This kind of "any adult" category is not typical in other states.

Why provide information to a surrendering parent?

- Currently, no information is required to be provided to the surrendering parent.
- Surrendering parents should be given accurate information regarding consequences, rights, and options

Why strengthen protection of surrendering parent's identity?

- Currently, no identity has to be given at moment of surrender, but DSS treats the case like any other & makes immediate efforts to identify the surrendering parent to participate in all court proceedings
- Protections of a surrendering parent's identity are a critical aspect of safe surrender/safe haven laws in general
- Many other states have stronger protections for the identity of a surrendering parent

Why incorporate steps to help ensure law is only applied when criteria are met?

Safe surrender laws should be strengthened to ensure that safe surrender protections are only applied when criteria set out in law are met because the law provides protections for a surrendering parent with respect to immunity and identity.

Discussion and Voting on Committee Recommendation

SUPPORT legislation to **strengthen the 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;
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3) strengthen protection of a surrendering parent’s identity;
4) incorporate steps to help ensure the law is only applied when criteria are met.

Intentional Death Prevention Committee updates

- Success with administrative item to have lead suicide prevention coordinator role: DHHS has identified a funding source and is in the process of creating the position!
- Great progress is being made on educating professionals about child abuse and neglect reporting – more on this at next CFTF meeting
- At next ID meeting:
  - Data on child maltreatment deaths
  - DSS Intensive Reviews
  - Additional information on toxicology testing in ME cases
  - Child Fatality Prevention System

Announcements & Adjourn