Our **Children** *Our* **Future**

Our **RESPONSIBLITY**

Annual Report of the North Carolina Child Fatality Task Force to the Governor and General Assembly

Raleigh, North Carolina
April 2016

April, 2016

The Honorable Pat McCrory
Governor, State of North Carolina

Distinguished Members of the General Assembly

For twenty-five years, the North Carolina Child Fatality Task Force has promoted policies that save children's lives, improve child health, and prevent abuse and neglect. Policies that protect children are policies that protect our future, and we are proud to present the recommendations in this report as positive steps for a prosperous and healthy North Carolina.

The Child Fatality Task Force is a legislative study commission and the policy arm of the state's Child Fatality Prevention System. This system also includes the State Child Fatality Prevention Team, as well as Local Child Fatality and Community Protection Teams. **Since creation of the system in 1991, the rate of child deaths in North Carolina has decreased by 46%.**

As our state works to address substance abuse and mental health challenges through various initiatives including the Governor's Task Force on Mental Health and Substance Use and the legislatively created Prescription Drug Abuse Steering Committee, so too has the Child Fatality Task Force focused efforts in these areas. In fact, a number of recommendations in this 2016 Action Agenda align with efforts being discussed through other state initiatives.

Harmful substances in the form of drugs, alcohol, tobacco, and other toxins have a significant negative impact on the health and well-being of North Carolina's children, and are connected to multiple causes of death studied by the NC Child Fatality Task Force. Recognizing this impact and the host of interconnected physical, mental, and social problems related to substances, the Task Force launched the "CFTF Harmful Substances Initiative." This initiative is meant to illustrate these connected problems and the need for multiple policy solutions to address them. Further explanation of the Harmful Substances Initiative and related recommendations are included in this report.

With a recent increase in the number of youth suicides in North Carolina, the topic of mental health received special focus by our Intentional Death Prevention Committee. As this committee crafted its 2016 recommendations targeting suicide prevention, it also developed a framework for future efforts on this topic. Many of these 2016 recommendations are not legislative in nature, but are intended to lay the foundation for future action.

The historical success of the Task Force and the statewide Child Fatality Prevention System is due in large part to the responsiveness of the Governor, the General Assembly, and other state leaders who put our recommendations into action. Your efforts to protect North Carolina's youngest citizens benefit us all, and together, we can continue to make a difference.

Kella Hatcher	Karen McLeod	Buck Wilson
Executive Director	Co-Chair	Co-Chair

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NC Child Fatality Task Force
Study Process

The Child Fatality Task Force taps a broad range of expertise and resources to formulate its recommendations. Three committees meet to study data, hear from experts, and prepare recommendations for consideration by the full Task Force.

During the 2015-2016 study cycle, the Task Force had a total of eleven meetings, including seven committee meetings and four full Task Force meetings where attendees heard more than fifty presentations. Experts and leaders presenting to the Task Force represented state and local agencies, academic institutions, as well as state and community programs such as:

- State Center for Health Statistics, NC DHHS
- Office of the Chief Medical Examiner, NC DHHS
- Injury and Violence Prevention Branch of the Division of Public Health, NC DHHS
- Women's Health Branch of the Division of Public Health, NC DHHS
- Division of Medical Assistance, NC DHHS
- Division of Mental Health, Developmental Disabilities, Substance Abuse Svcs., NC DHHS
- Office of the State Fire Marshal, NC Department of Insurance
- The State Child Fatality Prevention Team
- Pitt County Child Fatality Prevention Team
- Governor's Highway Safety Program
- NC Department of Public Instruction
- University of North Carolina Center for Maternal & Infant Health
- University of North Carolina School of Medicine
- Duke University School of Medicine
- Rowan County Department of Social Services
- NC Child
- Safe Kids NC
- North Carolina Coalition for the Prevention of Child Sexual Abuse
- Perinatal Quality Collaborative of NC
- NC Healthy Start Foundation
- North Carolina Child Treatment Program
- Wake County Human Services
- Carolinas Poison Control Center
- NC Harm Reduction Coalition
- University of North Carolina Highway Safety Research Center
- Children's Advocacy Centers of North Carolina
- University of North Carolina Injury Prevention Research Center
- Wake County Public School System
- Community Care of North Carolina
- East Carolina High Risk Maternity Clinic
- March of Dimes, NC Chapter
- The Duke Endowment

The study process is also informed by state and local Child Fatality Prevention Teams, who, along with the Task Force, are part of North Carolina's Child Fatality Prevention System. Reports from those teams are included here. The annual study cycle of the Task Force is fueled by more than 1000 hours of volunteer time, a testament to the dedication and expertise of professionals across the state who prioritize the health and well-being of North Carolina's children.

The **Intentional Death Prevention Committee** studies homicide, suicide, and child maltreatment. Due to recent data showing an increase in the number of youth suicides in North Carolina, this committee put special focus on the issue of youth suicide. This focus resulted in the identification of a number of potential policy strategies to address youth suicide prevention, with some strategies reflected in 2016 Action Agenda recommendations and others targeted for the future. The 2016 *legislative* recommendation is to endorse funding to increase the number of school nurses in North Carolina. School nurses are frequently the first to see struggling youth in schools and yet they are spread so thin they may only spend one half day per week in each assigned school.

Other 2016 recommendations addressing suicide prevention are *administrative* in nature, supporting these non-legislative efforts: creation of a core group of agency representatives to prioritize implementation of youth suicide prevention strategies from the 2015 NC Suicide Prevention Plan; enhanced Medical Examiner training to gather more robust information related to suicide at the time of a death investigation; support for Youth Mental Health First Aid; and support for integration of mental health services in primary pediatric care.

The committee also recommends funding to support two important North Carolina organizations that address child maltreatment: the NC Coalition for the Prevention of Child Sexual Abuse, and Child Advocacy Centers of North Carolina. Recognizing the need to protect children from being unlawfully transferred into homes where they could be the victims of abuse, neglect, or child trafficking, the committee recommends support for legislation that prohibits unlawful custody transfer of a child. Finally, the committee will monitor the long-delayed creation and implementation of an electronic child welfare case management system through NC FAST.

The **Perinatal Health Committee**, which studies infant mortality and women's health, recommends state funding for the You Quit Two Quit Program that addresses perinatal tobacco cessation and prevention. Sixty-five percent of all child deaths in 2014 were to infants under one year of age, and tobacco use during pregnancy is directly associated with the top four causes of infant mortality in NC.

Recognizing the importance of breastfeeding to infant health, the committee committed its continued administrative efforts to work on implementation of Medicaid coverage of medical lactation services. Several items studied by the committee this year or in past years are on the 2016 Action Agenda as *Track and Monitor* items. The Committee will monitor previous funding commitments made by the General Assembly for a bundle of critical infant mortality prevention programs that address preconception, pregnancy, and service needs during the first year of life. It will also monitor Medicaid reform, any legislation pertaining to substance-exposed newborns, and progress made toward licensure for International Board Certified Lactation Consultants. Reflecting priorities included in the state's Perinatal Health Strategic Plan, the committee will also monitor the work of parties currently engaged in addressing concerns with providing Long Acting Reversible Contraceptives in the immediate postpartum period while in the hospital.

The **Unintentional Death Prevention Committee**, which studies unintentional injury and death, put forth a variety of recommendations that address the impact of harmful substances on children – a special topic of focus for the Task Force in 2016. The committee recommends funding and administrative support for safe drug disposal, aimed at decreasing access to prescription and over-the-counter drugs that may be misused or result in poisoning deaths. The Controlled Substances Reporting System (CSRS) is an important tool in addressing the current opioid epidemic, and the committee recommends legislation to enable data in the system to be securely stored for study purposes, instead of destroying it after six years as current law requires.

Recognizing the negative impact on child health of toxic chemicals in children's products, the committee endorsed NC legislation prohibiting the sale or distribution of bedding that contains toxic flame retardants, and also supported a petition to the US Consumer Product Safety Commission to ban a class of flame retardants from all US consumer products.

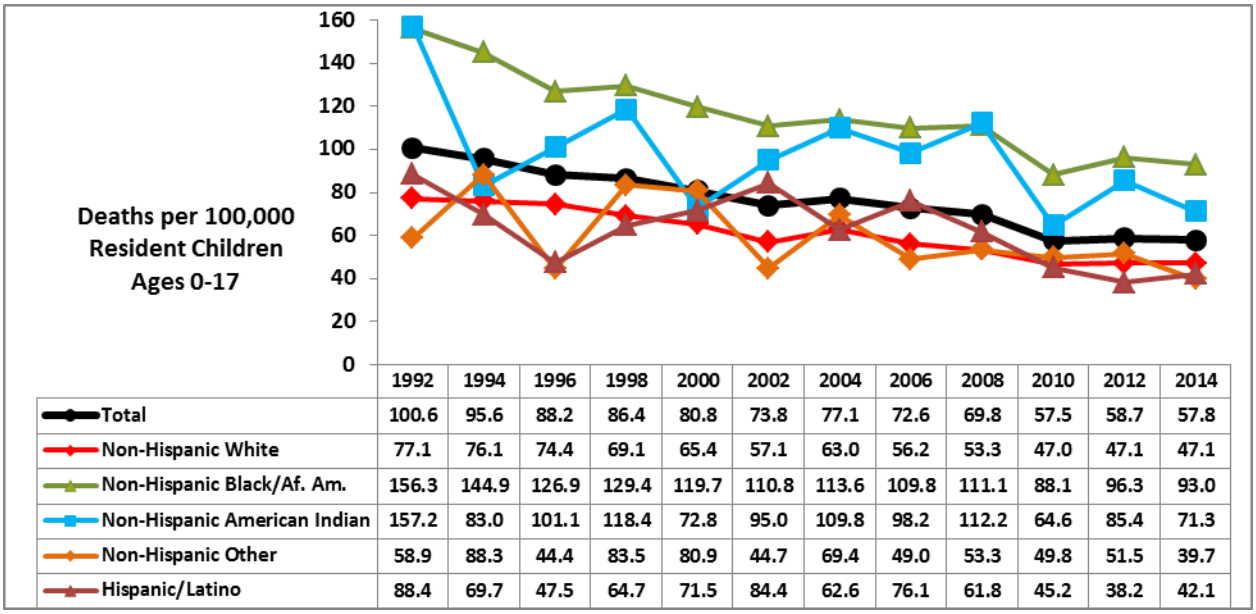
With motor vehicle-related crashes as the leading cause of unintentional injury deaths, the committee also examined transportation safety. One recommendation relates to legislation and funding to address school bus safety. Another recommendation is for legislation allowing primary enforcement of unrestrained back seat passengers. This recommendation has two purposes: reducing death and injury and meeting federally recommended safety standards to help secure federal funding.

Reacting to Task Force history of addressing fireworks safety and legislation proposed in 2015 to revise NC pyrotechnics laws, the committee will also monitor any changes to NC pyrotechnics laws. The committee has several other track and monitor items, most of which are follow-up items from previous CFTF agendas.

The Child Fatality Task Force Executive Committee thanks all Task Force Members, contributing experts, and community volunteers who devoted their time and expertise to Task Force work. Their efforts and commitment to protecting the children of North Carolina are reflected in the 2016 Action Agenda.

The rate of child deaths in North Carolina has decreased by 46% since creation of the Child Fatality Task Force in 1991

CHILD DEATHS IN NORTH CAROLINA
1992-2014 Trends in North Carolina Resident Child Death Rates†
by Race/Ethnicity, Ages Birth Through 17 Years



	1992	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012	2014
Total	100.6	95.6	88.2	86.4	80.8	73.8	77.1	72.6	69.8	57.5	58.7	57.8
Non-Hispanic White	77.1	76.1	74.4	69.1	65.4	57.1	63.0	56.2	53.3	47.0	47.1	47.1
Non-Hispanic Black/Af. Am.	156.3	144.9	126.9	129.4	119.7	110.8	113.6	109.8	111.1	88.1	96.3	93.0
Non-Hispanic American Indian	157.2	83.0	101.1	118.4	72.8	95.0	109.8	98.2	112.2	64.6	85.4	71.3
Non-Hispanic Other	58.9	88.3	44.4	83.5	80.9	44.7	69.4	49.0	53.3	49.8	51.5	39.7
Hispanic/Latino	88.4	69.7	47.5	64.7	71.5	84.4	62.6	76.1	61.8	45.2	38.2	42.1

2014 Child Deaths in North Carolina						
Cause of Death	Age Groups					Total
	Infants	1-4	5-9	10-14	15-17	
Birth Defects	**125**	**14**	**4**	**3**	**3**	**149**
Perinatal Conditions	**481**	**1**	**1**	**0**	**0**	**483**
SIDS	**28**	**0**	**0**	**0**	**0**	**28**
Illnesses	**90**	**48**	**42**	**45**	**36**	**261**
Unintentional Injuries	**25**	**51**	**21**	**31**	**62**	**190**
Motor Vehicle	5	16	9	17	48	95
Drowning	2	17	4	5	5	33
Fire and Flame	0	4	3	4	0	11
Poisoning	0	1	0	2	3	6
Suffocation/Choking/Strangulation‡	15	4	3	0	0	22
Other Unintentional Injuries§	3	9	2	3	6	23
Homicide	**3**	**10**	**3**	**4**	**14**	**34**
Suicide	**0**	**0**	**0**	**14**	**32**	**46**
All Other	**108**	**8**	**6**	**5**	**5**	**132**
Total	**860**	**132**	**77**	**102**	**152**	**1323**
Percent of total	**65.0**	**10.0**	**5.8**	**7.7**	**11.5**	**100.0**

2010-2014 Child Death Rates by Age Group					
Year	Age Groups				Total
	0-4	5-9	10-14	15-17	
2010-2014	160.5	12.1	15.1	38.6	57.6
2010	159.3	10.2	13.9	39.5	57.5
2011	157.5	13.2	14.8	38.4	57.4
2012	164.1	12.0	15.9	38.3	58.7
2013	158.5	13.0	15.1	37.3	56.6
2014	163.3	11.9	15.6	39.7	57.8

†Child death rates prior to 2014 have been recalculated using the latest available population data from the Vintage 2014 Postcensal, 2010 Censal & 1990-2009 intercensal estimates of the National Center for Health Statistics. As a result, rates presented here may differ slightly from earlier reports due to revised population denominators. ‡Includes suffocation & strangulation in bed (54.5%), unspecified threats to breathing (13.6%), inhalation & ingestion of food causing obstruction of respiratory tract (18.2%), Inhalation & ingestion of other objects causing obstruction of respiratory tract (9.1%), and threat to breathing due to cave-in, falling earth and other substances (4.5%). §Falls, and bicycle injuries were added to other unintentional injuries.

Report produced by the N.C. Division of Public Health-Women's and Children's Heath Section in conjunction with the State Center for Health Statistics

NC Child Fatality Task Force

2016

Action Agenda

2016 CFTF Legislative Agenda

Legislative- Recommend/Support

1. Support legislation and funding to address school bus safety

2. Support safe drug disposal with $120,000 in recurring state funds to the State Bureau of Investigation for Operation Medicine Drop*

3. Support legislation allowing for primary enforcement of unrestrained backseat passengers, and increase the fine for unrestrained backseat passengers from $10 to $25

4. Support legislation to make technical corrections to the Controlled Substances Reporting System to enable data to be securely stored for study purposes instead of destroying it after six years as current law requires*

5. Support legislation prohibiting the unlawful custody transfer of a child

6. Appropriate $50,000 to support the NC Coalition for the Prevention of Child Sexual Abuse

7. Appropriate $250,000 in state funds to support the You Quit Two Quit Program for tobacco cessation and prevention*

Legislative – Endorse

1. Endorse legislation prohibiting the sale or distribution of bedding that contains toxic flame retardants*

2. Endorse $775,000 in funding to support all accredited Children's Advocacy Centers in NC for 2016-2017

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

An explanation of each item above can be found on pages 9 through 11.

** Indicates item is part of CFTF Harmful Substances Initiative, explained on page 12*

*** Indicates item is part of the Intentional Death Prevention Committee's ongoing strategy to address youth suicide prevention*

Administrative Recommendations

Administrative items are those which do not require legislation but that the Child Fatality Task Force seeks to advance.

- Support petition to US Consumer Product Safety Commission to ban a class of flame retardants from all US consumer products (letter of support was sent to the CPSC in December, 2015)*
- Promote awareness of dangers of misuse of controlled substances (carry over)*
- Promote continued expansion of permanent medicine drop boxes, and support efforts to address drug disposal challenges (follow up)*
- Support creation of a core group of representatives from state agencies to prioritize and initiate a plan for implementation of 3 – 5 strategies from the 2015 NC Suicide Prevention Plan to address youth suicide, and to include in its evaluation of priorities expansion of the NC School Nurse Funding Initiative. Group is to report back to the Intentional Death Prevention Committee of the Task Force at its first meeting following the 2016 short session. (Agencies to include the Division of Mental Health/Developmental Disabilities/Substance Abuse, the Division of Public Health, the Department of Public Instruction, and the Department of Public Safety.)**
- Support the Office of the Chief Medical Examiner's enhanced training and certification process for Medical Examiners in North Carolina**
- Support efforts to expand and implement Youth Mental Health First Aid in North Carolina**
- Support efforts of the NC Department of Health and Human Services and Community Care of NC to move toward integration of mental health services in primary pediatric care**
- Continue work on implementation of Medicaid coverage of medical lactation services (follow up)

** Indicates item is part of CFTF Harmful Substances Initiative, explained on page 12*

*** Indicates item is part of the Intentional Death Prevention Committee's ongoing strategy to address youth suicide prevention*

Issue Monitoring

The Child Fatality Task Force monitors certain issues of concern or interest that are not currently ripe for policy intervention or Task Force involvement but may require action at a later time.

- Implementation of 2015 law prohibiting sale of liquid nicotine without child resistant packaging and labeling (follow up)*
- Implementation and rulemaking related to 2015 law banning minors from using commercial tanning beds (follow up)
- Controlled Substances Reporting System implementation, changes, and initiatives (follow up)*
- Legislation related to school bus safety (follow up)
- Changes to NC pyrotechnics laws
- NC driver education (follow up; monitor driver education reports and implementation of changes to driver education required by 2015 legislation)
- Funding for tobacco cessation and prevention*
- Legislation impacting impaired driving*
- Creation and implementation of electronic child welfare case management system as part of NC FAST (follow up)
- Any changes to "Baby Bundle" funding supported by CFTF and currently appropriated through 2017 for: Perinatal Quality Care NC; East Carolina University High Risk Maternity Clinic; March of Dimes Preconception Health Campaign; 17-Progesterone; Safe Sleep Campaign
- Work with parties currently engaged in addressing concerns with providing Long Acting Reversible Contraceptives immediately postpartum in the hospital
- Medicaid Reform
- Legislation pertaining to substance-exposed newborns*
- Licensure for International Board Certified Lactation Consultants (carry over)

** Indicates item is part of CFTF Harmful Substances Initiative, explained on page 12*

*** Indicates item is part of the Intentional Death Prevention Committee's ongoing strategy to address youth suicide prevention*

Explanation of CFTF 2016 Legislative Action Agenda Items

The following explanations are intended to provide a brief summary of each legislative item. Additional information is available through the Task Force.

Legislative- Recommend/Support

1. **Support legislation and funding to address school bus safety**
   - The CFTF supports legislation that addresses methods for proving that a stopped vehicle is a "school bus" (for purposes of proving a school bus passing violation), and that provides student education and system procedures that increase the safety of children boarding and exiting school buses.
   - The CFTF recommends appropriations for more school bus cameras and extended stop arms.

2. **Support safe drug disposal with $120,000 in recurring state funds to the State Bureau of Investigation for Operation Medicine Drop***
   - This recommendation addresses a current epidemic of prescription drug misuse by reducing access to drugs, particularly by small children and teens who most often obtain drugs from friends and family. In NC, there has been a 350% increase in overdose deaths since 1999, and most of those deaths are due to prescription opioids.
   - Operation Medicine Drop is a nationally recognized NC program that uses drug take-back events and permanent medicine drop boxes to collect 15 to 20 million doses of unused medications each year.
   - Costs associated with safe disposal of medicine include the expense of EPA-approved incineration, secure transportation, law enforcement staffing, and permanent drop boxes.

3. **Support legislation allowing for primary enforcement of unrestrained backseat passengers, and increase the fine for unrestrained backseat passengers from $10 to $25**
   - Currently, NC law requires passengers in all positions of a vehicle to be restrained; however failure to wear a seatbelt *in the back seat* by those 16 and up cannot be justification for a traffic stop, so it is not a "primary enforcement" offense. The fine for adults being unrestrained in the back seat is currently $10, while it is $25.50 for the front seat.
   - Having rear seat primary enforcement and a minimum of a $25 fine for being unrestrained in the back seat are two of the occupant protection criteria set by the National Highway Traffic Safety Administration (NHTSA), who requires NC to meet 3 of 6 criteria for federal funding titled "Section 405b." Failure to meet these criteria makes it more difficult for NC to be eligible for 1.5 million in federal Section 405b funding, a portion of which is used to purchase child safety seats for low income families.
   - According to NHTSA, primary enforcement seat belt laws lead to higher usage rates, and seat belt use is the most effective way to prevent fatalities and injuries in the event of a motor vehicle crash. In NC, motor vehicle crashes are the leading cause of death for teens ages 15 to 17.
   - In NC, a greater percentage of fatal and serious injuries occur to unrestrained rear seat occupants than to unrestrained front seat occupants. Also, the odds of driver death in the presence of unrestrained rear seat occupants are much higher than when rear seat occupants are restrained; an unrestrained backseat passenger can be a source of injury to a front seat passenger in the event of a crash.

** Indicates item is part of CFTF Harmful Substances Initiative, explained on page 12*

*** Indicates item is part of the Intentional Death Prevention Committee's ongoing strategy to address youth suicide prevention*

4. **Support legislation to make technical corrections to the Controlled Substances Reporting System to enable data to be securely stored for study purposes instead of destroying it after six years as current law requires***
    - The Controlled Substances Reporting System (CSRS) is an important tool in NC's battle to understand and react to the current opioid overdose epidemic. Prescription opioid overdoses claimed the lives of 684 North Carolinians between 1999 and 2014.
    - Current law [NCGS § 90-113.74] requires CSRS data purging at 6 years, preventing epidemiologists and researchers from doing effective longitudinal evaluation and analysis of the CSRS system and trends.
    - The CSRS system is housed in the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS). This system is already set up to securely store data and to handle requests for data for study purposes; therefore implementation of this change by DMH/DD/SAS would be relatively uncomplicated.

5. **Support legislation prohibiting the unlawful custody transfer of a child**
    - The purpose of this recommendation is to protect children from being unlawfully transferred into homes where they could be the victims of maltreatment.
    - This addresses situations where a parent or guardian feels unable or unwilling to care for his or her child and locates a stranger 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.

6. **Appropriate $50,000 to support the NC Coalition for the Prevention of Child Sexual Abuse**
    - This recommendation stems from a recommendation made in a 2015 Human Trafficking Commission Report on Child Sexual Abuse Prevention that was mandated by the General Assembly.
    - The NCCPCSA is a coalition of organizations and experts who come together to determine the best strategies for NC to address child sexual abuse; this funding would be used to staff the Coalition.
    - Approximately 1 in 4 adult women and 1 in 6 adult men report being sexually abused as children. Survivors of child sexual abuse are at much higher risk of poor physical, mental, behavioral, and experiential lifetime outcomes including higher rates of disease, mental illness, suicidality, and risk of future victimization.

7. **Appropriate $250,000 in state funds to support the You Quit Two Quit Program for tobacco cessation and prevention***
    - Tobacco use during pregnancy is directly associated with the top 4 causes of infant mortality in NC.
    - One in ten babies in NC are born to women reporting tobacco use during pregnancy; in some counties over 30% of babies are born to women who smoked.
    - The goal of You Quit Two Quit (YQ2Q) is to ensure that there is a comprehensive system in place for high quality screening and treatment for tobacco use in women, including pregnant and postpartum mothers. This program currently has only one part-time trainer/coordinator, and needs regionally-based professionals to reach more practices and provide technical assistance that best reflects local concerns.
    - For every $1 invested in tobacco cessation for pregnant women, there is a savings of at least $3 in immediate healthcare costs.

** Indicates item is part of CFTF Harmful Substances Initiative, explained on page 12*

*** Indicates item is part of the Intentional Death Prevention Committee's ongoing strategy to address youth suicide prevention*

Legislative – Endorse

1. Endorse legislation prohibiting the sale or distribution of bedding that contains toxic flame retardants*

- Toxic flame retardants can migrate to human bodies when used in bedding and other consumer products. Children are especially vulnerable to toxic exposure.
- These substances are linked to many adverse health impacts including reproductive impairment, decreased IQ in children, memory and learning deficits, and other negative health effects.

2. Endorse $775,000 in funding to support all accredited Children's Advocacy Centers in NC for 2016-2017

- Children's Advocacy Centers (CACs) 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. Communities benefit from increased success with prosecuting offenders and a cost savings estimated at over $1,300 per case.
- In 2015, over 8,000 new child abuse cases were investigated through NC CACs, and over 49,600 children participated in child abuse prevention programs conducted by CACs.
- The number of accredited CACs has expanded to 30 since the legislature first appropriated supporting funds for 15 centers. However, there is still a need for expansion of services; one center in Greenville serves 29 counties.

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

- The nationally recommended school nurse to student ratio is 1:750. In NC, the current average ratio is 1:1,112. Only 45 out of 115 NC school districts currently meet the recommended ratio. A school nurse serves between 2 and 6 schools and may only be in a school for one half day each week.
- School nurses are one of the most accessible adult professionals in a school setting. They can be seen without an appointment, and there is no stigma attached to seeking out their services.
- School nurses address not only physical health issues, but can also screen for mental health issues and abuse or neglect, with the goal of getting appropriate services in motion.
- In the 2014-15 school year, NC school nurses reported a total of 750 known suicide attempts. School nurses also reported over 4500 counseling sessions related to depression, over 12,000 sessions related to other mental health issues, and over 1200 sessions related to suicide ideation.
- The number of youth suicides in NC during 2014 was a more than 50% increase over the average number of youth suicides during the ten year time period of 2005 – 2014.

** Indicates item is part of CFTF Harmful Substances Initiative, explained on page 12*

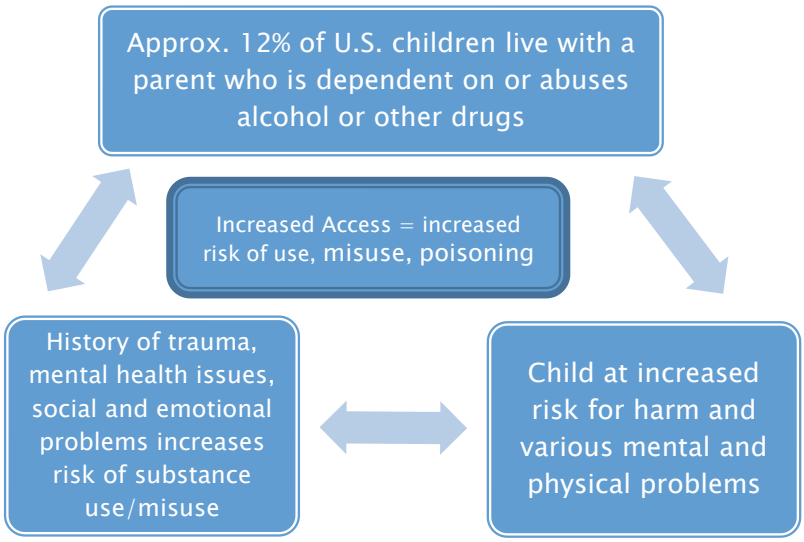
*** Indicates item is part of the Intentional Death Prevention Committee's ongoing strategy to address youth suicide prevention*

Child Fatality Task Force
Harmful Substances Initiative

Harmful substances in the form of drugs, alcohol, tobacco, and other toxins have a **significant negative impact** on the health and well-being of North Carolina's children. In fact, numerous causes of death studied by the NC Child Fatality Task Force have a connection to harmful substances. Meanwhile, there are multiple physical, mental, and social problems that contribute to and/or result from substance use and misuse which are often **interconnected.** The CFTF Harmful Substances Initiative is meant to bring attention to this significant negative impact and to the interconnection of multiple problems to illustrate the need for **multiple policy solutions** to improve children's well-being and save lives.

A Cycle of Connected Problems with Significant Negative Impact

Approximately 12% of U.S. children live with a parent who is dependent on or abuses alcohol or other drugs.[1] Household substance abuse is one of many types of "Adverse Childhood Experiences" (ACEs) that create childhood stress, along with abuse, neglect, household mental illness, and other factors. ACEs may result in what is known as "toxic stress" when there is strong, frequent, or prolonged adversity. Toxic stress can disrupt the development of brain architecture and other organ systems, resulting in significant lifelong negative impacts on learning, behavior, health (including chronic diseases), and adult functioning. Studies have repeatedly revealed a relationship between the number of ACEs and the degree of negative health and well-being outcomes across one's lifespan.[2]



Children who are exposed prenatally or in their home to parental substance abuse are at increased risk for mental and physical health problems, developmental issues, social and emotional problems, and are more likely to be affected by child abuse or neglect. Of the 15,481 children who were in foster care one or more days in 2015 in NC, over 33% had an indication of drug use by the parent as a reason for entry into custody.[3]

Small children and adolescents living in a home with easy access to harmful substances are at increased risk for poisoning, and for using and abusing drugs not meant for them. Poison Control Centers receive more than 1000 calls per day about a young child getting into medicine or getting too much medicine.[4] Approximately 1 in 5 high school seniors in NC reports having taken prescription drugs without a prescription,[5] and about one in every 20 seniors reports misuse of prescription opioids.[6] Misused drugs are most often obtained from friends or family. In NC, prescription opioids are the primary cause of a 350% increase in overdose deaths since 1999.[7]

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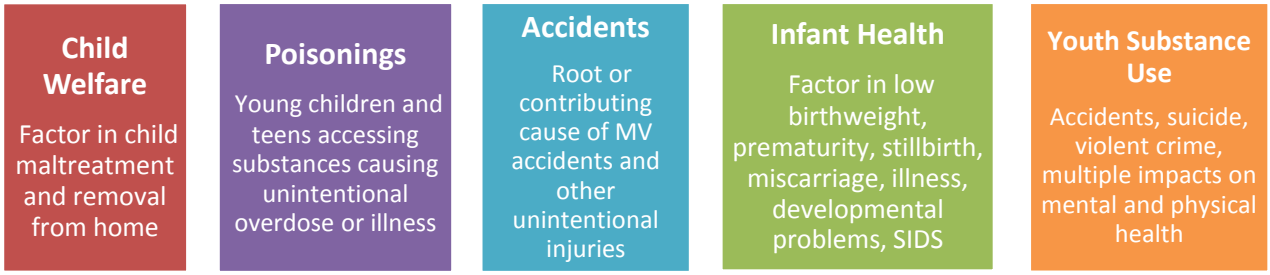
[1] Child Welfare Information Gateway, *Parental Substance Use and the Child Welfare System*, October, 2014, referencing SAMSHA study, 2009 [Children's Bureau/ACYF/ACF/HHS].
[2] Source for ACEs information: See American Academy of Pediatrics, *Adverse Childhood Experiences and the Lifelong Consequences of Trauma*, 2014: https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf; CDC web pages on ACES: http://www.cdc.gov/violenceprevention/acestudy/.
[3] UNC Chapel Hill Jordan Institute for Families. This data is specific to drug use; alcohol use is separate.
[4] Safe Kids Worldwide, Medicine Safety for Children: an In-Depth Look at Calls to Poison Centers, March 2015.
[5] Data from NC 2013 Youth Risk Behavior Survey.
[6] Data from 2015 Monitoring the Future Survey.
[7] NC Injury & Violence Prevention Branch, Division of Public Health, NC DHHS (data includes all ages).



Accidents of many kinds, but particularly motor vehicle accidents, are often related to impairing substances. Alcohol is involved in approximately one-third of all fatal crashes in NC.[8] Over half of child passengers 14 and younger who died in alcohol-impaired crashes in 2013 in the U.S. were riding *with the impaired driver*.[9] Drugs other than alcohol are involved in about 16% of motor vehicle crashes.[10] In NC, motor vehicle deaths account for the majority of unintentional injury deaths among children age 0 to 17, and are the leading cause of death for teens ages 15 to 17.[11]

Harmful Substances have a significant impact on infant mortality and infant health. For women ages 15-44, 5.4% report using illicit substances during pregnancy, and 9.4% report using alcohol during pregnancy.[12] Substance use during pregnancy can result in poor outcomes such as preterm birth, miscarriage, stillbirth, low birth weight, developmental problems, birth defects, and SIDS (sudden infant death syndrome). Tobacco use during pregnancy is directly associated with the top 4 causes of infant mortality in North Carolina.[13]

Youth who use and misuse substances are at risk for experiencing multiple types of negative outcomes. Impairment from substances may be the cause of accidents and other dangerous situations that can result in injury, violence, or death. Substance use is a risk factor for suicide,[14] and there is a strong link between substance use problems and serious delinquency.[15] These negative outcome examples are the tip of the iceberg to a multitude of negative physical, emotional, and developmental outcomes that may result from youth substance abuse.

The need to approach issues surrounding substance misuse as a public health problem is critical. As experts and society have come to understand the disease of addiction and approach it as a public health issue requiring prevention and treatment similar to other diseases, effective solutions are within reach.

The Child Fatality Task Force has recommended and will continue to recommend multiple types of policy solutions to address harmful substances such as:

- **Preventing access** (e.g., Controlled Substances Reporting System, drug take-back and safe disposal, child-resistant packaging, etc.)
- **Prevention education** (e.g., support for programs and policies that educate individuals and professionals)
- **Intervention and treatment** (e.g., support for evidence-based intervention and treatment programs)
- **Poison First Aid** (e.g., overdose reversal drug naloxone; poison control centers)
- **Integrated systems** (collaboration and alignment among mental health, courts & law enforcement, public health, social services, community programs, academic institutions)

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[8] Anna Austin, MPH, *The Burden of Motor Vehicle Traffic-Related Injuries North Carolina, 2012*,March 2014, NC Injury and Violence Prevention Branch.
[9] CDC Impaired Driving Fact Sheet: http://www.cdc.gov/motorvehiclesafety/impaired_driving/impaired-drv_factsheet.html.
[10] Ibid.
[11] NC Injury & Violence Prevention Branch, Division of Public Health, NC DHHS.
[12] National Survey on Drug Use and Health, 2013 (self-reported for use during past 30 days).
[13] You Quit Two Quit, UNC Center for Maternal & Infant Health.
[14] Alcohol and drug abuse are the second most frequent risk factor for suicidal behavior (report not specific to children), according to: Suicides Due to Alcohol and/or Drug Overdose, 2010, CDC National Center for Injury Prevention and Control.
[15] E. Mulvey, C. Schubert, and L. Chassin, Substance Use and Delinquent Behavior Among Serious Adolescent Offenders, December, 2010. Office of Juvenile justice and Delinquency Prevention, U.S. Dept. of Justice.

Legislative History and Accomplishments

Every year since its creation in 1991, the North Carolina Child Fatality Task Force has helped achieve legislative victories for children. The following list is organized by year and includes most—but not all— of the legislative accomplishments of the Child Fatality Task Force. These sustained and strategic efforts have helped result in more than 15,000 child deaths being averted since creation of the CFTF.

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

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 State 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 that child fatalities from alleged maltreatment be reported to the State 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 to 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 persons 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 Department 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 that have been 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 that 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 ten years of the Task Force's existence, the child death rate in North Carolina dropped approximately 20 percent. 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 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 '03-'04 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 eight 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 five 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 eight years of age and between 40 and 80 pounds may be restrained by a properly fitted lap belt only.

Endorsed. 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 eight 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 eight 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 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 percent.

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.

Endorsed. 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 North Carolina 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.

Endorsed. 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 manufactures 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 twenty-one years of age from a horizontal format to a vertical format to make recognition of underage persons 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 (DSS) 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 (S655) 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 CFTF 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 9-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 CFTF 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 that 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.

Endorsed. 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 CFTF 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 for17-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 is the fourth leading cause of death of North Carolina children ages five to nine. 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 ten 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 CFTF 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.

Endorsed. 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 than 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 CFTF 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 CFTF 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 for 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.

Endorsed. 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 (S20).

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 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.

Endorsed. Funding for Child Advocacy Centers and the Child Medical Evaluation Program; authorization of DENR 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 8 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 persons under age 18 to use their tanning equipment. With melanoma rates in North Carolina that are higher than the national average and studies showing that 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 1 in 5 high school seniors in NC 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.

Endorsed: 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 to 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.

Endorsed: 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.

Report from North Carolina Child Fatality Prevention Team*

The statutory function of the North Carolina Child Fatality Prevention Team (CFPT) is to "review current deaths of children when those deaths are attributed to child abuse or neglect or when the decedent was reported as an abused or neglected juvenile pursuant to G.S. 7B-301 at any time before death." In practice, the CFPT reviews all deaths of children under the age of 18 years that are investigated by the North Carolina Medical Examiner System. Deaths investigated by medical examiners include apparent accidents, homicides, suicides, violent deaths, deaths occurring under suspicious circumstances, and sudden and unexpected deaths. The CFPT reviews provide a detailed analysis of factors that may have contributed to a child's death. The information gained from these reviews is compiled and analyzed with the purpose of making recommendations to the NC Child Fatality Task Force to support the creation of, or change in, laws, rules or policies in an effort to promote the safety and well-being of children in North Carolina.

Activities of the NC Child Fatality Prevention Team

The CFPT keeps the interest and safety of NC children in mind by:

- Regularly reviewing and updating the law enforcement investigation check list in an effort to collect the most detailed and pertinent information for each death
- Creating a form in order to mainstream the State Team's review process
- Updating the State Team Manual
- Developing a website to provide access and information to community members
- Providing specialized training in death scene reconstruction

The CFPT continues to:

- Provide data to prevention partners, the media, and researchers
- Provide state-wide child death investigation trainings
- Create reports and presentations for a variety of relevant agencies and organizations focused on child well-being
- Create new and strengthen existing relationships with child fatality prevention partners

DATA AVAILABILITY

Reports and information are collected from public and confidential sources. The information collected by the CFPT can only be released in aggregate form. Detailed reports of child fatality data can be found at www.ocme.dhhs.nc.gov. Additional reports and data may be available by request. For further information, or to make a data request, please contact:

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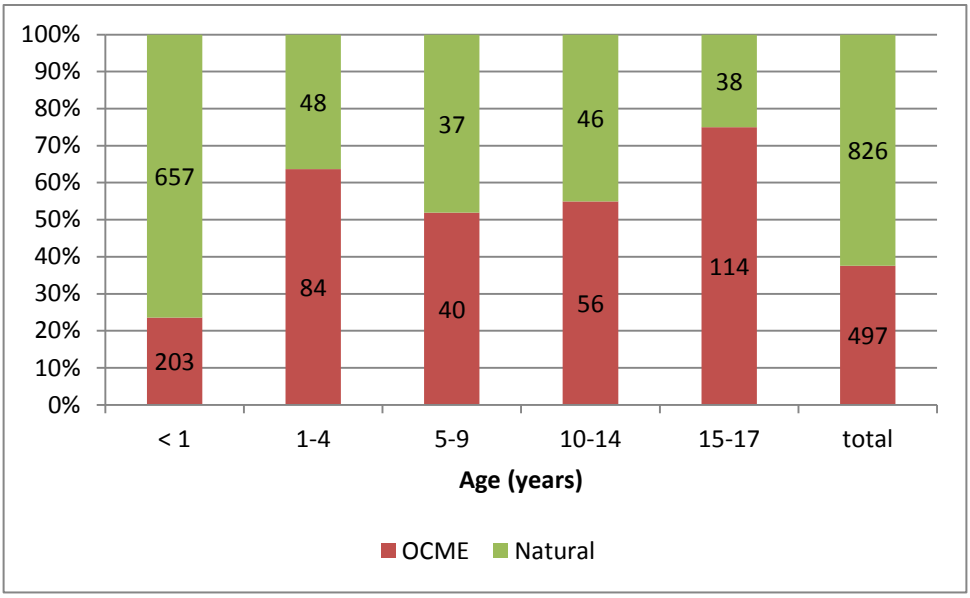
***** *Numbers reflected in this report may differ slightly from numbers reported by the State Center for Health Statistics (SCHS) due to timing and sources of information. The SCHS bases its statistics on death certificate coding only, and closes out 2014 data at a specific point in time. The Office of the Chief Medical Examiner (OCME) makes its determinations utilizing a variety of information sources when conducting its death reviews, does not close out data at a specific point in time, and some of its 2014 cases are still pending when the State Center for Health Statistics closes its 2014 data. Therefore, the cause and manner of death determined by the OCME may be finalized based on OCME review after the time period during which the SCHS records data.*

TOTAL NUMBER OF DEATHS 2014
North Carolina Residents under the Age of 18 Years

The State Center for Health Statistics (SCHS) reported that in 2014, **1323** children died in North Carolina. Many of these deaths were expected and included children who died from a known natural disease or illness. The Office of the Chief Medical Examiner investigated the cause and manner of death for **497** of the child fatalities. The cases investigated by the Medical Examiner System included a number of natural deaths, as well as accidental deaths, homicides, suicides, and deaths in which no cause and/or manner of death was determined.



The CFPT reviews only child fatalities that are investigated by the OCME. Therefore, approximately 38% of all child deaths that occurred in North Carolina were reviewed by the CFPT. These deaths are categorized as follows:

HOMICIDES

There were 38 children who died at the hands of another in 2014. The CFPT separates homicides into 2 categories; homicides that occur at the hands of a parent or caregiver and homicides that do not.

Homicide by Parent or Caregiver

Homicide by Parent or Caretaker deaths accounted for 15 of the 38 total child homicides in 2014. Infants accounted for 6 deaths, and toddlers, ages 1-4 years, accounted for 9 deaths. There were no deaths at the hands of a parent or caretaker between the ages of 5-17 years. Blunt force trauma accounted for 13 deaths, asphyxia for 1, and hyperthermia, where 1 infant was left in a hot vehicle, for the last.

Other Homicides

Other homicides, in which the parent or caregiver was not a suspect or perpetrator, comprised 23 of the 38 total 2014 child homicides. Teenagers between the ages of 15 and 17 years accounted for 15 of the homicides. This age group included 12 firearm deaths, 1 stabbing death, 1 asphyxial death, and 1 death that occurred due to fire. Eight firearm deaths were occurred in the 1-14 year age groups. Black children comprised the majority of homicides, 17 deaths; 5 deaths were white children, and 1 was of an unknown race.

SUICIDES

Suicide was the manner of death of 48 children in 2014 (3.6% of all child deaths). The majority of children that committed suicide were between the ages of 15 and 17 years, accounting for 34 deaths (71%). There were 14 children between the ages of 10 and 14 years (29%). Males accounted for 32 deaths, females for 16 deaths. The means of death in suicides included asphyxia due to hanging in 23 of the deaths, use of a firearm in 24 of the deaths, and 1 death was due to a prescription drug overdose.

ACCIDENTS

Each year, accidental deaths comprise the largest number of non-natural deaths of children in North Carolina. In 2014, there were 195 deaths investigated by the NC Medical Examiner System certified as manner "accident." The CFPT utilizes multiple categories to better analyze the circumstances of these deaths.

Motor Vehicle-related

In 2014, there were 94 deaths involving motor vehicles. A majority of these deaths, 50, were passengers, while 20 of these deaths were drivers. Three of the teen drivers had ethanol concentrations of .05, .11, and .21 mg/dL. Ten of the passengers that were killed were being driven by teen drivers. Of the 20 drivers, 11 were 17 years old, 8 were 16 years old and 1 was 15 years old. Eleven children were either not wearing seat belts or were not properly restrained. Other vehicle related collisions include 1 moped, 1 go-cart, 1 bicycle, 2 boats, and 18 pedestrians. Pedestrians included 6 children ages 1-4, 3 children ages 5-9, 4 children ages 10-14, and 5 children ages 15-17 years. There was 1 "other" death in which a child was electrocuted subsequent to being involved in a motor vehicle accident.

Asphyxia

Accidental asphyxiation caused the deaths of 25 children in 2014. Infants constituted the majority of deaths due to accidental asphyxiation in a sleep environment, either during co-sleeping or by being placed in an unsafe sleep environment (i.e., loose bedding, stuffed animals). Seven accidental asphyxial deaths of children between the ages of 3 months and 4 years included deaths from choking due to a food bolus or a foreign object obstructing the airway.

Fire/Burns/Carbon Monoxide

There were 11 fires that resulted in 14 child fatalities from thermal burns and/or carbon monoxide inhalation toxicity. All of the fatal fires were residential. Additionally, a one-year-old child sustained chemical burns from coming into direct contact with bleach.

Drowning

Drowning resulted in the deaths of 29 children in 2014. Two children died while unsupervised in the bath tub. Twelve drowning deaths occurred in bodies of fresh water or sea water. Ten deaths occurred in a private residential pool while 2 took place at apartment pools where there were no lifeguards. There was 1 teen drowning death for which the location was not specified. One toddler drowned when she fell into a septic tank, and another drowned after falling into a bucket of liquid soap.

Toxins

There were 5 deaths from toxic substances (i.e. poisoning). Three of these children were 17 years old and overdosed on ethanol, illicit drugs, or misuse of prescription medication. One child was 12 years old and overdosed on a prescription medication not prescribed to her. A toddler died as a result of ingesting a prescription medication by an undetermined means.

Firearms

There were 4 firearm injury deaths that were determined to be accidental. Two of the firearms were improperly stored and small children accessed them. One of the guns discharged while placed between two seats in a truck, and one of the guns fired when the handler, an adult, accidentally pulled the trigger.

SUDDEN INFANT DEATH SYNDROME

There were 27 infants who died from Sudden Infant Death Syndrome (SIDS) in 2014. The majority of infants, 17, were white, 8 were black, and 2 were Native American. Eleven SIDS deaths occurred in cribs, followed by 8 sleeping in adult beds, 6 in bassinets, and 1 in a car seat. The sleep environment for one infant was unknown.

Report from Local Child Fatality Prevention Teams

Local Child Fatality Preventions Teams (CFPTs) review the deaths of children under age 18 who were born alive and were residents of North Carolina at the time death occurred. The purpose of the reviews is to identify system problems, make recommendations for prevention of future fatalities, take action on those recommendations whenever possible, and report recommendations which may require state agency or legislative attention to the State Child Fatality Prevention Team. The majority of CFPT recommendations are focused on local issues.

Each of North Carolina's 100 counties has a local CFPT that reviews the county's child fatalities. The NC Juvenile Code under G.S. 7B-1406 mandates that local CFPTs review all child deaths that are not due to suspected abuse and/or neglect; Community Child Protection Teams (CCPTs), often combined with CFPTs, review deaths due to suspected abuse and/or neglect. Each quarter, local CFPTs are provided data on the number of child deaths for each county which include the child's name, date of birth, date and cause of death, among other information. This data is provided through North Carolina's State Center for Health Statistics and the Office of the Chief Medical Examiner.

Local teams are composed of appointed members representing agencies such as the health department, department of social services, police department, district attorney's office, guardian ad litem program, school system, medical examiner's office, fire department, and other child advocacy organizations as well as at-large members.

ON-GOING INITIATIVES AND PROGRAMS

The Children and Youth Branch of the Division of Public Health has sponsored several webinars for CFPT and Community Child Protection Team (CCPT) members to provide the most up-to-date information and best practices to local teams on child safety and child fatality prevention, such as:

- Suicide and Self-Inflicted Injury Among Youth in North Carolina
- NC Office of Disability and Health – Emergency Preparedness for all Children
- Impact of Prescription Drugs on Children
- A Comprehensive Approach to Infant Mortality Prevention in North Carolina
- SIDS and Safe Sleep in North Carolina (May, 2016)

LOCAL CFPT ACTION

Many local teams collaborate with other community groups to educate their communities on a variety of topics such as team member education, Sudden Infant Death Syndrome, youth suicide prevention, and importance of prenatal care. Below are a few highlights of recent local team activities:

- **Currituck County CFPT** - The local CFPT and CCPT collaborated with thirteen counties in the region to present a two-day Suicide Prevention Symposium. Over 150 participants attended.
- **Jones County CFPT** - Per request of the team, Brenda Edwards, State Coordinator for the Local CFPTs, provided training for twenty CFPT and CCPT members on CFPT policy and procedure, recruitment and retention of new members, and how to conduct child death reviews.
- **Rockingham County CFPT** – This team sponsors smoking cessation classes that focus on pregnant women, mothers and/or female caregivers of small children. The team has provided Nicotine Replacement Therapy (NRT), which has proven to be an appreciated incentive to attend classes.

Local Child Fatality Prevention Teams are to be commended for the hard work they do by conducting child fatality reviews, educating their communities on how to keep North Carolina's children safe, advocating for necessary system improvements, and for taking care of themselves in the process of doing difficult work focused on child fatalities.

Child Fatality Task Force
Contact Information and Leadership Structure

Leadership

Executive Director

Kella W. Hatcher
Phone: 919-707-5626 Email: kella.hatcher@dhhs.nc.gov

Co-Chairs

Karen McLeod, President/CEO, Benchmarks NC
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Buck Wilson, Public Health Director, Cumberland County
Phone: 910-433-3707 Email: bwilson@cumberland.nc.us

Committees

The **Intentional Death Prevention Committee** focuses on preventing homicide, suicide, child abuse and neglect.

Co-Chairs
Dr. Elaine Cabinum-Foeller, ECU TEDI BEAR Children's Advocacy Center at Brody School of Medicine
Michelle Hughes, Executive Director, NC Child

The **Perinatal Health Committee** focuses on the reduction of infant mortality with emphasis on perinatal conditions, birth defects, and SIDS.

Co-Chairs
Belinda Pettiford, Branch Head, Women's Health Branch, NC Division of Public Health
Dr. Sarah Verbiest, UNC-CH Center for Maternal and Infant Health

The **Unintentional Death Prevention Committee** focuses on preventing unintentional child deaths, such as those due to motor vehicles, poisoning, and fire.

Co-Chairs
Alan Dellapenna, Branch Head, Injury and Violence Prevention Branch, NC Division of Public Health
Councilmember Martha Sue Hall, City of Albemarle

NC Child Fatality Task Force Members

William Adkins, II
Public Member

Senator Chad Barefoot
NC Senate

Senator Stan Bingham
NC Senate

Cindy Bizzell
Administrator,
Guardian Ad Litem Program
Administrative Office of the Courts

Jimmy (Tony) Braswell
Chair, Johnston County Board of Commissioners
NC Assoc. of County Commissioners

Dr. Elaine Cabinum-Foeller
NC Pediatric Society

Brent Culbertson
Assistant Director
State Bureau of Investigation

Senator Don Davis
NC Senate

Donna Fayko
DSS Director, Rowan County

Martha Sue Hall
Albemarle city Council
NC League of Municipalities

Senator Kathy Harrington
NC Senate

John P. Harris
Brevard Chief of Police

Representative Craig Horn
NC House of Representatives

Michelle Hughes
Executive Director, NC Child

Kevin Kelley
Section Chief, Child Welfare Services
Division of Social Services, NC DHHS

Sarah Kirkman
Conference of District Attorneys

Senator Joyce Krawiec
NC Senate

Representative Donny Lambeth
NC House of Representatives

Dana Mangum
Executive Director
NC Coalition Against Domestic Violence

Dr. Ben Matthews
Deputy Chief Financial Officer for Operations
NC Department of Public Instruction

Dr. Gerri Mattson
Medical Director, Children and Youth Branch
Division of Public Health, NC DHHS

Dr. Marty McCaffrey
Perinatal Quality Collaborative of NC
Public Member

Karen McLeod
CEO, Benchmarks
Child Advocate

Representative Gregory Murphy
NC House of Representatives

Dr. Debi Radisch
NC Chief Medical Examiner

Representative Robert Reives, II
NC House of Representatives

Susan E. Robinson
Prevention and Early Intervention
NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services

Clare Shocket
Director
Governor's Youth Advocacy & Involvement

Representative Paul Stam
NC House of Representatives

Pamela T. Thompson
Alamance-Burlington School Board
NC Domestic Violence Commission

Vanessa Totten
Assistant Attorney General
NC Office of the Attorney General

Dr. Sarah Verbiest
UNC Center for Maternal and Infant Health
SIDS Expert

Betsy West
State Board of Education

Dr. Randall Williams
Deputy Secretary Health Services
NC DHHS

Buck Wilson
Health Director, Cumberland County
NC Assn of Local Health Departments

***This list reflects membership as of April 2016**