This Action Agenda contains legislative recommendations of the Child Fatality Task Force (CFTF) for 2022. Legislative “support” items receive the highest level of support from the CFTF. Legislative “endorse” items are led by others and endorsed by the CFTF. The Action Agenda also contains “administrative” efforts that reflect non-legislative items sought to be further examined or advanced by the CFTF. This Action Agenda, along with an explanation of items on the agenda, will be contained in the CFTF 2022 Annual Report which will be submitted to the governor and General Assembly in spring of 2022 when the report will also be available on the CFTF website. Items on the agenda that are being repeated from prior years or are similar to an item from prior years are indicated with an asterisk (*).

Legislative recommendations and administrative efforts to prevent youth suicide and firearm-related deaths and injuries to children

*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 $155,700.

The Child Fatality Task Force recognizes the significant crisis that North Carolina faces in child behavioral health and the importance of SUPPORTING timely and appropriate funding to address this crisis.

Administrative Efforts:

- Gather additional information on privacy and confidentiality of a potential statewide school health data system and further evaluation of funding needs related to implementation and recurring costs of the system, providing this information to the Intentional Death Prevention Committee prior to the 2023 legislative session.
- *Follow implementation of the study required in the 2021 Appropriations Act that the State Board of Education study and report on various policies, practices, and standards related to the professions of school nurses, social workers, counselors, and psychologists in public schools and to make recommendations on reducing and eliminating barriers of entry into these professions and improving the number and quality of these school health support personnel; the Intentional Death Prevention Committee to examine information from this study in its ongoing efforts to address the increased mental health needs of students and to support the increased funding to address staffing issues.
- *Follow implementation of provisions in the NC Board of Education School Mental Health Policy that relate to strengthened school/community connections to address student mental health; information on implementation to be studied by the Intentional Death Prevention Committee prior to the 2023 legislative session.
- *Explore and pursue possibilities for funding of a three-year lead suicide prevention coordinator position in North Carolina that would coordinate cross-agency efforts to carry out implementation of the 2015 NC Suicide Prevention Strategic Plan and determine a sustainability plan for ongoing statewide coordination for implementation of the Strategic Plan.
Legislative recommendations to strengthen the statewide Child Fatality Prevention System to increase the system’s ability to prevent infant deaths, child deaths, and child abuse and neglect

*SUPPORT* legislation, agency action, and policy change to implement the following changes to the Child Fatality Prevention System (CFP System):

I. Implement centralized state-level staff with whole-system support in one location; Office of the Chief Medical Examiner (OCME) child fatality staff remains in OCME; form new Fatality Review and Data Group to be information liaison.

II. Implement a centralized electronic data and information system that includes North Carolina participating in the National Child Death Review Case Reporting System used by 47 other states.

III. Reduce the volume of team reviews by changing the types of deaths required to be reviewed by fatality review teams to be according to certain categories most likely to yield prevention opportunities [undetermined, unintentional injury, violence, motor vehicle, child abuse or neglect/Child Protective Services (CPS) involvement, Sudden Unexpected Infant Death (SUID), suicide, deaths not expected in next six months, additional infant deaths].

IV. Reduce the number and types of teams performing fatality reviews by combining the functions of the four current types of teams into one with different procedures and required participants for different types of reviews and giving teams the option to choose whether to be single- or multi-county teams. DHHS should study and determine an effective framework for meeting federal requirements for Citizen Review Panels and for reviewing active DSS cases.

V. Formalize the 3 CFTF Committees with certain required members; expand CFTF reports to address whole CFP System and to be distributed to additional state leaders.

Funding: maintain current child fatality prevention funding and appropriate additional funds pursuant to DHHS determinations related to state office, local teams, and Fetal and Infant Mortality Review pilot.

*SUPPORT* an appropriation of $550,000 in nonrecurring funds and $110,000 in recurring funds to enable the OCME to conduct comprehensive toxicology testing in all Medical Examiner jurisdiction child deaths.

Legislative recommendations and administrative efforts focused on the prevention of infant deaths

[Other recommendations on this agenda addressing the prevention of infant deaths include recommendations to strengthen the Child Fatality Prevention System, recommendations to prevent motor vehicle-related deaths, funding for the prevention of tobacco and nicotine use, and strengthening education around child abuse and neglect reporting.]

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

*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.

Administrative efforts:

- Gather more information from relevant experts and stakeholders related to the potential for a statewide breastfeeding hotline and bring information back to the committee prior to the 2023 legislative session.
- Request the Division of Health Benefits, NC Medicaid to review the current prenatal bundle rate and its impact on group prenatal care.
Legislative recommendations and administrative efforts to prevent motor vehicle-related injuries and deaths to children

*ENDORSE legislation to require ignition interlocks for all alcohol impaired DWI offenders, including first-time offenders.

ENDORSE legislation that eliminates the 2013 law prohibiting the use of state transportation funding related to independent pedestrian and bicycle infrastructure projects.

Administrative efforts:

- *Efforts to increase the use of rear seat restraints among youth including: Child Fatality Task Force to write a letter to the Driver Education Advisory Committee to request that the driver education curriculum include robust education around the importance of using rear seat restraints; efforts by the Governor’s Highway Safety Program to strengthen public education and awareness about the importance of rear seat restraints; efforts by the Unintentional Death Prevention Committee to continue to gather and consider information on the topic of rear seat restraints.

- *Continued study of current NC child passenger safety laws and for the Unintentional Death Prevention Committee to revisit the potential need for changes in NC child passenger safety laws after the American Academy of Pediatrics releases revisions to child passenger safety guidelines.

Legislative recommendation to prevent harm to youth and infants caused by tobacco and nicotine use

*ENDORSE an appropriation of $17 million in recurring funds for programs to prevent tobacco use and cessation by youth and to prevent harms to infants and children caused by tobacco use (including the prevention of infant deaths that have causes associated with tobacco use during pregnancy).

Administrative efforts to strengthen education and awareness around child abuse and neglect reporting

*Administrative support to continue to strengthen education and awareness surrounding child abuse and neglect reporting for law enforcement professionals, medical professionals, and school professionals, such efforts to include adding child abuse and neglect reporting training to already mandated training for all three professions and for trainings to include trauma-informed response and prevention.

Administrative efforts to further study a proposal related to water safety

Administrative support for further study by the UNC Injury Prevention Research Center to quantify the potential impact of legislation requiring lifeguards at day camps that offer time in the water (as it relates to impact on preventing child drownings and near-drownings) to bring information back to the Unintentional Death Prevention Committee; Child Fatality Task Force to acknowledge the public health efficacy of utilizing lifeguards as a strategy to prevent child drownings in settings where children are in or around water, including day camp settings.

For more information on the Child Fatality Task Force visit: www.ncleg.gov/DocumentSites/Committees/NCCFTF/Homepage/index.html