

Child Fatality Task Force



North Carolina Child Fatality Task Force Legislative History & Accomplishments*

Every year since its creation in 1991, the North Carolina Child Fatality Task Force has helped achieve legislative victories for children, and its work studying and reporting on data and prevention strategies has served to inform many whose work involves child health and safety. The following list is organized by year and includes most — but not all — of the legislative accomplishments and some other accomplishments of the Child Fatality Task Force. “Endorsement” typically signifies that the Task Force endorsed the efforts of others to advance the legislation.

1991

North Carolina Child Fatality Task Force established. The Task Force, a diverse legislative study commission, was charged to study the incidence and causes of child death as well as to make recommendations for changes to legislation, rules, or policies that would promote the safety and well-being of children. The Task Force was also charged to develop a system for multi-disciplinary review of child deaths.

Community Child Protection Teams (CCPTs) established. CCPTs were established in each county by Executive Order. Each CCPT has the responsibility to review selected active Child Protection Services cases of the county Department of Social Services and review all cases in the county in which a child died as a result of suspected abuse and neglect. The purpose of these reviews is to identify gaps and deficiencies in the community child protection system and safeguard the surviving siblings.

North Carolina Child Fatality Review Team (State Team) established. The State Team, a multi-agency panel, was directed to review all cases of fatal child abuse, all deaths of children known to Child Protective Services before their deaths, and additional cases of child maltreatment. The purpose of the reviews is to discover the factors contributing to child fatalities in North Carolina. The State Team is required to report to the Task Force and to recommend legislation to prevent child deaths.

1992

North Carolina Child Fatality Task Force membership expanded to include members of the General Assembly. Two Senators and two members of the House of Representatives, as well as one local health director, were appointed.

North Carolina Child Fatality Task Force extended to 1995.

Additional funds appropriated for Child Protective Service Workers. The Task Force requested \$5 million, with a plan to request a total of \$30 million over several years. The bill also called for a study of the financing of CPS positions in county Departments of Social Services. The General Assembly appropriated \$1 million

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Pilot programs for Family Preservation Services funded. The General Assembly appropriated \$410,000 for the Basic Social Services plan in three to five counties as pilots, and \$50,000 to develop and implement model programs of locally based Family Preservation Services.

Study of Child Protective Services funded. The General Assembly appropriated \$80,680 to conduct a study to determine a method that would ensure accountability by the county Child Protective Services programs, to ascertain the best management structure for Child Protective Services, and to determine the need for stronger state supervision of county programs.

“Hot Lines” established. The General Assembly appropriated \$62,000 to establish 24-hour Protective Services “hot lines” in each county.

Additional funds for the Child Medical Evaluation Program appropriated. The General Assembly appropriated \$935,750 for the Child Medical Evaluation program, \$180,000 of which was allocated for a backlog of claims for services and was non-recurring.

Protocols required. The legislation directed the DHHS Division of Social Services to ensure that community interdisciplinary teams develop protocols for use in child abuse and neglect reviews.

1993

Local Child Fatality Prevention Teams (CFPTs) established. Local CFPTs were directed to review all child deaths in each county unless the death was already under review by the local Community Child Protection Team (CCPT). Since each county now had two community-based teams, the local CFPT and CCPT were given the option of joining together or operating independently. The multi-agency membership for the local teams was established by state statute.

Child Fatality Task Force specifically charged to study the incidence and causes of child abuse and neglect.

Additional funds for Child Protective Services Workers appropriated. The General Assembly appropriated \$2 million, but maximum caseload standards were not established by statute.

Committee established to develop a payment plan for the evaluation of maltreated children. The resulting committee recommended funding regional maltreatment resource centers.

NCGA Chapter 7A revised. Changes include creating the duty to report and investigate child dependency as well as child abuse and neglect; requiring county Department of Social Services directors, upon receiving a report about a child's death as a result of suspected child maltreatment, to ascertain immediately whether or not there are other children in the home; improving information sharing; and mandating child fatalities from alleged maltreatment be reported to the Division of Social Services Central Registry.

Driving While Impaired (DWI) law amended. The amended statute provides that the presence of a child under 16 years of age in a vehicle driven by a person convicted of a DWI violation shall be considered a grossly aggravating factor in sentencing.

Funding for student services personnel provided. The General Assembly appropriated \$10 million for school counselors, to fulfill a provision of the Basic Education Plan.

Comprehensive health screening for kindergarten students mandated. This law requires each child to have a comprehensive health screening evaluation by the time he or she enters kindergarten.

1994

Six additional members of the General Assembly appointed to the Task Force. Three Senators and three members of the House of Representatives were appointed.

North Carolina Child Fatality Task Force extended to 1997.

Family Preservation Program expanded. The General Assembly appropriated \$500,000 to expand this program.

Prosecutorial child protection law passed. This law provides for bail and pretrial release conditions determined by the judge in child abuse cases. It also provides for children to be made comfortable in courtrooms during child abuse cases.

Child passenger safety law strengthened. This law requires children under 12 to be safely restrained while riding in a car, whether they sit in the front or the back seat. Infants and toddlers under age four must be secured in child safety seats; older children must use seat belts.

The following laws were passed during the Special Session on Crime called by the governor in 1994:

The Task Force supported several components of the governor's crime package of legislation that applied to juveniles: **Family Resource Centers, Wilderness Camps, the Mentor Training Program for Coaches, and the Governor's One-On-One Program.**

The Task Force worked to amend a bill calling for a comprehensive study of the Division of Youth Services' Juvenile Justice System. The amendment provided for **diagnostic assessments of all youth in state training schools** to determine that each youth has been properly placed.

Community-Based Alternatives program funded. The General Assembly appropriated \$5 million for programs that are intended to reduce the number of youths committed to training schools by rehabilitating these troubled youths in their communities.

The Task Force also worked to increase **the penalty for illegally selling guns to a minor from a misdemeanor to a felony.** This felony charge for a weapons violation enables law enforcement to aggressively prosecute those who illegally sell firearms to minors.

1995

Training for child sexual investigations initiated. The Task Force requested \$125,000 for statewide, multidisciplinary training for child sexual abuse investigations. The training was funded for \$38,336 recurring and \$5,000 non-recurring funds through the State Bureau of Investigation.

Underage drinkers prohibited from driving. The Task Force endorsed legislation requiring "zero tolerance" for alcohol measured in the blood or breath of drivers 18–20 years old.

Smoke detectors required in all rental property. This law filled in a gap in North Carolina's smoke detector laws by requiring landlords to install operable smoke detectors for every dwelling.

Sale of fireworks to children prohibited. Before 1993, the sale of pyrotechnics was illegal in North Carolina. In 1993, the General Assembly allowed the sale of some pyrotechnics. The Task Force sought to repeal these changes to the pyrotechnics law in 1995. The General Assembly did not repeal the 1993 law, but a bill was passed that restricts the sale of those pyrotechnics to individuals over the age of 16.

Adoption proceedings moved from Superior to District Court. The Task Force sponsored this legislation as a first step toward creating a comprehensive family court system in North Carolina.

1996

Child abduction law strengthened. This law applies the penalty for abducting a child from a parent, guardian, or school or abductions from any agency or institution lawfully entitled to the child's custody.

1997

Dependent juvenile definition changed. The old statute defined a juvenile as dependent if his or her parents were unable to provide care "due to physical or mental incapacity." This language did not make provision for other situations, such as one in which one or both parents are incarcerated. This law broadened the definition of dependent juvenile and enabled hundreds more children to receive help from the county Departments of Social Services.

Intensive Home Visiting partially funded. The Task Force had a standing goal of encouraging the state to appropriate \$3.2 million for intensive home visiting programs shown to be effective in reducing the incidence of child abuse and neglect, unwanted pregnancy, and juvenile involvement with the courts. In 1997, the General Assembly appropriated \$825,000 for home visiting, with an additional \$200,000 in 1998.

Graduated Driver's License mandated. This measure gives new teenage drivers more experience — and a greater chance of survival — as the result of a three-step process for obtaining a driver license. This ensures beginning drivers get a full year of supervised practice driving with a parent. It also restricts night-time driving for new licensees during the first six months of unsupervised driving.

1998

Sunset of the Task Force lifted.

Court Improvement Project launched. To reduce the amount of time that children are in foster care, the Task Force supported legislation to change the process for handling abuse and neglect cases. As a result of this legislation, termination of parental rights may now be a motion in the cause, adjudication must take place within 60 days of the filing of the petition, the first hearing must be at 90 days, and the second hearing within six months.

Smoke detector penalty set. This law sets a \$250 penalty for landlords who fail to install smoke detectors in rental units and a \$100 penalty for tenants who destroy or disable smoke detectors after they have been installed.

1999-2000

Child passenger safety law strengthened. The passage of Senate Bill 1347 will save an estimated five lives and 45 serious injuries among child passengers aged 16 or younger each year. The new law imposes a two-point driver's license penalty on drivers who do not see that young passengers are in age-appropriate safety restraint. The enactment of this law closes one of the last remaining gaps in the state's motor vehicle passenger safety laws.

Juvenile procedures clarified. Passage of House Bill 1609 will help move children from abusive, dangerous environments toward safer, permanent homes. The old law required that parents be given separate notices of the possible termination of their parental rights, even if termination is clearly best for the child. This measure streamlines the legal process while preserving parents' rights to proper notification.

Guardianship strengthened. Sometimes called "soft adoption," guardianship is a good option for some children who need a safe, nurturing home. Passage of Senate Bill 1340 clarifies the rights and duties of a legal guardian and thereby creates a more stable home for children with court-appointed guardians.

2001

Infant Homicide Prevention Act passed. House Bill 275 created a safe haven for newborns who would otherwise be abandoned by their distraught mothers.

Child Bicycle Safety Act passed. House Bill 63 established that bicycle riders age 15 and younger must wear an approved helmet when riding on public roads and rights-of-way.

Child Fatality Task Force 10-Year Anniversary celebrated. In the 10 years of the Task Force's existence, the child death rate in North Carolina dropped approximately 20%. At 76.4 deaths per 100,000 children, North Carolina experienced the lowest child fatality rate it had ever recorded.

2002

"Kids First" license tags issued. The General Assembly and the Division of Motor Vehicles authorized and issued "Kids First" license tags with the proceeds going to the North Carolina Children's Trust Fund.

Key programs continued. During a time of intensive budget cuts, the Intensive Home Visiting program, the Healthy Start Foundation, the folic acid campaign, and the birth defects monitoring program all received continued funding.

Graduated Driver Licensing system improved. A provision was added to the existing system which limits the number of passengers under age 21 that a novice driver may transport during the first six months of unsupervised driving (allowing only one young, non-family member).

2003

Safe Surrender supported. Task Force members lent their support to the Division of Public Health who was successfully awarded a grant from the Governor's Crime Commission for FY 2003 - 2004 to increase public awareness of the Infant Homicide Prevention Act (aka NC Safe Surrender Law).

2004

NC Booster Seat Law (Senate Bill 1218) ratified. The law established that a child less than 8 years of age and less than 80 pounds in weight shall be properly secured in a weight-appropriate child passenger restraint system. In vehicles equipped with an active passenger-side front air bag, if the vehicle has a rear seat, a child less than 5 years of age and less than 40 pounds in weight shall be properly secured in a rear seat, unless the child restraint system is designed for use with air bags. If no seating position equipped with a lap and shoulder belt to properly secure the weight-appropriate child passenger restraint system is available, a child less than 8 years of age and between 40 and 80 pounds may be restrained by a properly fitted lap belt only.

[Endorsement] The Task Force endorsed strengthening penalties when methamphetamine is manufactured in a location that endangers children.

2005

All-Terrain Vehicle Safety Law (Senate Bill 189) ratified. The law established that a child less than 8 years of age is not allowed to operate an ATV. In addition the law creates restrictions based on age and machine size for children between the ages of 8 and 16. The law also requires adult supervision for children under

16, restricts passengers to those ATVs designed for more than one person, bans operation on public streets, roads and highways, and outlines equipment standards for sellers and buyers. In addition, safety training is now required for operators, as is the use of safety equipment.

2006

Unlawful Use of a Mobile Phone Law (Senate Bill 1289) ratified. The law established that children under the age of 18 cannot operate a motor vehicle while using a mobile phone or any technology associated with mobile phones. Exceptions were created for teens talking with their parents, spouses, or emergency personnel.

Rear Passenger Safety Law (Senate Bill 774) ratified. The law requires use of rear-seat safety belts by all passengers of non-commercial vehicles.

Strengthen Sex-Offender Registry Law (House Bill 1896) ratified. The law strengthened North Carolina's existing sex offender registry system by requiring additional standards for monitoring sex offenders, including extensive monitoring of the most predatory offenders upon their release from prison.

Funds to Prevent Child Maltreatment (Senate Bill 1249) appropriated. \$90,000 in recurring funds was allocated to the NC Department of Health and Human Services for one position to staff the Child Maltreatment Leadership Team and carry forth recommendations of the North Carolina Institute of Medicine's Task Force on Child Abuse Prevention.

General Statute 7B-302 DSS Disclosure of Confidential Information (Senate Bill 1216) amended. The amendment clarified the ability of county Departments of Social Services to share confidential information with other professional entities. The amendment also put North Carolina in compliance with federal child welfare funding guidelines and allowed for continued federal support.

Funds to Prevent Preterm Births (Senate Bill 1741) appropriated. \$150,000 in non-recurring funds was allocated to provide medications to low-income women at-risk of a second premature birth. The medication is proven to reduce recurring preterm births by 33%.

Funds to establish a Perinatal Health Network (Senate Bill 1253) appropriated. \$75,000 in non-recurring funds was allocated for the creation of a professional perinatal health network. The network will bring together perinatal health leaders to plan strategically for the reduction of infant mortality and promotion of women's and infants' health in North Carolina.

[Endorsement] The Task Force endorsed: 1) continuing the Medicaid Family Planning Waiver; 2) recurring funding of the North Carolina Folic Acid Campaign at \$300,000; 3) recurring funding for the North Carolina Healthy Start Foundation for statewide infant mortality reduction initiatives and conversion of non-recurring funding to recurring funding status; 4) recurring funding for the North Carolina Birth Defects Monitoring Program at \$325,000.

Administrative changes recommended. 1) support the DHHS Division of Public Health efforts to procure grant funds for youth suicide prevention; 2) form a CFTF subcommittee to work on gun safety, specifically pursuing a gun safety awareness campaign, creating talking points on gun safety, and seeking common ground to prevent injury and death to children and youth due to firearms.

2007

Child Passenger Safety Exemption (Senate Bill 23) ratified. Amended § 20-317.1. (Child restraint systems required), by removing exemption (b)ii "when the child's personal needs are being attended to" in order to qualify North Carolina for the continuation of \$1 million in child passenger safety funding from the National Highway Traffic Safety Administration.

Funds to address infant deaths secured. Appropriations recommended by the Child Fatality Task Force were secured and included \$97,000 in non-recurring funds to prevent preterm births by providing the medication known as 17-Progesterone to uninsured women and \$150,000 in nonrecurring funds for a statewide Safe Sleep awareness campaign.

[Endorsement] The Task Force endorsed: 1) \$200,000 in recurring funds were provided for the birth defects monitoring system; 2) \$150,000 in non-recurring funds were provided for the North Carolina Healthy Start Foundation; 3) the Fire Safe Cigarette Act (House Bill 1785) passed and requires cigarette manufacturers to produce and market only cigarettes that adhere to an established cigarette fire safety performance standard.

Legislative charge received. Senate Bill 812 directed the Child Fatality Task Force to study issues relating to requiring the installation and use of passenger safety restraint systems on school buses and report findings by May 2008.

2008

Amend Child Abuse (Senate Bill 1860) ratified. An act to increase the criminal penalty for misdemeanor child abuse and to amend the criminal offense of felony child abuse.

Hospital Report Child Injuries (House Bill 2338) ratified. An act to require hospitals and physicians to report serious, non-accidental trauma injuries in children to law enforcement officials.

Funds to prevent preterm births provided. \$97,000 in non-recurring funds appropriated to continue efforts to provide minority and low-income women at-risk for delivering a premature infant with a preventative treatment to reduce the risk of a recurring preterm birth.

Funds to reduce infant deaths secured. \$150,000 in non-recurring funds appropriated to continue funding for a statewide public awareness campaign to promote safe sleep and reduce infant deaths due to Sudden Infant Death Syndrome (SIDS) and unintentional suffocation/strangulation.

Child Passenger Safety Technician Liability (House Bill 2341) ratified. An act to limit liability for the acts of certified child passenger safety technicians and sponsoring organizations of child safety seat educational and checking programs when technicians and sponsoring organizations are acting in good faith and child safety seat inspections, installation, adjustment or education programs are provided without fee or charge.

Require Carbon Monoxide Detectors (Senate Bill 1924) ratified. An act to authorize the North Carolina Building Code Council to adopt provisions in the Building Code pertaining to the installation of carbon monoxide detectors in certain single-family or multifamily dwellings; to require the installation of operational carbon monoxide detectors in certain residential rental properties and to provide for mutual obligations between landlords and tenants regarding the installation and upkeep of carbon monoxide detectors.

Transporting Children in Open Bed of Vehicle (House Bill 2340) ratified. An act to increase the protection of children who ride in the back of pickup trucks or open beds of vehicles by raising the minimum age to 16 and removing the exemption that made allowances for small counties.

Change Format of Driver Licenses/Under 21 (House Bill 2487) ratified. An act to change the format of a driver license or special identification card being issued to a person less than 21 years of age from a horizontal format to a vertical format to make recognition of underage individuals easier for clerks dealing in restricted age sales of products such as alcoholic beverages and tobacco products.

2009

Funding to prevent preterm births provided. \$97,000 in non-recurring funds appropriated to continue efforts to provide minority and low-income women at-risk for delivering a premature infant with a preventative treatment to reduce the risk of a recurring preterm birth.

Funding to reduce infant deaths provided. \$150,000 in non-recurring funds appropriated to continue funding for a statewide public awareness campaign to promote safe sleep and reduce infant deaths due to Sudden Infant Death Syndrome (SIDS) and unintentional suffocation/strangulation.

The Division of Medical Assistance directed to explore interconceptional care. This direction allows DMA to pursue a federal waiver or other mechanism to offer a basic package of interconceptional care services to low-income women at high-risk for delivering prematurely.

Funding continued for Child Medical Evaluation System. This system provides diagnostic services to children suspected of being victims of child maltreatment.

Interagency agreements established to better protect children from violent sex offenders. The federal Adam Walsh Child Protection and Safety Act requires a more comprehensive, nationalized system for registration of sex offenders. To meet this goal, interagency collaboration has been established between the State Bureau of Investigation, the Sheriff's Association, the Division of Social Services and others.

An Act to Prohibit the Retail Sale and Distribution of Novelty Lighters (Senate Bill 652) ratified. This act to protect children by banning the sale of novelty lighters.

The Nicholas Adkins School Bus Safety Act (House Bill 440) ratified. This measure assures that pictures taken of drivers committing a stop arm violation are acceptable evidence for conviction and makes it a felony if a student is killed due to an illegal pass of a stopped school bus.

Youth employment protections passed. Enhance Youth Employment Protection Act (H22) enhances reporting and surveillance requirements by the Department of Labor. Strengthen Child Labor Violation Penalties (H23) increases penalties to employers who violate child labor requirements.

2010

Funding to preserve infant mortality prevention infrastructure maintained. Due to on-going state budget constraints, the Task Force focused on maintaining a package of services that works together to help babies be born healthy and to make it to their first birthday. Elements of the package include the following: \$350,000 for the NC Folic Acid/Preconception Health Campaign to decrease neural tube defects and improve birth outcomes; \$325,000 for the Eastern Carolina University High-Risk Maternity Clinic to improve birth outcomes in Eastern North Carolina; \$150,000 for Safe Sleep to avoid SIDS and other sleep-related deaths; \$97,000 for 17-Progesterone distribution to help prevent pre-term births; \$408,000 for the Healthy Start Foundation to improve maternal health prior to and during pregnancy.

Increase Driver's License Restoration Fee (\$655) ratified. This act increases the fee that drivers who have their licenses suspended following conviction for impaired driving must pay to have their licenses later restored. All funds raised (an estimated \$560,000 each year) will go to Forensics Tests for Alcohol to continue programs to deter, detect, and convict impaired drivers.

2011

Funding to preserve infant mortality prevention infrastructure maintained. Due to on-going state budget constraints, the CTF focused on maintaining a package of services that works together to help babies be born healthy and to make it to their first birthday. Elements of the package include the following:

\$350,000 for the NC Preconception Health Campaign to decrease neural tube defects and improve birth outcomes; \$150,000 for Safe Sleep to avoid SIDS and other sleep-related deaths; \$47,000 for 17- Progesterone distribution to help prevent pre-term births. These items were funded nonrecurring out of the Maternal and Child Health Block Grant.

Fine for speeding in a school zone increased to \$250 (S49) Speeding just an extra 10 mph in a school zone greatly increases the chance of death for a student hit by a car. The chance of pedestrian death increases nine-fold (from 5% to 45%) with an increase in speed from 20 mph to 30 mph. This bill makes the fine for speeding in a school zone equal to that of speeding in a construction zone.

Sale of certain dangerous synthetic substances banned (S7) This act bans substances previously available legally — including a synthetic cannabinoid that produces a marijuana-like high and MDPV, a synthetic that produces a cocaine-like high and hallucinations. The ban went into effect June 1, 2011. Throughout the early implementation period, the CTF has worked with law enforcement and others to monitor the effectiveness of the ban.

Penalty for driving impaired with a child in the car enhanced (S241). Motor vehicle crashes are the leading injury-related cause of death for children and impaired driving is a factor in 15% -20% of those deaths. National data show that most children who die in crashes where alcohol is involved are the passenger of the impaired driver. Additionally, impaired drivers are also less likely to buckle-up their children safely.

Concussion protocols established (The Gfeller-Waller Athletic Concussion Awareness Act -H792). This act requires that coaches, other school personnel, and parents of middle and high school athletes receive information about concussions and prohibits same-day return-to-play. Only once cleared for play by specified health providers may athletes later return to practice or play.

Changes to the graduated driver licenses system monitored. Since North Carolina adopted graduated driver licensing, crashes are down 38% for 16-year-olds and 20% for 17-year-olds, among the best results of any state. Time spent driving and gaining experience is critical for teens learning to drive more safely. Changes from Modify Graduated Licensing Requirements (S636) include requiring learning drivers keep a log of time and conditions driven. Additionally, a provisional license will be revoked if the licensee is charged with a variety of serious driving violations, such as excessive speeding. The Division of Motor Vehicles is charged with evaluating the effectiveness of the provisions.

[Endorsement] The Perinatal Quality Collaborative of NC received \$250,000 in funding (from the Maternal and Child Health Block Grant).

2012

Funding to preserve infant mortality prevention infrastructure partially maintained. Due to on-going state budget constraints, the CTF focused on maintaining a package of services that works together to help babies be born healthy and to make it to their first birthday. Elements of the package include the following: \$350,000 for the NC Preconception Health Campaign to decrease neural tube defects and improve birth outcomes; \$375,000 to the East Carolina University High-Risk Maternity Clinic; and \$47,000 for 17- Progesterone distribution to help prevent pre-term births. These items were funded nonrecurring out of the Maternal and Child Health Block Grant. However, funding for Safe Sleep and the NC Healthy Start Foundation were eliminated.

Replacement of conventional smoke alarms with tamper-resistant lithium-battery alarms in rental units (S77). Over the past five years, 75 children and hundreds of adults have died due to fire. Fire and flame are the fourth leading cause of death of North Carolina children ages 5 to 9. Furthermore, national data reveal that two-thirds of fire deaths occur in homes without an operating smoke alarm, often because the battery has been removed or is not working. The new science of tamper-resistant lithium battery

alarms can help solve this problem since alarms with these batteries work for 10 years and the batteries cannot be removed for other uses. This measure requires landlords to phase-in tamper-resistant lithium battery units as conventional battery units are scheduled for replacement.

Funding to preserve evidence-based treatment programs for children maintained. Due to on-going state budget constraints, the CTF focused on maintaining a package of services that works together to help screen and treat at-risk children: Funding was maintained at flat levels, often with federal funds, for the Child Medical Evaluation Program, Child Advocacy Centers, the Child Treatment Program, and suicide gatekeeper programs.

[Endorsement] The Perinatal Quality Collaborative of NC received \$250,000 in funding (from the Maternal and Child Health Block Grant). A bill (H176) passed addressing concerns on tracking of domestic violence cases to make more clear when "assault on a female" (or other crimes) occur between intimate partners or strangers. In addition to improving data and understanding of ways to address problems, this may help workers within the Division of Social Services have more complete information on when domestic violence is a factor in the home. Smoking cessation and prevention was funded at \$2.7 million from the Social Services Block Grant.

2013

Revise Controlled Substance Reporting (S222). Poisoning is the fastest growing cause of teen death. The bill made changes to the Controlled Substance Reporting System (CSRS) to deter pill mills, to make it easier for doctors to check to see previous prescription-fill history to avoid duplicate prescriptions and to offer treatment as needed, to provide more timely data, and to allow data tracking relating to atypical prescribing or filling, as well as other provisions.

Require Pulse Oximetry Screening (S98). Pulse oximetry is a quick and inexpensive test that screens newborns for certain congenital heart disease. If the baby is sent home before this condition is detected, the baby may get very sick and need to be rushed to the hospital for emergency surgery. Pulse oximetry screening allows timely, non-emergency intervention that can save lives.

Health Curriculum/Preterm Birth (S132). Prematurity is one of the leading causes of infant deaths. This bill incorporates into the Healthy Behaviors Curriculum information about the preventable risks of preterm birth including induced abortion, smoking, alcohol consumption, the use of illicit drugs, and inadequate prenatal care.

Funding to preserve infant mortality prevention infrastructure partially maintained. Due to on-going state budget constraints, the CTF focused on maintaining a package of services that work together to help babies be born healthy and to make it to their first birthdays. Elements of the package include the following: the NC Preconception Health Campaign to decrease neural tube defects and improve birth outcomes; East Carolina University High-Risk Maternity Clinic to treat high-risk pregnancies in the eastern part of the state; 17-Progesterone distribution to help prevent pre-term births; NC Healthy Start Foundation to provide community-based organization with evidence-based strategies and communications to improve the health of women of reproductive age and their babies; the Perinatal Quality Collaborative to promote best practices with hospitals; the Safe Sleep Campaign to promote safe sleep including in hospitals; and You Quit Two Quit to provide training assistance to help medical practices implement evidence-based protocols to reduce smoking by pregnant women. ECU was funded recurring with state funds. Other funded items were funded nonrecurring out of the Maternal and Child Health Block Grant. However, no funding was provided for the Healthy Start Foundation or You Quit Two Quit tobacco cessation for women.

Funding for Child Treatment Program. The Child Treatment Program (CTP) is an evidence-based treatment for children who have experienced trauma. The CTF supported funding of \$2 million for an

implementation platform to assure the treatment was used statewide with fidelity. Funding was included in the budget.

Funding for services to stabilize families and prevent children from being removed from their homes.

Changes in federal funding resulted in loss of \$12 million to the Division of Social Services for services to help keep children at-risk of abuse or neglect safe in their own homes. Funding of \$4.8 million was provided.

[Endorsement] Funding for Child Advocacy Centers and the Child Medical Evaluation Program; measures to make it easier for doctors to prescribe and third parties to use a medication (naloxone) to reverse drug overdoses (\$20).

2014

Funding to preserve infant mortality prevention infrastructure partially maintained. The CFTF continued to focus on maintaining a package of services that work together to help babies be born healthy and to make it to their first birthdays. Elements of the package include the following: the NC Preconception Health Campaign to decrease neural tube defects and improve birth outcomes; East Carolina University High-Risk Maternity Clinic to treat high-risk pregnancies in the eastern part of the state; 17-Progesterone distribution to help prevent pre-term births, NC Healthy Start Foundation to provide community-based organization with evidence-based strategies and communications to improve the health of women of reproductive age and their babies, the Perinatal Quality Collaborative to promote best practices with hospitals, the Safe Sleep Campaign to promote safe sleep including in hospitals, and You Quit Two Quit to provide training assistance to help medical practices implement evidence-based protocols to reduce smoking by pregnant women. ECU was funded recurring with state funds. Other funded items were funded nonrecurring out of the Maternal and Child Health Block Grant. However, no funding was provided for the Healthy Start Foundation or You Quit Two Quit tobacco cessation for women. A special budget provision allows programs that provide tobacco cessation services for pregnant women and new mothers to apply for a certain competitive grant process.

Funding for services to stabilize families and prevent children from being removed from their homes.

Changes in federal funding resulted in a loss of \$12 million to the Division of Social Services for services to help keep children at-risk of abuse or neglect safe in their own homes. Funding of at least \$9 million was provided.

Coverage of lactation support through the Division of Medical Assistance: Given the strong cost savings and lifesaving benefits of breastfeeding, DMA was authorized to reimburse costs associated with lactation consultants. (Initially, legislation was sought, but it was later determined to be unnecessary.) This is estimated to save 14 to 18 infant lives per year.

[Endorsement] Funding for Child Advocacy Centers and the Child Medical Evaluation Program; authorization of the NC Department of Environment and Natural Resources (now known as the NC Department of Environmental Quality) to participate in the Interstate Chemicals Clearinghouse for the purposes of access to key data necessary to enhance safety in use of toxic chemicals.

2015

A new law protecting children from nicotine poisoning: North Carolina became one of the first states to prohibit the sale of e-cigarette liquid containers without child-resistant packaging and without labeling those that contain nicotine. This protects small children who may access liquid nicotine (often sold in candy or fruit flavors) resulting in exposure that may cause injury or death. Calls to Carolinas Poison Centers related to liquid nicotine have risen dramatically in recent years, going from eight calls in 2011 to 137 calls in 2014.

A new law protecting children from skin cancer: The "Jim Fulghum Teen Skin Cancer Prevention Act" prohibits tanning bed operators from allowing individuals under age 18 to use their tanning equipment. With melanoma rates in North Carolina higher than the national average and studies showing the majority of melanoma cases in young adults are connected to indoor tanning bed use, the purpose of this measure is to reduce the incidence of skin cancer.

Measures to address prescription drug misuse and poisoning: Approximately one in five high school seniors in North Carolina reports having taken prescription drugs without a prescription. Medications are among the most common type of exposure prompting calls to Carolinas Poison Control Center regarding children and adolescents. The CFTF recommended funding for safe drug disposal (Operation Medicine Drop) to decrease access to drugs that can result in misuse or poisoning, and this item was funded as non-recurring. The CFTF endorsed the reinstatement of funding for Carolina's Poison Control Center, which was funded as recurring, and also endorsed measures to strengthen the Controlled Substances Reporting System, resulting in a number of improvements to the system.

[Endorsement] Funding to preserve infant mortality prevention infrastructure: The CFTF focused on maintaining a package of services that works together to help babies be born healthy and make it to their first birthday, including funding for the following: East Carolina University High-Risk Maternity Clinic to treat high-risk pregnancies in the eastern part of the state; 17-Progesterone distribution to help prevent pre-term births; the Perinatal Quality Collaborative (PQCNC) to promote best practices with hospitals; the Safe Sleep Campaign to promote safe sleep; and the NC March of Dimes Preconception Health Campaign to decrease birth defects and improve birth outcomes. ECU and PQCNC were funded with state funds. Other items were funded out of the Maternal and Child Health Block Grant.

[Endorsement] Funding to support accredited Child Advocacy Centers in North Carolina who provide services for abused children by bringing together local child protective services, law enforcement, prosecutors, and medical and mental health providers. The CACs were funded with nonrecurring state funding and maintained block grant funding.

2016

Funding for perinatal tobacco cessation and prevention: Tobacco use during pregnancy is directly associated with the top four causes of infant mortality in North Carolina. The goal of You Quit Two Quit Program, which received \$250,000 in nonrecurring funds, is to ensure there is a comprehensive system in place for high quality screening and treatment for tobacco use in women, including pregnant and postpartum mothers.

Funding for safe drug disposal: Operation Medicine Drop, which received \$120,000 in nonrecurring funds, is a nationally recognized North Carolina program that uses drug take-back events and permanent medicine drop boxes to collect 15 to 20 million doses of unused medications each year. Safe disposal of medications is one tool to address a current epidemic of prescription drug misuse and drug overdose by reducing access to drugs, particularly by small children and teens who often obtain drugs from friends and family.

A new law prohibiting unlawful transfer of custody of a child: This legislation is aimed at preventing child maltreatment, including situations where a parent or guardian feels unable or unwilling to care for his or her child and locates a stranger, for example over the internet, who takes physical custody of the child. Such unlawful transfers can result in children ending up in abusive or neglectful homes or in human trafficking rings. [Session Law 2016-115]

Change in CSRS law to facilitate research and education: The Controlled Substances Reporting System (CSRS) is an important tool in North Carolina's battle to understand and react to the current opioid overdose epidemic. Prior to this technical change, the law required CSRS data purging at six years,

preventing epidemiologists and researchers from doing effective longitudinal evaluation and analysis of the CSRS system and trends. This change to the law requires quarterly purging of data more than six years old, but instead of permanently discarding the data, it will now be maintained in a separate database so it can be used for statistical, research, or educational purposes.

[Endorsement] Funding to support Children's Advocacy Centers in North Carolina. Children's Advocacy Centers provide services for abused children by bringing together local child protective services, law enforcement, prosecutors, and medical and mental health providers. The CAC model is an evidence-based national model with multiple proven benefits for children.

Monitored and maintained: Funds provided to the following perinatal health programs previously supported by the Child Fatality Task Force remained unchanged in the 2016 budget: Perinatal Quality Collaborative NC; East Carolina University High Risk Maternity Clinic; March of Dimes Preconception Health Campaign; 17-Progesterone; Safe Sleep Campaign.

2017

Recurring funding for perinatal tobacco cessation and prevention: Tobacco use during pregnancy is directly associated with the top four causes of infant mortality in North Carolina. The 2017 legislative budget contained \$500,000 in *recurring* funds for both the You Quit Two Quit Program and Quitline NC, both of which can help prevent tobacco use during pregnancy.

Recurring funding to the Child Medical Evaluation Program: A Child Medical Evaluation (CME) is a specific evaluation performed by a qualified medical expert for neglect, physical abuse, or sexual abuse when it is suspected that a child is being abused or neglected by their parent. Evaluations are requested and findings are used by local departments of social services and medical professionals to determine a course of medical treatment for the child. An increase in recurring funds (\$723,000 per year) was needed in order to bring the reimbursement rate for CMEs in North Carolina to the regional average rate of \$575. Prior to this increase, CMEs in North Carolina had been reimbursed a flat fee payment of \$250 for suspected sexual abuse and \$150 for other types of suspected maltreatment, putting North Carolina at risk of losing these specialized professionals for this important work requiring extensive hours and a high degree of expertise.

CFTF was one of many seeking strengthened tools for combating the opioid epidemic: In 2017, a major piece of legislation called the "STOP Act" (Strengthen Opioid Misuse Prevention Act) containing numerous provisions addressing strategies for preventing opioid misuse passed the legislature unanimously (S.L. 2017-74). Many organizations and individuals were involved in advancing the STOP Act and although the CFTF was not primarily responsible, some of the STOP Act provisions aligned with 2017 CFTF Action Agenda recommendations: the STOP Act includes mandatory use of the Controlled Substances Reporting System by the medical profession (the Task Force recommended increased use of CSRS by medical professions); the STOP Act made a technical correction in the law to enable interstate data sharing for the Controlled Substances Reporting System (a recommendation by the CFTF); the STOP Act removed some barriers and provided funding for the Harm Reduction Coalition to continue its important work (the CFTF endorsed the efforts of the Harm Reduction Coalition to continue its work fighting the opioid epidemic).

[Endorsement] Legislation authorizing civil penalties for passing a stopped school bus and the utilization of school bus cameras to facilitate automatic civil enforcement. [S.L. 2017-188]

Monitored and maintained: Funds provided to the following perinatal health programs previously supported by the Child Fatality Task Force remained unchanged in the 2017 budget: March of Dimes Preconception Health Campaign, 17-Progesterone, and the Safe Sleep Campaign. The CFTF had been monitoring implementation of the child welfare case management system as part of NC FAST and the

2017 legislative budget contained funding for this purpose.

Child Fatality Prevention System Summit held on April 9 and 10, 2018 in Raleigh. Although not a legislative event, this was a first-of-its-kind historic event during which Child Fatality Prevention System professionals from across the state came together to learn from state and national experts, share best practices and challenges, and take part in launching state and local initiatives focused on strengthening the CFP System and creating safer and healthier communities for North Carolina's children. The idea for the summit originated with the Executive Committee of the Task Force, which received support from the full Task Force for advancing plans for the Summit.

2018

Legislation passed to require a study of maternal and neonatal risk-appropriate care at health care facilities across North Carolina. This legislation requires NC DHHS to study the current status of North Carolina delivering hospitals related to capabilities for handling various complexity levels of care for mothers and newborns. The study is to identify disparities, service gaps, and other issues, and to make recommendations to ensure quality care in risk-appropriate facilities. This study is aimed at ensuring newborns and their mothers can access timely, comprehensive medical services from a medical facility able to meet their specific medical needs. [Session Law 2018-93]

Legislation passed to add three conditions to the state's newborn screening program: Pompe (Glycogen Storage Disease Type II), MPS-I (Mucopolysaccharidosis Type I), and X-ALD (X-linked Adrenoleukodystrophy). Early detection of these conditions can lead to early treatments that can prevent or improve many of the effects of these conditions, including prevention of early death. This legislation was addressed in the 2018 budget bill, Session Law 2018-5. The March of Dimes was a significant partner in this work.

School safety grant funding that includes CALM (Counseling on Access to Lethal Means) among the programs for which grants may be used. As part of its work on suicide prevention and addressing access to lethal means, the 2018 CFTF Action Agenda included a recommendation to expand the use of the CALM program in North Carolina. This program is designed to train practitioners (medical, mental health) and others to implement strategies to help those who are deemed at risk for suicide by enlisting the help of their families and supportive others to reduce their loved ones' access to lethal means, particularly firearms. The 2018 budget bill, Session Law 2018-5, included \$3 million of funds directed to the Department of Public Instruction to be used for nonrecurring school safety grants to community partners to provide training to help students develop healthy responses to trauma and stress. CALM was included among several trainings designated in the budget bill as being suitable for these grants.

Some funding to add school nurses: As part of its suicide prevention work, the CFTF had recommended \$5 million in recurring funds to expand the state's School Nurse Funding Initiative to add 100 nurses in high-need schools in order to get closer to meeting nationally recommended ratios. The 2018 budget bill, Session Law 2018-15, included \$10 million in *nonrecurring* grants for schools to add school mental health support personnel (defined as nurses, counselors, psychologists, and social workers). (The Program Evaluation Division of the General Assembly released a report in May 2017 stating it would cost \$45 to \$75 million *annually* to meet national recommendations for the numbers of nurses in schools.)

Funding for a birth certificate initiative of the Perinatal Quality Collaborative of NC: The 2018 budget bill included funding to support a project of the Perinatal Quality Collaborative of NC intended to improve the accuracy of birth certificate data.

[Endorsement] Some recurring funding for the Quitline and You Quit Two Quit perinatal tobacco cessation programs. The CFTF had endorsed the efforts of others to advance \$3 million in additional funding for QuitlineNC, a statewide tobacco cessation program. The 2018 budget contained \$250,000 in additional

recurring funds for both QuitlineNC and the You Quit Two Quit Program (a perinatal tobacco cessation program supported on previous action agendas by the CFTF).

[Endorsement] Some funding to support tobacco prevention for youth. The CFTF had endorsed the efforts of others to advance \$7 million in state funding for youth tobacco prevention. The 2018 budget contained an additional \$250,000 in nonrecurring funds for youth tobacco prevention programs.

2019

Note about unique 2019 legislative session: A highly unusual outcome of the 2019 legislative session was that the 2019 Appropriations Act, HB 966, never became law. This bill was ratified by the legislature, was vetoed by the governor, then the House voted to override the veto, but the Senate never voted on the veto override. Some of the 2019 recommendations of the Child Fatality Task Force were addressed in HB 966, but they did not fully advance, since HB 966 itself did not fully advance. Some other bills addressing appropriations referred to as “mini budget bills” did pass in 2019.

Partially Advanced: Firearm Safe Storage Initiative. Two 2019 bills addressed the 2019 Task Force's recommendation to launch and fund a firearm safety initiative. Originally introduced in 2019 as House Bill 508, the bill had bipartisan support. The text of this bill was then included in House Bill 966, the 2019 Appropriations Act, which was ratified but never became law. This initiative by DHHS was to educate the public about the importance of the safe storage of firearms, to facilitate the distribution of gun locks, and to provide outreach and technical assistance to help communities launch local safe storage initiatives. On August 12, 2019, Governor Cooper signed a gun safety Executive Directive, and this directive set in motion the development and compilation of firearm safety tools and resources by the Division of Public Health, using elements of the Child Fatality Task Force's firearm safety stakeholder recommendations to inform this work. A webpage on the Division of Public Health website now provides information on firearm safety.

Partially Advanced: Strengthening of the North Carolina Child Fatality Prevention System. Two 2019 bills addressed Task Force's recommendations to strengthen the statewide Child Fatality Prevention System. House Bill 825 addressed these recommendations, then the text of HB 825 was included in the 2019 Appropriations Act, HB 966, which was ratified but did not become law. The recommendations of the Task Force were adopted in the Child Welfare Reform Plan Final Report submitted by the Center for the Support of Families to the State of North Carolina Office of State Budget and Management and Department of Health and Human Services. The Department of Health and Human Services undertook further study and planning related to these recommendations, as the recommendations were also aligned with NC DHHS priorities and the statewide Early Childhood Action Plan and were also adopted in the 2019 Child Welfare Reform Plan Final Report from the Center for the Support of Families.

Funding for more school nurses. S.L. 2019-222 included additional funding in the Department of Public Instruction's instructional support allotment to be used during the fiscal biennium 2019-2021 to improve student mental health by increasing the number of school mental health support personnel (school nurses, counselors, psychologists, and social workers) in each local school administrative unit. The Child Fatality Task Force was one of multiple organizations advancing a recommendation to fund more school nurses.

The CFTF was one of many seeking funding for Raise the Age implementation. In 2017, North Carolina became the last state in the nation to pass a law to raise the age of juvenile court jurisdiction so that 16- and 17-year-olds charged with most crimes and infractions would be dealt with in the Juvenile Court system rather than adult system. Funds were needed to implement “Raise the Age,” which went into effect in December 2019, and in the 2019 legislative session, S.L. 2019-229 appropriated funds to add court personnel (clerks, judges, attorneys), additional staff and support for the Division of Juvenile Justice, juvenile court counselors, support for centers serving juveniles, and for other purposes. Many organizations worked to advance this funding.

Full Circle: Reports from outside groups that undertook studies originating from Child Fatality Task Force work

Perinatal Study Report: In 2019 the CTF advanced legislation to require NC DHHS to study the current status of North Carolina delivering hospitals related to capabilities for handling various complexity levels of care for mothers and newborns. (See further explanation above for this item in 2019.) As a result of this legislation, a Perinatal Systems of Care Task Force was convened by the North Carolina Institute of Medicine, and a report with recommendations from this group was presented to the Joint Legislative Oversight Committee on Health and Human Services in March 2020. The report was also presented to the Perinatal Health Committee of the Child Fatality Task Force.

Paid Family Leave Insurance Study: In recent years the Child Fatality Task Force heard from experts about the impacts of paid family leave and paid family leave insurance programs in effect in some other states. Realizing the complexities of a statewide paid family leave insurance program, the Task Force determined in 2017 an in-depth study of this issue would need to take place, but that such a study was beyond the scope of Task Force structure and capacity. A multi-sector group was formed for the purpose of outlining the various issues such a study would need to address in order to inform North Carolina leaders about this issue. Using the outline created by this group as a framework, faculty at the Duke University Center for Child and Family Policy elected to perform a pro bono study analyzing the costs and benefits of a potential paid family leave insurance program in North Carolina. This study was published by Duke University in March 2019 and was presented to the full Task Force and the Task Force Perinatal Health Committee during its 2019-2020 study cycle.

2020

Note about unique 2020 legislative session: The 2020 legislative session was like no other, as it took place in the first year of the COVID-19 global pandemic. Among the many unique features of this session: the legislature was reacting to revenue forecasts in May of 2020 estimating a \$4.2 billion cumulative reduction to FY2019-21 budgeted revenues and that budgeted revenues would be insufficient by nearly \$600 million to support the FY 2019-21 enacted appropriations; the legislature had to address the appropriation of COVID-19 relief funding that had come from the federal government with specific parameters; instead of a comprehensive budget bill being introduced as is typical, a series of budget bills were introduced; far fewer bills (on any topic) were filed than would typically be filed in a short session as the overwhelming focus of the session was on issues directly related to the COVID-19 pandemic.

New law requiring suicide prevention training for school personnel and a risk referral protocol in schools. For several years, the CTF recommended required suicide prevention training for school personnel and a risk referral protocol in schools. In 2020, a bill passed that addressed this recommendation as part of a larger student mental health bill that requires a school-based mental health plan and mental health training on a number of topics beyond suicide prevention. [S.L. 2020-7] [Many stakeholders were involved in this bill and the Task Force was focused only on the suicide prevention aspects of the bill.]

Continued work to plan for a restructured and strengthened North Carolina Child Fatality Prevention System. In 2020, the Department of Health and Human Services continued its study and planning related to Task Force recommendations to strengthen the statewide Child Fatality Prevention System, collaborating with various subject matter experts including some members of the Task Force Executive Committee. This work included formation of a DHHS work group to discuss goals and structure of a new state office of child fatality prevention, interviews with other states related to their fatality review systems and Citizen Review Panels, and consultation with national and state experts. DHHS also partnered with the North Carolina Institute of Medicine to convene stakeholders from across the state whose local or state-level work overlaps with the Child Fatality Prevention System to get their input on various aspects of restructuring implementation.

Improved education and awareness surrounding child abuse and neglect reporting. The 2020 CFTF Action Agenda included administrative items focused on improving education and awareness surrounding child abuse and neglect reporting. The North Carolina Division of Social Services (DSS) and Prevent Child Abuse North Carolina (PCANC) made progress related to these administrative items. For example, DSS greatly improved the quality and quantity of the content as well as the web navigation and searchability related to the topic of child abuse and neglect reporting on the NC DSS and DHHS website, NC Care 360 now includes information on CAN reporting, and NCDHHS has a webpage with various hotlines that now includes the county contact list to call to report CAN. PCANC is updating and strengthening its free online CAN reporting training now also available Spanish, and they are employing numerous online resources and social media tools to disseminate information about CAN reporting. PCANC also created flyers targeting educators and essential workers to help educate these individuals on how they play a role during pandemic-related shutdowns of recognizing and reporting suspicions of abuse and neglect.

2021

Partially Advanced: Legislation to strengthen infant safe surrender laws. Two bills, nearly identical, were introduced that addressed CFTF recommendations to strengthen infant safe surrenders laws, HB 473 and SB 535. HB 473 received a favorable report in the House Committee on Children, Families, and Aging, as well as the Health Committee and Rules Committee before going on to pass the House unanimously. It was then sent to the Senate Rules Committee where, like SB 535, it never received a hearing.

Partially Advanced: Legislation to launch and fund a firearm safe storage education and awareness initiative. HB 427 addressed CFTF recommendations to launch and fund a firearm safe storage initiative. This bill had broad bipartisan support; it received a favorable report from the House Judiciary 2 and Rules Committees before going on to pass the House on a vote of 116 to 1. It was then sent to the Senate Rules Committee and never received a hearing. The bill was then included in the House version of the 2021 Appropriations Act, however it was not included in the final version of that Act.

Partially Advanced: Legislation to strengthen the statewide Child Fatality Prevention System. SB 703 addressed a set of recommendations made by the Task Force to strengthen and restructure the statewide Child Fatality Prevention System and provided funding for that purpose. This bill was sent to the Senate Rules Committee but never received a hearing.

Partially Advanced: Additional funding to expand prevention efforts for sleep-related infant deaths. SB 537 provided additional funding to DHHS to expand the infant safe sleep program, however this bill did not receive a hearing from the Senate Appropriations Committee and was not addressed in the 2021 Appropriations Act.

Partially Advanced: Funding for more school nurses, social workers, psychologists, and counselors. The Task Force recommendation for 2021 was for recurring funding to increase the numbers of these school professionals to move toward meeting nationally recommended ratios. The 2021 Appropriations Act included funds for an additional 115 school psychologists, but no additional recurring funding to increase the number of other types of school support professionals was included. The 2021 COVID-19 Response and Relief Act, which appropriated federal funds, included funding to be used for contracted services for school nurses, counselors, social workers, and psychologists to provide additional physical and mental health support services for students in response to COVID-19, however this funding was time-limited and not recurring. [Various organizations besides CFTF advocated for increased funding for these school professionals in 2021.]

[Endorsement] Funding for Tobacco and Nicotine Use Prevention: The 2021 Appropriations Act provided funds from the NC Attorney General's settlement with e-cigarette maker Juul Labs to go to DPH for tobacco and nicotine dependence prevention and cessation activities targeted at youth and young adults -- \$13 million nonrecurring year 1; \$8 million nonrecurring year 2; \$2 million of which was to go to reimburse litigations costs incurred by the AG in Juul litigation. The CFTF had endorsed the efforts of others

in advancing this legislation.

Partially Advanced: Ignition Interlocks. The 2021 CTF Action Agenda included a recommendation to require ignition interlocks for all DWI offenders instead of a subset of offenders as required in current law. In 2021, S.L. 2021-182 was enacted and while this bill does not expand the use of ignition interlocks to all DWI offenders as recommended by the CTF, the law requires studying the issue of expanded use. [The law changes several aspects of NC laws addressing use of ignition interlocks related to alcohol impaired driving offenses; the CTF was not involved in these changes.]

Progress to improve education and awareness surrounding child abuse and neglect reporting. The 2021 Action Agenda included continued administrative efforts to strengthen education and awareness surrounding child abuse and neglect (CAN) reporting, including strengthening ongoing training for law enforcement and training that is tailored for healthcare providers. In 2021, efforts by the Task Force through the NC Justice Academy's Joint In-Service Training Committee to strengthen CAN reporting training for law enforcement resulted in the Committee determining there would be a 4-hour juvenile block of training in 2023 with at least two hours devoted to this topic. The goal is to reach more patrol officers and deputies to give them the knowledge and tools they need to recognize and respond to suspected abuse or neglect, and the NC Division of Social Services has committed to using existing resources to collaborate with other relevant experts on the development of this training.

2022

Progress on firearm safety: Although the Senate never took up the bill addressing the Task Force's recommended firearm safety initiative that passed the House in 2021 (HB 427), Task Force work on this topic helped to encourage and/or inform firearm safety work in various places. The Department of Public Safety was able to identify one year of funding to launch a firearm safe storage media campaign; the Department of Health and Human Services released a [white paper](#) addressing public health approaches to reduce violence and firearm misuse which includes safe storage strategies; and there was Task Force representation in a roundtable discussion on preventing firearm injury and death that was hosted by Governor Roy Cooper.

Progress on lead suicide prevention coordinator: A multi-year administrative item on the Task Force agenda was to promote creation of a lead suicide prevention coordinator role for the state. The [NC Suicide Action Plan](#), released in 2022, included this priority and the NC Department of Health and Human Services reported in 2022 that they identified a funding source and were working to create and fill this role.

Strengthening child abuse and neglect reporting education for law enforcement and healthcare professionals: A multi-year administrative item on the Task Force agenda has been to strengthen education and awareness surrounding child abuse and neglect reporting for law enforcement professionals, medical professionals, and school professionals. As a result of the Task Force's request in 2021 to the NC Justice Academy's Joint In-Service Training Committee to consider strengthening CAN reporting training for law enforcement, the training committee determined there would be a four-hour juvenile block for law enforcement with at least two hours devoted to this topic. The Task Force heard reports in 2022 on the collaborative efforts to develop and implement this training for law enforcement. Development of the training was completed in 2022 and by December of 2022, the two hours of training, which focused on detecting possible abuse, reporting requirements, working with DSS, and speaking with children on the scene, was completed and delivery to all of NC's sworn law enforcement had begun. In addition, the Task Force heard reports in 2022 on efforts underway to develop and disseminate trainings tailored for medical professionals. The development of this training involves collaboration with members of the Pediatric Society's Committee on Child Abuse and Neglect, which includes medical experts in child abuse, the NC Division of Social Services, the Conference of District Attorneys, and Prevent Child Abuse NC.

Review of NC Medicaid's prenatal bundle rate: In 2022, the Task Force had an administrative item to request the Division of Health Benefits at NC Medicaid to review the prenatal bundle rate and its impact on group prenatal care. This review took place, and one of the results was the identification of current challenges that impact infant and maternal health and funding needs to address those challenges. Information about the review and the challenges was shared with the Task Force and the Task Force utilized that information in developing related recommendations.

Strengthening education around the importance of rear seat restraints: One of the Task Force administrative items in 2022 was to encourage efforts by the Governor's Highway Safety Program to strengthen education and awareness among youth about the importance of rear seat restraints. The Governor's Highway Safety Program reported to the Unintentional Death Prevention Committee of the Task Force in 2022 about their significant efforts in this area, including production of videos and a social media campaign, use of social media influencers, and a partnership with the NC High School Athletic Association.

Collaboration on Special Events: Task Force work in 2022 involved collaboration of Task Force leaders with other organizations on special events related to child safety and the Child Fatality Prevention System. This included:

- Collaboration among individuals from several organizations with an interest in motor vehicle safety for a **celebration of the 25th anniversary of the Graduated Driver Licensing (GDL) System** and all the lives it has saved. The Task Force helped to advance this law in 1997, and North Carolina was the second state in the nation to pass such a law after the University of North Carolina Highway Safety Research Center developed the original GDL program based on scientific research. This collaboration involved an in-person celebratory event and various efforts to disseminate information to promote teen driving safety.
- Collaboration with the Jordan Institute for Families, UNC School of Social Work who hosted a **webinar for those involved in the statewide child fatality prevention system** to explain the importance of the statewide system, the roles and connections of individuals and teams within the system, and provide updates on efforts of the Child Fatality Task Force and others to strengthen the system and optimize the work of everyone involved.
- Collaboration with individuals who work in the child fatality prevention system to **plan an in-person child fatality prevention system summit for March of 2023**. The full-day summit, hosted by the Jordan Institute for Families, UNC School of Social Work, in partnership with the NC Department of Health and Human Services, will include professionals from across the state who work in various other roles that support the system.