

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1993

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HOUSE BILL 359
Committee Substitute Favorable 5/3/93

Short Title: Child Fatality Prev. System.

(Public)

Sponsors:

Referred to:

February 25, 1993

1 A BILL TO BE ENTITLED
2 AN ACT TO IMPLEMENT RECOMMENDATIONS OF THE CHILD FATALITY
3 TASK FORCE TO PHASE IN A MULTIDISCIPLINARY STATE CHILD
4 FATALITY PREVENTION SYSTEM BY ESTABLISHING COMMUNITY
5 CHILD PROTECTION TEAMS IN EACH COUNTY, TO ADD ONE MEMBER
6 TO THE CHILD FATALITY TASK FORCE, TO DIRECT THE STATE CENTER
7 FOR HEALTH STATISTICS TO STUDY CHILDHOOD DEATHS IN THE
8 STATE, AND TO MAKE AN APPROPRIATION.

9 The General Assembly of North Carolina enacts:

10 Section 1. Article 62 of Chapter 143 of the General Statutes reads as
11 rewritten:

12 "ARTICLE 62.

13 "~~NORTH CAROLINA CHILD FATALITY REVIEW TEAM; NORTH CAROLINA~~
14 ~~CHILD FATALITY TASK FORCE AND STUDY. PREVENTION SYSTEM.~~

15 "§ 143-571. Declaration of public policy.

16 The General Assembly finds that it is the public policy of this State to prevent the
17 abuse and neglect of children and child deaths. The General Assembly further finds that
18 the prevention of the abuse and neglect of children and child deaths is a community
19 responsibility; that professionals from disparate disciplines have responsibilities for
20 children and have expertise that can promote child safety and well-being; and that
21 multidisciplinary reviews of the abuse and neglect of children and child deaths can lead
22 to a greater understanding of the causes and methods of preventing these deaths. It is,
23 therefore, the intent of the General Assembly, through this Article, to establish a

1 multidisciplinary task force to study the incidence and causes of child deaths and to develop a
2 mechanism for multidisciplinary child death reviews. It is further the intent of the General
3 Assembly that the task force, based upon its study and its expertise, make recommendations to
4 the General Assembly and the Governor for changes to law, rule, and policy that will support
5 the safe and healthy development of our children. It is also the intent of the General Assembly
6 to establish a State Child Fatality Review Team to review certain child deaths, a statewide
7 multidisciplinary, multiagency child fatality prevention system, to be phased in by July
8 1, 1995, consisting of the State Team established in G.S. 143-575 and the Local Teams
9 established in G.S. 143-576.1. The purpose of the system is to assess the records of
10 selected cases in which children are being served by child protective services and the
11 records of all deaths of children in North Carolina from birth to age 18 in order to (i)
12 develop a community-wide approach to the problem of child abuse and
13 neglect, (ii) understand the causes of childhood deaths, (iii) identify any gaps or
14 deficiencies that may exist in the delivery of services to children and their families by
15 public agencies that are designed to prevent future child abuse, neglect, or deaths, and
16 (iv) make and implement recommendations for changes to laws, rules, and policies that
17 will support the safe and healthy development of our children and prevent future child
18 abuse, neglect, and deaths.

19 **"§ 143-572. Definitions.**

20 The following definitions apply in this Article:

- 21 (1) Local team.— A local multidisciplinary child abuse and neglect
22 review team established for a county. Team. – A Community Child
23 Protection Team or a Child Fatality Prevention Team.
24 (2) State Team. – The North Carolina Child Fatality Review-Prevention
25 Team.
26 (3) Task Force. – The North Carolina Child Fatality Task Force.
27 (4) Team Coordinator. – The Child Fatality Prevention Team Coordinator.
28 (5) Additional Child Fatality. – Any death of a child that did not result
29 from suspected abuse or neglect and about which no report of abuse or
30 neglect had been made to the county department of social services
31 within the previous 12 months.

32 **"§ 143-573. Task Force – creation; membership; vacancies.**

33 (a) There is created the North Carolina Child Fatality Task Force within the
34 Department of Environment, Health, and Natural Resources for budgetary purposes
35 only.

36 (b) The Task Force shall be composed of 29-30 members, 12 of whom shall be ex
37 officio members, ~~three~~ four of whom shall be appointed by the Governor, seven of
38 whom shall be appointed by the Speaker of the House of Representatives, and seven of
39 whom shall be appointed by the President Pro Tempore of the Senate. The ex officio
40 members other than the Chief Medical Examiner may designate representatives from
41 their particular departments, divisions, or offices to represent them on the Task Force.
42 The members shall be as follows:

- 43 (1) The Chief Medical Examiner;
44 (2) The Attorney General;

- 1 (3) The Director of the Division of Social Services;
- 2 (4) The Director of the State Bureau of Investigation;
- 3 (5) The Director of the Division of Maternal and Child Health of the
- 4 Department of Environment, Health, and Natural Resources;
- 5 (6) The Director of the Governor's Youth Advocacy and Involvement
- 6 Office;
- 7 (7) The Superintendent of Public Instruction;
- 8 (8) The Chairman of the State Board of Education;
- 9 (9) The Director of the Division of Mental Health, Developmental
- 10 Disabilities, and Substance Abuse Services;
- 11 (10) The Secretary of the Department of Human Resources;
- 12 (11) The Secretary of the Department of Environment, Health, and Natural
- 13 Resources;
- 14 (11.1) The Director of the Administrative Office of the Courts;
- 15 (12) A director of a county department of social services appointed by the
- 16 Governor upon recommendation of the President of the North Carolina
- 17 Association of County Directors of Social Services;
- 18 (13) A representative from a Sudden Infant Death Syndrome counseling
- 19 and education program appointed by the Governor upon
- 20 recommendation of the Director of the Division of Maternal and Child
- 21 Health of the Department of Environment, Health, and Natural
- 22 Resources;
- 23 (14) A representative from the North Carolina Child Advocacy Institute
- 24 appointed by the Governor upon recommendation of the President of
- 25 the Institute;
- 26 (14.1) A director of a county department of health, appointed by the
- 27 Governor upon the recommendation of the President of the North
- 28 Carolina Association of Local Health Directors;
- 29 (15) A representative from a private group, other than the North Carolina
- 30 Child Advocacy Institute, that advocates for children, appointed by the
- 31 Speaker of the House of Representatives upon recommendation of
- 32 private child advocacy organizations;
- 33 (16) A pediatrician, licensed to practice medicine in North Carolina,
- 34 appointed by the Speaker of the House of Representatives upon
- 35 recommendation of the North Carolina Pediatric Society;
- 36 (17) A representative from the North Carolina League of Municipalities
- 37 appointed by the Speaker of the House of Representatives upon
- 38 recommendation of the League;
- 39 (18) Two public members appointed by the Speaker of the House of
- 40 Representatives;
- 41 (19) A county or municipal law enforcement officer appointed by the
- 42 President Pro Tempore of the Senate upon recommendation of
- 43 organizations that represent local law enforcement officers;

- 1 (20) A district attorney appointed by the President Pro Tempore of the
2 Senate upon recommendation of the President of the North Carolina
3 Conference of District Attorneys;
- 4 (21) A representative from the North Carolina Association of County
5 Commissioners appointed by the President Pro Tempore of the Senate
6 upon recommendation of the Association;
- 7 (22) Two public members appointed by the President Pro Tempore of the
8 Senate; and
- 9 (23) Two members of the Senate appointed by the President Pro Tempore
10 of the Senate and two members of the House of Representatives
11 appointed by the Speaker of the House of Representatives.

12 (c) All members of the Task Force are voting members. Vacancies in the
13 appointed membership shall be filled by the appointing officer who made the initial
14 appointment. The Speaker of the House of Representatives shall call the first meeting no
15 later than October 1, 1991. At the first meeting the members shall elect a chair who
16 shall preside for the duration of the Task Force.

17 **"§ 143-574. Task Force – duties.**

18 The Task Force shall:

- 19 (1) Undertake a statistical study of the incidence and causes of child
20 deaths in this State during 1988 and 1989, and establish a profile of
21 child deaths. The study shall include (i) an analysis of all community
22 and private and public agency involvement with the decedents and
23 their families prior to death, and (ii) an analysis of child deaths by age,
24 cause, and geographic distribution;
- 25 (2) Develop a system for multidisciplinary review of child deaths. In
26 developing such a system, the Task Force shall study the operation of
27 existing local teams. The Task Force shall also consider the feasibility
28 and desirability of local or regional review teams and, should it
29 determine such teams to be feasible and desirable, develop guidelines
30 for the operation of the teams. The Task Force shall also examine the
31 laws, rules, and policies relating to confidentiality of and access to
32 information that affect those agencies with responsibilities for
33 children, including State and local health, mental health, social
34 services, education, and law enforcement agencies, to determine
35 whether those laws, rules, and policies inappropriately impede the
36 exchange of information necessary to protect children from
37 preventable deaths, and, if so, recommend changes to them;
- 38 (3) Receive and consider reports from the State Team; and
- 39 (4) Perform any other studies, evaluations, or determinations the Task
40 Force considers necessary to carry out its mandate.

41 **"§ 143-575. State Team – creation; membership; vacancies.**

42 (a) There is created the North Carolina Child Fatality ~~Review~~Prevention Team
43 within the Department of Environment, Health, and Natural Resources for budgetary
44 purposes only.

1 (b) The State Team shall be composed of ~~nine~~eleven members of whom ~~eight~~
 2 nine members are ex officio and ~~one is~~two are appointed. The ex officio members other
 3 than the Chief Medical Examiner may designate a representative from their
 4 departments, divisions, or offices to represent them on the State Team.

5 (1) The Chief Medical Examiner, who shall chair the State Team;

6 (2) The Attorney General;

7 (3) The Director of the Division of Social ~~Services;~~Services, Department
 8 of Human Resources;

9 (4) The Director of the State Bureau of Investigation;

10 (5) The Director of the Division of Maternal and Child Health ~~Division of~~
 11 the Department of Environment, Health, and Natural Resources;

12 (6) The Superintendent of Public Instruction;

13 (7) The Director of the Division of Mental Health, Developmental
 14 Disabilities, and Substance Abuse ~~Services; and~~Services, Department
 15 of Human Resources;

16 (7.1) The Director of the Administrative Office of the Courts;

17 (8) The pediatrician appointed pursuant to G.S. 143-573(b)(16) to the
 18 Task ~~Force.~~Force;

19 (9) A public member, appointed by the Governor; and

20 (10) The Team Coordinator.

21 (c) All members of the State Team are voting members. Vacancies in the
 22 appointed membership shall be filled by the appointing officer who made the initial
 23 appointment.

24 **"§ 143-576. State Team – duties.**

25 The State Team shall:

26 (1) Review current deaths of children when those deaths are attributed to
 27 child abuse or neglect or when the decedent was reported as an abused
 28 or neglected juvenile pursuant to G.S. 7A-543 at any time before
 29 death; ~~and~~

30 (2) Report to the Task Force during the existence of the Task Force, in the
 31 format and at the time required by the Task Force, on the State Team's
 32 activities and its recommendations for changes to any law, rule, and
 33 policy that would promote the safety and well-being of children; ~~and~~

34 (3) Upon request of a ~~local team;~~Local Team, provide technical assistance
 35 to the ~~team.~~Team;

36 (4) Periodically assess the operations of the multidisciplinary child fatality
 37 prevention system, and make recommendations for changes as needed;

38 (5) Work with the Team Coordinator to develop guidelines for selecting
 39 child deaths to receive detailed, multidisciplinary death reviews by
 40 Local Teams that review cases of additional child fatalities; and

41 (6) Receive reports of findings and recommendations from Local Teams
 42 that review cases of additional child fatalities, and work with the Team
 43 Coordinator to implement recommendations.

1 **"§ 143-576.1. Community Child Protection Teams; Child Fatality Prevention**
2 **Teams; creation and duties.**

3 (a) Community Child Protection Teams are established in every county of the
4 State. Each Community Child Protection Team shall:

5 (1) Review, in accordance with the procedures established by the director
6 of the county department of social services under G.S. 143-576.4:

7 a. Selected active cases in which children are being served by
8 child protective services; and

9 b. Cases in which a child died as a result of suspected abuse or
10 neglect, and

11 1. A report of abuse or neglect has been made about the
12 child or the child's family to the county department of
13 social services within the previous 12 months, or

14 2. The child or the child's family was a recipient of child
15 protective services within the previous 12 months.

16 (2) Submit annually to the board of county commissioners
17 recommendations, if any, and advocate for system improvements and
18 needed resources where gaps and deficiencies may exist.

19 In addition, each Community Child Protection Team may review the records of all
20 additional child fatalities and report findings in connection with these reviews to the
21 Team Coordinator.

22 (b) Any Community Child Protection Team that determines it will not review
23 additional child fatalities shall notify the Team Coordinator. In accordance with the
24 plan established under G.S. 576.3(1), a separate Child Fatality Prevention Team shall be
25 established in that county to conduct these reviews. Each Child Fatality Prevention
26 Team shall:

27 (1) Review the records of all cases of additional child fatalities.

28 (2) Submit annually to the board of county commissioners
29 recommendations, if any, and advocate for system improvements and
30 needed resources where gaps and deficiencies may exist.

31 (3) Report findings in connection with these reviews to the Team
32 Coordinator.

33 (c) All reports to the Team Coordinator under this section shall include:

34 (1) A listing of the system problems identified through the review process,
35 and recommendations for preventive actions;

36 (2) Any changes that resulted from the recommendations made by the
37 Local Team;

38 (3) Information about each death reviewed; and

39 (4) Any additional information requested by the Team Coordinator.

40 **"§ 143-576.2. Local Teams; composition.**

41 (a) Each Local Team shall consist of representatives of public and nonpublic
42 agencies in the community that provide services to children and their families and other
43 individuals who represent the community. No single team shall encompass a geographic
44 or governmental area larger than one county.

1 (b) Each Local Team shall consist of the following persons:

- 2 (1) The director of the county department of social services, and a member
3 of the director's staff;
4 (2) A local law enforcement officer, appointed by the board of county
5 commissioners;
6 (3) An attorney from the district attorney's office, appointed by the district
7 attorney;
8 (4) The executive director of the local community action agency, as
9 defined by the Division of Economic Opportunity, Department of
10 Human Resources, or the executive director's designee;
11 (5) The superintendent of each local school administrative unit located in
12 the county, or the superintendent's designee;
13 (6) A member of the county board of social services, appointed by the
14 chair of that board;
15 (7) A local mental health professional, appointed by the director of the
16 area authority established under Chapter 122C of the General Statutes;
17 (8) The local guardian **ad litem** coordinator, or the coordinator's designee;
18 (9) The director of the county department of public health;
19 (10) A local health care provider, appointed by the county board of health;
20 and
21 (11) A parent of a child who died before reaching the child's eighteenth
22 birthday, to be appointed by the board of county commissioners.

23 In addition, a Local Team that reviews the records of additional child fatalities shall
24 include the following four additional members:

- 25 (1) An emergency medical services provider or firefighter, appointed by
26 the board of county commissioners;
27 (2) A district court judge, appointed by the chief district judge in that
28 district;
29 (3) A county medical examiner, appointed by the Chief Medical
30 Examiner; and
31 (4) A representative of a local day care facility or Head Start program,
32 appointed by the director of the county department of social services.

33 The Team Coordinator shall serve as an ex officio member of each Local Team that
34 reviews the records of additional child fatalities. The board of county commissioners
35 may appoint a maximum of five additional members to represent county agencies or the
36 community at large to serve on any Local Team. Vacancies on a Local Team shall be
37 filled by the original appointing authority.

38 (c) Each Local Team shall elect a member to serve as chair at the Team's
39 pleasure.

40 (d) Each Local Team shall meet at least four times each year.

41 (e) The director of the county department of social services shall call the first
42 meeting of the Community Child Protection Team. The director of the county
43 department of health, upon consultation with the Team Coordinator, shall call the first
44 meeting of the Child Fatality Prevention Team. Thereafter, the chair of each Local

1 Team shall schedule the time and place of meetings, in consultation with these directors,
2 and shall prepare the agenda. The chair shall schedule Team meetings no less often
3 than once per quarter and often enough to allow adequate review of the cases selected
4 for review. Within three months of election, the chair shall participate in the
5 appropriate training developed under this Article.

6 **"§ 143-576.3. Child Fatality Prevention Team Coordinator; duties.**

7 The Child Fatality Prevention Team Coordinator shall serve as liaison between the
8 State Team and the Local Teams that review records of additional child fatalities and
9 shall provide technical assistance to these Local Teams. The Team Coordinator shall:

- 10 (1) Develop a plan to establish Local Teams that review the records of
11 additional child fatalities in each county by July 1, 1995.
- 12 (2) Develop model operating procedures for these Local Teams that
13 address when public meetings should be held, what items should be
14 addressed in public meetings, what information may be released in
15 written reports, and any other information the Team Coordinator
16 considers necessary.
- 17 (3) Provide structured training for these Local Teams at the time of their
18 establishment, and continuing technical assistance thereafter.
- 19 (4) Provide statistical information on all child deaths occurring in each
20 county to the appropriate Local Team, and assure that all child deaths
21 in a county are assessed through the multidisciplinary system.
- 22 (5) Monitor the work of these Local Teams.
- 23 (6) Receive reports of findings, and other reports that the Team
24 Coordinator may require, from these Local Teams.
- 25 (7) Report the aggregated findings of these Local Teams to each Local
26 Team that reviews the records of additional child fatalities and to the
27 State Team.
- 28 (8) Evaluate the impact of local efforts to identify problems and make
29 changes.

30 **"§ 143-576.4. Community Child Protection Teams; duties of the director of the**
31 **county department of social services.**

32 In addition to any other duties as a member of the Community Child Protection
33 Team, and in connection with the reviews under G.S. 143-576.1(a)(1), the director of
34 the county department of social services shall:

- 35 (1) Assure the development of written operating procedures in connection
36 with these reviews, including frequency of meetings, confidentiality
37 policies, training of members, and duties and responsibilities of
38 members;
- 39 (2) Assure that the Team defines the categories of cases that are subject to
40 its review;
- 41 (3) Determine and initiate the cases for review;
- 42 (4) Bring for review any case requested by a Team member;
- 43 (5) Provide staff support for these reviews;

1 (6) Maintain records, including minutes of all official meetings, lists of
2 participants for each meeting of the Team, and signed confidentiality
3 statements required under G.S. 143-578, in compliance with applicable
4 rules and law; and

5 (7) Report quarterly to the county board of social services, or as required
6 by the board, on the activities of the Team.

7 **"§ 143-576.5. Local Teams; duties of the director of the county department of**
8 **health.**

9 In addition to any other duties as a member of the Local Team, and in connection
10 with reviews of additional child fatalities, the director of the county department of
11 health shall:

12 (1) Distribute copies of the written procedures developed by the Team
13 Coordinator under G.S. 143-576.3 to the administrators of all agencies
14 represented on the Local Team and to all members of the Local Team;

15 (2) Maintain records, including minutes of all official meetings, lists of
16 participants for each meeting of the Local Team, and signed
17 confidentiality statements required under G.S. 143-578, in compliance
18 with applicable rules and law;

19 (3) Provide staff support for these reviews; and

20 (4) Report quarterly to the county board of health, or as required by the
21 board, on the activities of the Local Team.

22 **"§ 143-576.6. Community Child Protection Teams; responsibility for training of**
23 **team members.**

24 The Division of Social Services, Department of Human Resources, shall develop and
25 make available, on an ongoing basis, for the members of Local Teams that review active
26 cases in which children are being served by child protective services, training materials
27 that address the role and function of the Local Team, confidentiality requirements, an
28 overview of child protective services law and policy, and Team record keeping.

29 **"§ 143-577. Task Force – reports.**

30 (a) The Task Force shall provide a preliminary report to the Governor and
31 General Assembly, within the first week of the convening of the 1992 Session of the
32 1991 General Assembly. This preliminary report shall contain at least a summary of
33 preliminary conclusions and recommendations for each of the Task Force's duties, as
34 well as any other recommendations for changes to any law, rule, and policy that it has
35 determined will promote the safety and well-being of children. Any recommendations
36 of changes to law, rule, or policy shall be accompanied by specific legislative or policy
37 proposals and detailed fiscal notes setting forth the costs to the State.

38 (b) The Task Force shall provide updated reports to the Governor and General
39 Assembly within the first week of the convening of the 1993 General Assembly and
40 within the first week of the convening of the 1994 Session of the 1993 General
41 Assembly. The Task Force shall provide a final report to the Governor and General
42 Assembly within the first week of the convening of the 1995 General Assembly. The
43 final report shall include final conclusions and recommendations for each of the Task
44 Force's duties, as well as any other recommendations for changes to any law, rule, and

1 policy that it has determined will promote the safety and well-being of children. Any
2 recommendations of changes to law, rule, or policy shall be accompanied by specific
3 legislative or policy proposals and detailed fiscal notes setting forth the costs to the
4 State.

5 (c) After the Task Force provides its final report to the Governor and General
6 Assembly, the Task Force shall cease to be in existence.

7 **"§ 143-578. Access to records.**

8 ~~The Task Force and State Team~~ (a) The State Team, the Local Teams, and the
9 Task Force during its existence, shall have access to all medical records, hospital
10 records, and records maintained by this State, any county, or any local agency as
11 necessary to carry out the purposes of this Article, including police investigations data,
12 medical examiner investigative data, health records, mental health records, and social
13 services records. The State Team, the Task Force, and the Local Teams shall not, as
14 part of the reviews authorized under this Article, contact, question, or interview the
15 child, the parent of the child, or any other family member of the child whose record is
16 being reviewed. Any member of a Local Team may share, only in an official meeting
17 of that Local Team, any information available to that member that the Local Team
18 needs to carry out its duties.

19 ~~Task Force and State Team meetings~~ (b) Meetings of the State Team and the Local
20 Teams are not subject to the provisions of Article 33C of Chapter 143 of the General
21 Statutes. However, the Local Teams may hold periodic public meetings to discuss, in a
22 general manner not revealing confidential information about children and families, the
23 findings of their reviews and their recommendations for preventive actions. Minutes of
24 all public meetings, excluding those of executive sessions, shall be kept in compliance
25 with Article 33C of Chapter 143 of the General Statutes. Any minutes or any other
26 information generated during any executive session shall be sealed from public
27 inspection.

28 (c) ~~All otherwise confidential information and records acquired by the Task Force~~
29 ~~or State Team~~ State Team, the Local Teams, and the Task Force during its existence, in
30 the exercise of their duties are confidential; are not subject to discovery or introduction
31 into evidence in any proceedings; and may only be disclosed as necessary to carry out
32 the purposes of the State Team, the Local Teams, and the Task Force. In addition, all
33 otherwise confidential information and records created by a Local Team in the exercise
34 of its duties are confidential; are not subject to discovery or introduction into evidence
35 in any proceedings; and may only be disclosed as necessary to carry out the purposes of
36 the Local Team. No member of the Task Force, State Team, or person who attends such a
37 ~~meeting~~ State Team, a Local Team, nor any person who attends a meeting of the State
38 Team or a Local Team, may testify in any proceeding about what transpired at the
39 meeting, about information presented at the meeting, or about opinions formed by the
40 person as a result of the meetings. This section does subsection shall not, however,
41 prohibit a person from testifying in a civil or criminal action about matters within that
42 person's independent knowledge.

1 (d) Each member of a Local Team and invited participant shall sign a statement
2 indicating an understanding of and adherence to confidentiality requirements, including
3 the possible civil or criminal consequences of any breach of confidentiality.

4 (e) Cases receiving child protective services at the time of review by a Local
5 Team shall have an entry in the child's protective services record to indicate that the
6 case was received by that Team. Additional entry into the record shall be at the
7 discretion of the director of the county department of social services.

8 (f) The Social Services Commission shall adopt rules to implement this section
9 in connection with reviews conducted by Community Child Protection Teams. The
10 Health Services Commission shall adopt rules to implement this section in connection
11 with Local Teams that review additional child fatalities. In particular, these rules shall
12 allow information generated by an executive session of a Local Team to be accessible
13 for administrative or research purposes only.

14 **"§ 143-579. Administration; funding.**

15 (a) To the extent of funds available, the Chairs of the Task Force and State Team
16 may hire staff or consultants to assist the Task Force and the State Team in completing
17 their duties.

18 (b) Members, staff, and consultants of the Task Force or State Team shall receive
19 travel and subsistence expenses in accordance with the provisions of G.S. 138-5 or G.S.
20 138-6, as the case may be, paid from funds appropriated to implement this Article and
21 within the limits of those funds.

22 (c) With the approval of the Legislative Services Commission, legislative staff
23 and space in the Legislative Building and the Legislative Office Building may be made
24 available to the Task Force."

25 Sec. 2. (a) The State Center for Health Statistics, Department of
26 Environment, Health, and Natural Resources, shall:

- 27 (1) Determine the availability of databases maintained by State agencies
28 that indicate governmental agency involvement with the family of a
29 child before the child's death;
- 30 (2) Determine the feasibility of linking service delivery databases
31 maintained by State agencies;
- 32 (3) Link State agency databases annually in order to examine agency
33 involvement with children who subsequently died;
- 34 (4) Evaluate periodically the completeness of the computer match of
35 records kept by State agencies;
- 36 (5) Use information provided by the data linkage to examine the
37 relationship between delivery of services by State agencies and child
38 death; and
- 39 (6) Provide ongoing statistical support to the State Fatality Prevention
40 Team and, where feasible, to the Community Child Protection Teams
41 established in Section 1 of this act. Statistical support shall include,
42 but is not limited to, statistical consultation and preparation of lists of
43 child deaths for review by the Teams.

1 (b) The State Center for Health Statistics, Department of Environment,
2 Health, and Natural Resources, shall report to the Joint Legislative Commission on
3 Governmental Operations and the Fiscal Research Division of the Legislative Services
4 Office not later than March 1, 1994, on its progress in providing the data and support
5 required under this section.

6 Sec. 3. G.S. 143-573 is repealed.

7 Sec. 4. G.S. 143-574 is repealed.

8 Sec. 5. G.S. 143-577 is repealed.

9 Sec. 6. (a) There is appropriated from the General Fund to the Department of
10 Environment, Health, and Natural Resources, Division of Maternal and Child Health,
11 the sum of one hundred twelve thousand six hundred eighty-five dollars (\$112,685) for
12 the 1993-94 fiscal year and the sum of one hundred forty-six thousand nine hundred
13 eighty-seven dollars (\$146,987) for the 1994-95 fiscal year to implement Section 1 of
14 this act, which shall include the funding of the position of Team Coordinator and
15 associated costs.

16 (b) There is appropriated from the General Fund to the Department of
17 Environment, Health, and Natural Resources, the State Center for Health Statistics, the
18 sum of thirty-one thousand two hundred forty-two dollars (\$31,242) for fiscal year
19 1993-94 and the sum of forty-five thousand five hundred fourteen dollars (\$45,514) for
20 fiscal year 1994-95 to implement Section 2 of this act.

21 Sec. 7. Sections 3, 4, and 5 of this act become effective February 1, 1995.
22 The remaining sections of this act are effective upon ratification.