



Child Fatality Task Force Accomplishments*

A broad range of Task Force initiatives have played a significant role in protecting North Carolina's kids since 1991. Each year, about 1000 hours of volunteer time goes into creation of the Task Force "action agenda" of recommendations and implementation of its initiatives. *Some* of those initiatives are explained here, divided according to three Task Force subject committees.

Unintentional Death Prevention

Unintentional deaths are those due to accidents such as motor vehicle accidents, poisoning, fire, drowning, or other causes. North Carolina has been a national leader with some of the policies below that address child safety and injury reduction.

Teen Driving: North Carolina passed one of the first and most effective graduated driver license (GDL) laws in the nation. Since that time, crashes among teens have declined dramatically. The CFTF also supported efforts to ban cell phone use by teens and to enforce "zero tolerance" for alcohol use among young drivers. The GDL has been modified as need to keep up with new research, such as limiting the number of passengers. Additionally, the CFTF supported the effort for "vertical licenses" so this identification quickly reveals who is under age 21.

Car seats: The CFTF advanced child passenger safety laws passed (1994 for infant seats; 2004 for booster seats) as well as a two-point penalty increase for drivers who do not assure that young passengers are appropriately restrained (2000), and a law to promote proper installation of safety seats by limiting the liability of child passenger safety technicians and volunteers.

Other vehicle safety: The CFTF recommended legislation requiring use of rear-seat safety belts by all passengers (2006) The CFTF supported limits on the use of all-terrain vehicles for children as well as safety training requirements (2005), and advanced legislation raise the minimum age for a person riding in the back of a pickup truck to 16 and removing an exemption for small counties (2008).

Prescription and Other Drug Misuse: In 2011, the CFTF promoted the ban of the sale of dangerous synthetic substances. In 2013, 2015, 2016, and 2017 the CFTF advanced improvements to the Controlled Substances Reporting System (CSRS) to reduce unnecessary prescriptions and more quickly identify potential misuse or abuse. The CFTF has been highly supportive of the drug-take back program Operation Medicine Drop, which has helped result in clearing millions of controlled substances out of medicine cabinets. The CFTF has also been supportive of efforts to increase access to an overdose reversal drug, naloxone.

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Driving while impaired: The CFTF has advanced laws to designate impaired driving with a child in the vehicle as an aggravating factor (1993) and then an increase in the penalty (2011). The CFTF also promoted increasing the fee to restore a driver's license lost due to impaired driving with the funds being directed towards enforcing impaired driving laws and deterrence activities (2010). The CFTF also endorsed legislation requiring "zero tolerance" for alcohol measured in the blood or breath of underage drivers. From 2019 to 2021 the CFTF has recommended ignition interlocks for all alcohol impaired offenders instead of a subset of offenders; legislation to study this issue is currently advancing in the 2021 session.

Smoke alarms/CO alarms: The CFTF advanced a penalty for landlords who fail to install smoke alarms in rental units and for tenants who disable them (1998); this measure was updated to incorporate new battery advancements in 2012. The CFTF also advanced a law requiring carbon monoxide detectors in certain rental properties (2008).

Gun safety: The CFTF convened a subcommittee including Safe Kids, the National Rifle Association and North Carolinians Against Gun Violence to create a consensus brochure in 2007 on gun safety tips. In 2017 and at the recommendation of the State Child Fatality Prevention Team, a firearm safety stakeholder group came together to examine the issue of safe storage of firearms, and the work of this diverse group informed a Task Force recommendation to launch a statewide firearm safe storage initiative. In 2019 and in 2021, legislation that would launch and fund such an initiative was introduced. (At the time of the completion of this "accomplishments" document this legislation is pending.) Part of the recommendations from this work group, development of a state website and resources addressing gun safety, were addressed through a Gun Safety Executive Directive issued by Governor Roy Cooper in August of 2019.

School bus/zone safety: The CFTF recommended a measure to allow pictures taken of drivers committing a stop arm violation as acceptable evidence for conviction and makes it a felony if a student is killed due to an illegal pass of a stopped school bus (2009). A 2011 measure advanced by the CFTF increased the fine for speeding in a school zone. In 2017 the CFTF endorsed legislation addressing school bus safety, and a law was passed that authorizes civil penalties for passing a stopped school bus and the utilization of school bus cameras to facilitate automatic civil enforcement.

Skin cancer prevention: In 2015, the CFTF advanced a law that prohibits tanning bed operators from allowing persons under age 18 to use their equipment.

Poisoning: In 2015, the CFTF advanced legislation that prohibits the sale of e-liquid nicotine containers without child-resistant packaging and without labeling indicating that contents contain nicotine and was one of the first states in the nation to do so. The CFTF has also supported funding Carolina's Poison Control Center.

Youth tobacco use prevention: In 2018, the CFTF endorsed a recommendation for state funding for youth tobacco prevention programs and the 2018 budget appropriated some funding for this purpose.

Intentional Death Prevention

Violent – or intentional deaths – are some of the most disturbing deaths to children and one of the reasons the CFTF was created. The CFTF has advanced a number of initiatives to help prevent abuse and neglect, strengthen treatment and family function, and reduce violence against self or others.

Caseload reductions and improved services to abused and neglected children: In the early 1990s, CFTF recommendations for more Child Protective Services staff led to dramatically reducing CPS worker caseloads to better protect children and promote stable families. The CFTF advanced the original pilot of Family Preservation

Services (1992) and home visiting services (1997). In 2014, the CFTF supported additional funding to DSS to help keep children safe in their own homes.

CPS Hotline and other reporting: The CFTF promoted the funding that led to the creation of a Child Protective Services hotline in each county so that suspected cases of abuse and neglect can be reported and responded to in a timely fashion. In 2008, the CFTF advanced legislation to require hospitals and physicians to report serious, non-accidental trauma injuries in children to law enforcement.

Improved diagnosis and treatment for children who are allegedly abused or neglected: The CFTF promoted funding for training for child sexual abuse investigations (1995); the CFTF has also advanced funding the Child Medical Evaluation Program (1992, 2009, 2012-2014) and Child Advocacy Centers (2012- 2016). In 2013, the CFTF promoted creation of an implementation platform, the Child Treatment Program, to assure evidence-based treatment with fidelity for children who had experienced trauma. In 2017, the CFTF advanced recurring funding to the Child Medical Evaluation Program to increase reimbursement rates to align with regional rates in order to attract and retain experts in this field.

Prevention of abuse and neglect: The CFTF recommended creation of “Kids First” license plates with proceeds going to the NC Children’s Trust Fund to prevent abuse and neglect (2002). Work of the CFTF in 2006 helped lead to the creation of the Child Maltreatment Leadership Team which promotes a public health approach to preventing abuse by fostering safe, stable and nurturing relationships. Work of the Intentional Death Prevention Committee in 2020 led to strengthening website information and other resources related to education and awareness addressing child abuse and neglect reporting.

Suicide prevention: In 2017, 2018, and 2019 the CFTF recommended state funding for various strategies aimed at suicide prevention, including funding for more school nurses and for programs reducing access to lethal means; in 2018 the state budget included some grant funding for these two purposes and in 2019 legislation that passed contained some additional funding for school nurses. A CFTF recommendation led to a new law in 2020 requiring suicide prevention training for school personnel and a risk referral protocol in schools.

Court Improvements: The CFTF advanced legislation to move adoption proceedings from Superior Court to District Court as a first step toward family court (1995). The Court Improvement Project (1998) helps cases of child abuse and neglect move through the system more quickly so that children can be adopted or reunited with their biological family. This improved process led to the number of children with 3 or more placements to be reduced by half. A 2000 CFTF proposal helped streamline termination of parental rights.

Definition of Juvenile: The CFTF recommended broadening the definition of dependent juvenile so that the local Department of Social Services could provide services when parents were unable to provide care for a variety of reasons, including incarceration (1997).

Clarified or strengthened penalties: In 1994, the CFTF worked to increase the penalty for illegally selling a gun to a minor. The CFTF endorsed strengthening penalties when methamphetamine is manufactured in a location that endangers a child (2004). The CFTF promoted efforts to strengthen the sex offender registry law in 2006. In 2008 the CFTF recommended increasing the criminal penalty for misdemeanor child abuse and to amend the criminal offense of felony child abuse. The CFTF supported legislation to prohibit the unlawful custody transfer of a child (2016).

Juvenile Justice: In the mid 1990’s the CFTF supported several measures of the Governor’s crime package of legislation relating to Family Resource Centers, Wilderness Camps and other resources for youth in trouble, as well as diagnostic assessments for all children in “training schools” (now Youth Development Centers). In 2019, the CFTF was one of many organizations recommending fully funding juvenile justice needs related to recent

legislation raising the age for juvenile court jurisdiction in order to effectively address the needs of this youth population, and legislation containing funding for such purpose passed.

Perinatal Health

North Carolina infant mortality rates have declined since inception of the Task Force, however NC infant mortality rates are still higher than in most states and disparity ratios continue to be high. Two-thirds of child deaths in NC are to infants under age 1. Research consistently demonstrates that healthy birth outcomes are due to a variety of interwoven factors.

Perinatal Tobacco Cessation and Prevention. The CFTF has supported funding for You Quit Two Quit, a perinatal tobacco cessation and prevention program that addresses the impact of tobacco on perinatal health (2016, 2017). The CFTF has also supported funding for Quitline NC (2017, 2018 - 2021).

Birth defects monitoring and expanded newborn screening: The CFTF has endorsed efforts to assure monitoring of birth defects (2006, 2007), a significant cause of infant mortality. The CFTF helped to advance legislation to add three conditions to the NC newborn screening panel (2018).

Perinatal Best Practices: The CFTF supported funding to help create and support the Perinatal Quality Collaborative of NC to implement perinatal best practice projects in NC hospitals.

Infant Safe Sleep: The CFTF has supported various efforts to promote Safe Sleep and reduce SIDS (2007--2009, 2013 – 2016). From 2018 – 2021 the CFTF has been seeking to expand state funding to prevent sleep-related deaths; a bill introduced in 2021 addresses such expansion and is pending at the time of the writing of this “accomplishments” document.

Preconception Health: The CFTF has supported funding for folic acid and other strategies to promote preconception health of women and prevent birth defects (2006, 2009, 2011 – 2016).

Preterm birth prevention. The CFTF supported funding for and training to help medical providers best deliver 17-P, a drug proven to reduce preterm birth by 33 percent (2006 – 2016), earning NC recognition as a leader in this regard from the National Conference of State Legislators. In 2013 the CFTF advanced legislation to incorporate into the Healthy Behaviors Curriculum information about preventable risks for preterm birth.

Statewide Child Fatality Prevention System work (relevant to all three committees): In 2018 the CFTF led a statewide Child Fatality Prevention System Summit in Raleigh during which over 200 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 statewide system. This work led to further stakeholder engagement and a set of recommendations from the CFTF aimed at strengthening the system. These recommendations have been on the CFTF Action Agenda in 2019, 2020, and 2021 and were taken up in legislation proposed in 2019 and 2021; legislation is pending as of the time of completion of this “accomplishments” document. These recommendations were also adopted in the Child Welfare Reform Plan Final report to OMB and DHHS. The NC Department of Health and Human Services has undertaken further study and stakeholder engagement related to carrying out these recommendations.

Risk-appropriate maternal and neonatal care: The CFTF has supported funding to maintain high-risk maternity care services in the eastern part of the state (2010, 2012-2016). The CFTF advanced a law requiring a study of health care facilities across NC to determine the status of NC delivering hospitals related to capabilities for handling various complexity levels of care for mothers and newborns and to identify disparities, service gaps, and other issues impacting access to timely and comprehensive care (2018). This law resulted in the convening of a

Perinatal Systems of Care Task Force 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 and the Perinatal Health Committee of the Child Fatality Task Force.

Pulse Oximetry: The CTF supported a quick and inexpensive test that screens newborns for certain congenital heart disease (2013).

Breastfeeding: The CTF convened a subcommittee on the issue of breastfeeding. This work helped lead to a grant for a social marketing campaign and development of State Personnel policies for state offices to be “breastfeeding friendly,” serving as a model policy shared with municipalities. The CTF also worked on implementation of Medicaid coverage of medical lactation support services (2014 — 2017).

Paid Family Leave Insurance Study: The CTF determined in 2017 an in-depth study of paid family leave insurance programs was relevant to CTF work but 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.