

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

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HOUSE BILL 825

Short Title: Strengthen Child Fatality Prevention System. (Public)

Sponsors: Representatives Dobson, White, Potts, and Horn (Primary Sponsors).

For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Health, if favorable, Appropriations, Health and Human Services, if favorable,
Rules, Calendar, and Operations of the House

April 18, 2019

A BILL TO BE ENTITLED

AN ACT ESTABLISHING A STATE OFFICE OF CHILD FATALITY PREVENTION WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, TO SERVE AS THE LEAD AGENCY RESPONSIBLE FOR OVERSEEING COORDINATION OF STATE-LEVEL SUPPORT FUNCTIONS FOR THE ENTIRE NORTH CAROLINA CHILD FATALITY PREVENTION SYSTEM, AND APPROPRIATING FUNDS FOR THAT PURPOSE; DIRECTING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO DEVELOP A TRANSITION PLAN FOR (I) CONSOLIDATING TEAMS THAT REVIEW CHILD FATALITIES AND (II) CREATING A CENTRALIZED DATA AND INFORMATION SYSTEM FOR THE STATEWIDE CHILD FATALITY PREVENTION SYSTEM; FORMALIZING THE NORTH CAROLINA CHILD FATALITY TASK FORCE COMMITTEE STRUCTURE AND CLARIFYING ITS FUNCTIONS; AND MAKING CONFORMING CHANGES TO CHILD FATALITY PREVENTION SYSTEM-RELATED STATUTES.

Whereas, North Carolina's Child Fatality Prevention System brings together multidisciplinary local and State-level groups consisting of government and agency leaders, as well as experts in child health and safety, to better understand the causes of child deaths in order to address systemic problems and implement strategies to prevent future child abuse, neglect, and death; and

Whereas, work within the Child Fatality Prevention System has contributed to a 47% decrease in North Carolina's child death rate since creation of the system in 1991; and

Whereas, there is a need to strengthen and update the system in order to address redundancy in team reviews of child fatalities; improve collection, analysis, and reporting of data and findings; streamline State-level coordination and support for the system; ensure that relevant and appropriate information and recommendations from team reviews reach appropriate local and State leaders; and strengthen the system's effectiveness to prevent future child abuse, neglect, and death; Now, therefore,

The General Assembly of North Carolina enacts:

PART I. ESTABLISHMENT OF STATE OFFICE OF CHILD FATALITY PREVENTION WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, AND APPROPRIATING FUNDS FOR THAT PURPOSE



1 SECTION 1.1.(a) Article 3 of Chapter 143B of the General Statutes is amended by
2 adding a new Part to read:

3 "Part 4C. State Office of Child Fatality Prevention.

4 **"§ 143B-150.25. Definitions.**

5 The following definitions apply in this Article:

- 6 (1) Child death review team. – The collective term for a multidisciplinary team
7 responsible for performing any type of child fatality review pursuant to this
8 Article, the Juvenile Code of Article 14 of Chapter 7B of the General Statutes,
9 or G.S. 143B-150.20.
- 10 (2) State Office. – The State Office of Child Fatality Prevention established under
11 this Article.
- 12 (3) Child Fatality Prevention System. – The statewide system comprised of the
13 following:
- 14 a. Child death review teams.
- 15 b. The North Carolina Child Fatality Task Force created in
16 G.S. 7B-1402.
- 17 c. State and local staff who support the work of the groups described in
18 sub-subdivisions a. and b.
- 19 d. Medical examiner child fatality staff.
- 20 (4) Medical examiner child fatality staff. – Staff within the Office of the Chief
21 Medical Examiner whose primary responsibilities involve addressing child
22 fatalities.

23 **"§ 143B-150.26. Establishment and purpose of State Office.**

24 (a) The State Office of Child Fatality Prevention is established within the Department of
25 Health and Human Services, Division of Public Health, to serve as the lead agency for child
26 fatality prevention in North Carolina. The purpose of the State Office is to oversee the
27 coordination of State-level support functions for the entire North Carolina Child Fatality
28 Prevention System in a way that maximizes efficiency and effectiveness and expands system
29 capacity. The Department shall determine the most appropriate placement for, and configuration
30 of, State Office staff within the Department, subject to the following limitation: medical examiner
31 child fatality staff shall continue to work under the direction of the Chief Medical Examiner and
32 address child fatalities within the jurisdiction of the medical examiner pursuant to
33 G.S. 130A-383, while working collaboratively with the State Office and child death review
34 teams.

35 **"§ 143B-150.27. Powers and duties.**

- 36 (1) To coordinate the work of the statewide Child Fatality Prevention System.
- 37 (2) To implement and manage a centralized data and information system capable
38 of gathering, analyzing, and reporting aggregate information from child death
39 review teams with appropriate protocols for sharing information and
40 protecting confidentiality.
- 41 (3) To create and implement tools, guidelines, resources, and training, and
42 provide technical assistance for child death review teams to enable the teams
43 to do the following:
- 44 a. Conduct effective reviews.
- 45 b. Make effective recommendations about child fatality prevention.
- 46 c. Gather, analyze, and appropriately report on case data and findings
47 while protecting confidentiality.
- 48 d. Facilitate the implementation of prevention strategies in their
49 communities.
- 50 (4) To convene and facilitate a multidisciplinary Fatality Review and Data Group
51 to advise the State Office with respect to the submission of information and

1 reports to the Child Fatality Task Force, child death review teams, and other
2 relevant organizations.

3 (5) To perform research, convene stakeholders and experts, and collaborate with
4 other organizations and individuals for the purpose of understanding the direct
5 and contributing causes of child deaths as well as evidence-driven strategies,
6 programs, and policies to prevent child deaths, abuse, and neglect in order to
7 inform the work of the Child Fatality Prevention System or as requested by
8 the Child Fatality Task Force.

9 (6) To educate State and local leaders, including the General Assembly, executive
10 department heads, as well as stakeholders, advocates, and the public about the
11 Child Fatality Prevention System and issues and prevention strategies
12 addressed by the system.

13 (7) To collaborate with State and local agencies, nonprofit organizations,
14 academia, advocacy organizations, and others to facilitate the implementation
15 of evidence-driven initiatives to prevent child abuse, neglect, and death, such
16 as education and awareness initiatives.

17 (8) To create and implement processes for evaluating the ability of the Child
18 Fatality Prevention System to achieve outcomes sought to be accomplished
19 by the system and to report to the Child Fatality Task Force on these
20 evaluations and on statewide functioning of the Child Fatality Prevention
21 System."

22 **SECTION 1.1.(b)** There is appropriated from the General Fund to the Department
23 of Health and Human Services, Division of Public Health, the sum of one hundred fifty thousand
24 dollars (\$150,000) in recurring funds for the 2019 2020 fiscal year and the sum of three hundred
25 thousand dollars (\$300,000) in recurring funds for the 2020 2021 fiscal year, to be used to
26 establish and operate the State Office of Child Fatality Prevention (State Office) established
27 under Part 4C of Article 3 of Chapter 143B of the General Statutes, as enacted by this act. The
28 Department of Health and Human Services shall not use funds appropriated in this section for
29 any purpose other than the purpose specified in this subsection.

30 **SECTION 1.1.(c)** Subsection (b) of this section becomes effective July 1, 2019.

31
32 **PART II. TRANSITION PLAN FOR RESTRUCTURING EXISTING TEAMS THAT**
33 **REVIEW CHILD FATALITIES AND CREATING A CENTRALIZED DATA AND**
34 **REPORTING SYSTEM**

35 **SECTION 2.1.(a)** It is the intent of the General Assembly to restructure North
36 Carolina's Child Fatality Prevention System in order to eliminate the silos and redundancy that
37 exist within the current system, implement centralized coordination of the system, streamline the
38 system's State-level support functions, maximize the usefulness of data and information derived
39 from teams that review child fatalities, ensure that relevant and appropriate information and
40 recommendations from teams that review child fatalities reach appropriate local and State
41 leaders, and strengthen the system's effectiveness in preventing child abuse, neglect, and death.
42 To that end, by March 4, 2020, the Department of Health and Human Services, in consultation
43 with individuals knowledgeable about child fatality review and prevention, shall develop and
44 submit to the Joint Legislative Oversight Committee on Health and Human Services a detailed
45 written proposal for restructuring the statewide Child Fatality Prevention System. The
46 Department's plan shall, at a minimum, include recommendations for accomplishing all of the
47 following:

48 (1) Reducing the number and types of child death review teams by combining the
49 functions of the Local Child Fatality Prevention Team, Community Child
50 Protection Team, State Child Fatality Prevention Team, and State Child
51 Fatality Review Team into a single local team with different procedures and

- 1 required participants for different categories of child fatality reviews, with
2 attention given to the following:
- 3 a. A plan that allows a local team to choose whether to be a single-county
4 or multi-county team.
 - 5 b. An examination of the purpose, process, and function of child death
6 reviews related to abuse and neglect that are currently conducted by
7 the Child Fatality Review Team, State Child Fatality Prevention
8 Review Team, and Community Child Protection Teams, and a plan
9 that articulates the most appropriate purpose and functions for these
10 types of reviews, along with specialized procedures, team participants,
11 and State-level technical assistance necessary to fully address such
12 cases. This plan shall take into account the different methods of
13 information collection and sharing by these two teams as well as any
14 relevant federal laws, such as those related to State child abuse
15 prevention plans.
 - 16 c. Whether there is a need for specialized procedures and required
17 participants for certain categories of infant deaths or other categories
18 of deaths.
 - 19 d. Whether there are circumstances under which a State-level team
20 review of a child fatality would be occasionally, but not routinely,
21 necessary and if so, a description of those circumstances and a plan for
22 how the Fatality Review and Data Group should be structured to carry
23 out this function.
- 24 (2) Discontinuing the practices of using (i) Community Child Protection Teams
25 as citizen review panels to fulfill the requirements of the federal Child Abuse
26 Prevention and Treatment Act and (ii) child death review teams to review
27 active cases involving children and families involved with local departments
28 of social services child protective services. The Department's recommended
29 plan shall include a more effective framework for meeting federal
30 requirements for citizen review panels and for reviewing active cases
31 involving children and families involved with local departments of social
32 services child protective services.
- 33 (3) Reducing the volume of team fatality reviews by changing the types of deaths
34 requiring review based on specific categories of death most likely to yield
35 prevention opportunities, including deaths resulting from the following:
- 36 a. Undetermined causes.
 - 37 b. Unintentional injury.
 - 38 c. Violence.
 - 39 d. Motor vehicle incidents.
 - 40 e. Child abuse or neglect, suspected child abuse or neglect, or cases
41 involving children and families involved with local departments of
42 social services child protective services within the 12-month period
43 preceding the fatality.
 - 44 f. Sudden unexpected infant death.
 - 45 g. Suicide.
 - 46 h. Deaths not expected in the next six months.
 - 47 i. Infant deaths that meet criteria determined by the Department, in
48 consultation with child fatality review and prevention experts and
49 perinatal health experts, in order to optimize the identification of
50 prevention opportunities.

- 1 j. Any other category of death determined by the Department for which
2 team review would be likely to yield prevention opportunities.
- 3 (4) Implementing a centralized electronic data and information system for data
4 and information managed by the State Office that includes all of the following:
- 5 a. Participation in the National Child Death Review Case Reporting
6 System.
- 7 b. Creation, implementation, and support for procedures and tools
8 addressing data and reporting for child death review teams.
- 9 c. Development and implementation of policies and procedures for
10 appropriate sharing and protection of information and data with
11 respect to information used by or generated from child fatality reviews.
- 12 d. An evaluation of existing laws, rules, and policies addressing
13 information protection and sharing as it relates to child death reviews
14 in order to make recommendations concerning any changes needed to
15 support the effective functioning of the restructured statewide Child
16 Fatality Prevention System.
- 17 (5) Creating a multi-sector, multidisciplinary Fatality Review and Data Group to
18 be convened and facilitated by the State Office for the purpose of periodically
19 reviewing aggregate data and recommendations from child death review
20 teams and child death data from the Office of the Chief Medical Examiner in
21 order to advise State Office staff on relevant, appropriate information and
22 reports that should be submitted to the Child Fatality Task Force, distributed
23 among child death review teams, submitted directly to relevant organizations,
24 or a combination of these.

25 **SECTION 2.1.(b)** By December 1, 2019, the Department of Health and Human
26 Services shall execute any contractual agreements and interagency data sharing agreements
27 necessary for participation by child death review teams in the National Child Death Review Case
28 Reporting System. Once the necessary agreements are in place and appropriate policies and
29 protocols addressing utilization of this System have been adopted, local Child Fatality Prevention
30 Teams shall utilize the National Child Death Review Case Reporting System.

31 **SECTION 2.1.(c)** This section is effective when it becomes law.
32

33 **PART III. CONFORMING CHANGES TO CHILD FATALITY PREVENTION**
34 **SYSTEM STATUTES AND MODIFICATIONS TO FORMALIZE AND CLARIFY THE**
35 **FUNCTIONS OF THE NORTH CAROLINA CHILD FATALITY TASK FORCE**

36 **SECTION 3.1.(a)** Article 14 of Chapter 7B of the General Statutes reads as
37 rewritten:

38 "Article 14.

39 "North Carolina Child Fatality Prevention System.

40 **"§ 7B-1400. Declaration of public policy.**

41 The General Assembly finds that it is the public policy of this State to prevent the abuse,
42 neglect, and death of juveniles. The General Assembly further finds that the prevention of the
43 abuse, neglect, and death of juveniles is a community responsibility; that professionals from
44 disparate disciplines have responsibilities for children or juveniles and have expertise that can
45 promote their safety and well-being; and that multidisciplinary reviews of the abuse, neglect, and
46 death of juveniles can lead to a greater understanding of the causes and methods of preventing
47 these deaths. It is, therefore, the intent of the General Assembly, through this Article, to establish
48 a statewide multidisciplinary, multiagency child fatality prevention ~~system consisting of the State~~
49 ~~Team established in G.S. 7B-1404 and the Local Teams established in G.S. 7B-1406.~~ system.
50 The purpose of the system is to assess the records of ~~selected cases in which children are being~~
51 ~~served by child protective services and the records of all deaths of children~~ child deaths in North

1 Carolina from birth to age 18-18, and with respect to these cases, to study data and prevention
2 strategies related to child abuse, neglect, and death, and to utilize multidisciplinary team reviews
3 of deaths in order to (i) develop a communitywide approach to the problem of child abuse and
4 neglect, (ii) understand the direct and contributing causes of childhood deaths, (iii) identify any
5 gaps or deficiencies that may exist in the delivery of services to children and their families by
6 public agencies that are designed to prevent future child abuse, neglect, or death, ~~and~~ (iv) identify,
7 and aid in facilitating the implementation of, evidence-driven strategies to prevent child death
8 and promote child well-being, and (v) make and implement recommendations for changes to
9 laws, rules, and policies that will support the safe and healthy development of our children and
10 prevent future child abuse, neglect, and death.

11 **"§ 7B-1401. Definitions.**

12 The following definitions apply in this Article:

- 13 (1) Additional Child Fatality. – Any death of a child that did not result from
14 suspected abuse or neglect and about which no report of abuse or neglect had
15 been made to the county department of social services within the previous 12
16 months.
- 17 (1a) Child Death Review Team. – The collective term for any multidisciplinary
18 team responsible for performing any type of child fatality review pursuant to
19 this Article, G.S. 143B-150.20, or Part 4C of Article 3 of Chapter 143B of the
20 General Statutes.
- 21 (1b) Child Fatality Prevention System. – The statewide system comprised of child
22 death review teams, the North Carolina Child Fatality Task Force, State and
23 local staff who support the work of these groups, and the medical examiner
24 child fatality staff.
- 25 (2) Local Team. – A Community Child Protection Team or a Child Fatality
26 Prevention Team.
- 27 (2a) Medical Examiner Child Fatality Staff. – Staff within the Office of the Chief
28 Medical Examiner whose primary responsibilities involve addressing child
29 fatalities.
- 30 (2b) State Office. – The State Office of Child Fatality Prevention established under
31 Part 4C of Article 3 of Chapter 143B of the General Statutes that coordinates
32 the work of the Child Fatality Prevention System.
- 33 (3) State Team. – The North Carolina Child Fatality Prevention Team.
- 34 (4) Task Force. – The North Carolina Child Fatality Task Force.
- 35 (5) ~~Team Coordinator. Coordinators.~~ – ~~The Child Fatality Prevention Team~~
36 ~~Coordinator.~~ Any individual designated within the State Office to work as a
37 Child Fatality Prevention Team Coordinator.

38 **"§ 7B-1402. Task Force – creation; membership; vacancies.**

39 (a) There is created the North Carolina Child Fatality Task Force within the Department
40 of Health and Human Services for budgetary purposes only.

41 (b) The Task Force shall be composed of ~~35-36~~ members, ~~4-12~~ of whom shall be ex
42 officio members, four of whom shall be appointed by the Governor, 10 of whom shall be
43 appointed by the Speaker of the House of Representatives, and 10 of whom shall be appointed
44 by the President Pro Tempore of the Senate. The ex officio members other than the Chief Medical
45 Examiner ~~shall be nonvoting members and~~ may designate representatives from their particular
46 departments, divisions, or offices to represent them on the Task Force. In making appointments
47 or designating representatives, appointing authorities and ex officio members shall use best
48 efforts to select members or representatives with sufficient knowledge and experience to
49 effectively contribute to the issues examined by the Task Force and, to the extent possible, to
50 reflect the geographical, political, gender, and racial diversity of this State. The members shall
51 be as follows:

- 1 (1) The Chief Medical ~~Examiner~~; Examiner.
- 2 (2) The Attorney ~~General~~; General.
- 3 (3) The Director of the Division of Social ~~Services~~; Services.
- 4 (4) The Director of the State Bureau of ~~Investigation~~; Investigation.
- 5 (5) The Director of the ~~Division of Maternal and Child Health Section~~ of the
6 Department of Health and Human ~~Services~~; Services.
- 7 (6) The chair of the Council for Women and Youth ~~Involvement~~; Involvement.
- 8 (7) The Superintendent of Public ~~Instruction~~; Instruction.
- 9 (8) The Chairman of the State Board of ~~Education~~; Education.
- 10 (9) The Director of the Division of Mental Health, Developmental Disabilities,
11 and Substance Abuse ~~Services~~; Services.
- 12 (10) The Secretary of the Department of Health and Human ~~Services~~; Services.
- 13 (11) The Director of the Administrative Office of the ~~Courts~~; Courts.
- 14 (11a) The Director of the Juvenile Justice Section, Division of Adult Correction and
15 Juvenile Justice, Department of Public Safety.
- 16 (12) A director of a county department of social services, appointed by the
17 Governor upon recommendation of the President of the North Carolina
18 Association of County Directors of Social ~~Services~~; Services.
- 19 (13) A representative from a Sudden Infant Death Syndrome or safe infant sleep
20 counseling and education program, appointed by the Governor upon
21 recommendation of the Director of the ~~Division of Maternal and Child Health~~
22 Section of the Department of Health and Human ~~Services~~; Services.
- 23 (14) A representative from the ~~North Carolina Child Advocacy Institute, NC Child,~~
24 appointed by the Governor upon recommendation of the President of the
25 ~~Institute~~; organization.
- 26 (15) A director of a local department of health, appointed by the Governor upon
27 the recommendation of the President of the North Carolina Association of
28 Local Health ~~Directors~~; Directors.
- 29 (16) A representative from a private group, other than ~~the North Carolina Child~~
30 ~~Advocacy Institute, NC Child,~~ that advocates for children, appointed by the
31 Speaker of the House of Representatives upon recommendation of private
32 child advocacy ~~organizations~~; organizations.
- 33 (17) A pediatrician, licensed to practice medicine in North Carolina, appointed by
34 the Speaker of the House of Representatives upon recommendation of the
35 North Carolina Pediatric ~~Society~~; Society.
- 36 (18) A representative from the North Carolina League of Municipalities, appointed
37 by the Speaker of the House of Representatives upon recommendation of the
38 ~~League~~; League.
- 39 (18a) A representative from the North Carolina Domestic Violence Commission,
40 appointed by the Speaker of the House of Representatives upon
41 recommendation of the Director of the ~~Commission~~; Commission.
- 42 (19) One public member, appointed by the Speaker of the House of
43 ~~Representatives~~; Representatives.
- 44 (20) A county or municipal law enforcement officer, appointed by the President
45 Pro Tempore of the Senate upon recommendation of organizations that
46 represent local law enforcement ~~officers~~; officers.
- 47 (21) A district attorney, appointed by the President Pro Tempore of the Senate upon
48 recommendation of the President of the North Carolina Conference of District
49 ~~Attorneys~~; Attorneys.

- 1 (22) A representative from the North Carolina Association of County
2 Commissioners, appointed by the President Pro Tempore of the Senate upon
3 recommendation of the ~~Association;~~Association.
- 4 (22a) A representative from the North Carolina Coalition Against Domestic
5 Violence, appointed by the President Pro Tempore of the Senate upon
6 recommendation of the Executive Director of the ~~Coalition;~~Coalition.
- 7 (23) One public member, appointed by the President Pro Tempore of the ~~Senate;~~
8 and Senate.
- 9 (24) Five members of the Senate, appointed by the President Pro Tempore of the
10 Senate, and five members of the House of Representatives, appointed by the
11 Speaker of the House of Representatives.

12 (c) All members of the Task Force are voting members. Vacancies in the appointed
13 membership shall be filled by the appointing officer who made the initial appointment. Terms
14 shall be two years. ~~The members shall elect a chair who shall preside for the duration of the~~
15 ~~chair's term as member. In the event a vacancy occurs in the chair before the expiration of the~~
16 ~~chair's term, the members shall elect an acting chair to serve for the remainder of the unexpired~~
17 ~~term.~~

18 **"§ 7B-1402.1. Task Force – organization; committees, leadership, policies and procedures;**
19 **public meetings.**

20 (a) Committees. – The Task Force shall carry out its duties through the work of the
21 following three committees:

- 22 (1) A Perinatal Health Committee to address healthy pregnancies, births, and
23 infants.
- 24 (2) An Unintentional Death Prevention Committee to address the prevention of
25 deaths resulting from unintentional causes such as motor vehicle or bicycle
26 accidents, poisoning, burning, or drowning.
- 27 (3) An Intentional Death Prevention Committee to address the prevention of
28 deaths resulting from intentional causes such as homicide, suicide, abuse, or
29 neglect.

30 Based on a process developed by the Executive Committee and approved by a majority vote
31 of the Task Force pursuant to subsection (c)(2) of this section, Task Force members shall be
32 assigned to the three committees, and volunteers with expertise in the subject matter of the
33 committees shall be identified and selected to participate on, and contribute to the work of, the
34 committees.

35 The Task Force or any of its committees may request assistance from the State Office in the
36 performance of its duties, including assistance with administrative functions, research, or the
37 convening and facilitation of special stakeholder groups or work groups to more fully address an
38 issue of interest to the Task Force or any of its committees in order to better inform their work.

39 Each committee shall submit recommendations approved by a majority vote of the committee
40 members to the Task Force for consideration. Committee recommendations shall not become
41 final until approved by a majority vote of the Task Force.

42 (b) Leadership. – The leadership of the Task Force and its committees shall be organized
43 as follows:

- 44 (1) Task Force chair or cochair. – Task Force members shall elect by a majority
45 vote a chair or two cochair from among its membership, who shall preside
46 for the duration of the chair's or cochair's term. In the event a vacancy occurs
47 in a chair position before the expiration of the chair's term, the Task Force
48 members shall elect an acting chair to serve for the remainder of the unexpired
49 term or, if there are cochair, may elect not to fill the vacant cochair position
50 and to be led by the remaining cochair.

1 (2) Committee cochairs. – Task Force members shall elect by a majority vote of
 2 the Task Force two cochairs per committee, at least one of whom shall be a
 3 Task Force member and one of whom may be a nonmember with expertise in
 4 the subject matter of the committee. Committee cochairs shall serve for a term
 5 of two years and are not subject to term limits.

6 (3) Executive Committee. – The Executive Committee shall be comprised of the
 7 Task Force chair or cochairs, the committee cochairs, and any current Task
 8 Force Coordinator or Director. The Executive Committee is responsible for
 9 all of the following:

10 a. Discussing and advising the Task Force with respect to its business
 11 and administration.

12 b. Advising Task Force staff on issues between meetings.

13 c. Developing recommended policies and procedures for consideration
 14 by the full Task Force as described in subsection (c) of this section.

15 d. Working to advance approved Task Force recommendations.

16 (4) Staff. – The Task Force Chairs shall work with the Secretary of the
 17 Department of Health and Human Services to hire or designate staff to
 18 coordinate the work of the Task Force; educate department heads, the General
 19 Assembly, and organizations whose work addresses child health and safety,
 20 and the public about Task Force findings and recommendations; serve as
 21 representatives of the Task Force; and assist the Task Force in any other way
 22 the Executive Committee deems necessary in carrying out the duties of the
 23 Task Force.

24 (c) Policies and Procedures. – The Executive Committee of the Task Force shall develop,
 25 and from time to time revise as necessary, policies and procedures to facilitate the efficient and
 26 effective operations of the Task Force. These policies and procedures and any recommended
 27 revisions become effective upon approval by a majority vote of the Task Force. The Executive
 28 Committee shall develop policies and procedures that, at a minimum, address the following:

29 (1) Nominations and elections of a Task Force chair or cochairs and committee
 30 cochairs.

31 (2) Assignment of Task Force members to specific committees as well as the
 32 identification of volunteers to serve on committees with representation from
 33 relevant agencies and a relevant range of subject matter experts.

34 (3) Voting rules.

35 (4) The manner in which issues are identified for study by the Task Force.

36 (5) Expectations of members related to attendance.

37 (6) Conflicts of interest.

38 (d) Public Meetings. – Meetings of the Task Force and its three subject area committees
 39 are subject to the public meeting requirements of Article 33C of Chapter 143 of the General
 40 Statutes. Meetings of the Executive Committee, stakeholder groups, or work groups convened to
 41 more fully address an issue of interest to the Task Force or its subject area committees are not
 42 subject to these requirements.

43 **"§ 7B-1403. Task Force – duties.**

44 The Task Force ~~shall~~ shall do all of the following:

45 (1) Undertake a ~~statistical~~ study of the incidences and causes of child deaths in
 46 this State ~~and establish a profile of child deaths, as well as evidence-driven~~
 47 strategies for preventing future child deaths, abuse, and neglect. The study
 48 shall include (i) an analysis of all community and private and public agency
 49 involvement with the decedents and their families prior to death, and (ii) an at
 50 least all of the following:

- a. Aggregate information from child death reviews compiled by the State Office addressing data on child deaths, the identification of system problems, and team recommendations for prevention strategies.
- b. A data analysis of all child deaths by age, cause, race and ethnicity, socioeconomic status, and geographic distribution; distribution.
- c. Information from subject matter experts that can inform the understanding of the causes of child deaths; strategies to prevent child deaths, abuse, and neglect; or a combination of these.

- (2) ~~Develop a system for multidisciplinary review of child deaths. In developing such a system, the Task Force shall study the operation of existing Local Teams. The Task Force shall also consider the feasibility and desirability of local or regional review teams and, should it determine such teams to be feasible and desirable, develop guidelines for the operation of the teams. The Task Force shall also examine the laws, rules, and policies relating to confidentiality of and access to information that affect those agencies with responsibilities for children, including State and local health, mental health, social services, education, and law enforcement agencies, to determine whether those laws, rules, and policies inappropriately impede the exchange of information necessary to protect children from preventable deaths, and, if so, recommend changes to them;~~ Advise the State Office of Child Fatality Prevention with respect to the operation of an effective statewide system for multidisciplinary review of child deaths and the implementation of evidence-driven strategies to prevent child deaths, abuse, and neglect.
- (3) ~~Receive and consider reports from the State Team; and~~ Team and the State Office.
- (4) Develop recommendations for changes in law, policy, rules, or the implementation of evidence-driven prevention strategies to be included in the annual report required by G.S. 7B-1412.
- (5) Perform any other studies, evaluations, or determinations the Task Force considers necessary to carry out its mandate.

"§ 7B-1404. State Team – creation; membership; vacancies.

(a) There is created the North Carolina Child Fatality Prevention Team within the Department of Health and Human Services for budgetary purposes only.

(b) The State Team shall be composed of the following 11 members of whom nine members are ex officio and two are appointed:

- (1) The Chief Medical Examiner, who shall chair the State Team;
- (2) The Attorney General;
- (3) The Director of the Division of Social Services, Department of Health and Human Services;
- (4) The Director of the State Bureau of Investigation;
- (5) The Director of the Division of Maternal and Child Health of the Department of Health and Human Services;
- (6) The Superintendent of Public Instruction;
- (7) The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services;
- (8) The Director of the Administrative Office of the Courts;
- (9) The pediatrician appointed pursuant to G.S. 7B-1402(b) to the Task Force;
- (10) A public member, appointed by the Governor; and
- (11) ~~The Team Cøordinator.~~ Coordinators.

The ex officio members other than the Chief Medical Examiner may designate a representative from their departments, divisions, or offices to represent them on the State Team.

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

3 **"§ 7B-1405. State Team – duties.**

4 The State Team ~~shall~~ shall do all of the following:

- 5 (1) Review current deaths of children when those deaths are attributed to child
6 abuse or neglect or when the decedent was reported as an abused or neglected
7 juvenile pursuant to G.S. 7B-301 at any time before ~~death;~~ death.
- 8 (2) Report to the Task Force ~~during the existence of the Task Force,~~ in the format
9 and at the time required by the Task Force, on the State Team's activities and
10 its recommendations for changes to any law, rule, and policy that would
11 promote the safety and well-being of ~~children;~~ children.
- 12 (3) Upon request of a Local Team, provide technical assistance to the
13 ~~Team;~~ Team.
- 14 (4) ~~Periodically assess the operations of the multidisciplinary child fatality~~
15 ~~prevention system and make recommendations for changes as needed;~~
- 16 (5) ~~Work with the Team Coordinator to develop guidelines for selecting child~~
17 ~~deaths to receive detailed, multidisciplinary death reviews by Local Teams~~
18 ~~that review cases of additional child fatalities; and~~
- 19 (6) Receive reports of findings and recommendations from Local Teams that
20 review cases of additional child fatalities and work with the Team ~~Coordinator~~
21 Coordinators to implement recommendations.

22 **"§ 7B-1406. Community Child Protection Teams; Child Fatality Prevention Teams;**
23 **creation and duties.**

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

- 26 (1) Review, in accordance with the procedures established by the director of the
27 county department of social services under G.S. 7B-1409:
 - 28 a. Selected active cases in which children are being served by child
29 protective services; and
 - 30 b. Cases in which a child died as a result of suspected abuse or neglect,
31 and
 - 32 1. A report of abuse or neglect has been made about the child or
33 the child's family to the county department of social services
34 within the previous 12 months, or
 - 35 2. The child or the child's family was a recipient of child
36 protective services within the previous 12 months.
- 37 (2) Submit annually to the board of county commissioners recommendations, if
38 any, and advocate for system improvements and needed resources where gaps
39 and deficiencies may exist.

40 In addition, each Community Child Protection Team may review the records of all additional
41 child fatalities and report findings in connection with these reviews to the Team
42 ~~Coordinator.~~ Coordinators.

43 (b) Any Community Child Protection Team that determines it will not review additional
44 child fatalities shall notify the Team ~~Coordinator.~~ Coordinators. In accordance with the plan
45 established under G.S. 7B-1408(1), a separate Child Fatality Prevention Team shall be
46 established in that county to conduct these reviews. Each Child Fatality Prevention Team shall:

- 47 (1) Review the records of all cases of additional child fatalities.
- 48 (2) Submit annually to the board of county commissioners recommendations, if
49 any, and advocate for system improvements and needed resources where gaps
50 and deficiencies may exist.

- 1 (3) Report findings in connection with these reviews to the Team
2 ~~Coordinator~~Coordinators.
- 3 (c) All reports to the Team ~~Coordinator~~Coordinators under this section shall include:
4 (1) A listing of the system problems identified through the review process and
5 recommendations for preventive actions;
6 (2) Any changes that resulted from the recommendations made by the Local
7 Team;
8 (3) Information about each death reviewed; and
9 (4) Any additional information requested by the Team ~~Coordinator~~Coordinators.

10 **"§ 7B-1407. Local Teams; composition.**

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

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

- 16 (1) The director of the county department of social services and a member of the
17 director's staff;
18 (2) A local law enforcement officer, appointed by the board of county
19 commissioners;
20 (3) An attorney from the district attorney's office, appointed by the district
21 attorney;
22 (4) The executive director of the local community action agency, as defined by
23 the Department of Health and Human Services, or the executive director's
24 designee;
25 (5) The superintendent of each local school administrative unit located in the
26 county, or the superintendent's designee;
27 (6) A member of the county board of social services, appointed by the chair of
28 that board;
29 (7) A local mental health professional, appointed by the director of the area
30 authority established under Chapter 122C of the General Statutes;
31 (8) The local guardian ad litem coordinator, or the coordinator's designee;
32 (9) The director of the local department of public health; and
33 (10) A local health care provider, appointed by the local board of health.

34 (c) In addition, a Local Team that reviews the records of additional child fatalities shall
35 include the following five additional members:

- 36 (1) An emergency medical services provider or firefighter, appointed by the board
37 of county commissioners;
38 (2) A district court judge, appointed by the chief district court judge in that
39 district;
40 (3) A county medical examiner, appointed by the Chief Medical Examiner;
41 (4) A representative of a local child care facility or Head Start program, appointed
42 by the director of the county department of social services; and
43 (5) A parent of a child who died before reaching the child's eighteenth birthday,
44 to be appointed by the board of county commissioners.

45 (d) The Team ~~Coordinator~~Coordinators shall serve as an ex officio member of each
46 Local Team that reviews the records of additional child fatalities. The board of county
47 commissioners may appoint a maximum of five additional members to represent county agencies
48 or the community at large to serve on any Local Team. Vacancies on a Local Team shall be filled
49 by the original appointing authority.

50 (e) Each Local Team shall elect a member to serve as chair at the Team's pleasure.

51 (f) Each Local Team shall meet at least four times each year.

1 (g) The director of the local department of social services shall call the first meeting of
2 the Community Child Protection Team. The director of the local department of health, upon
3 consultation with the Team ~~Coordinator~~, Coordinators shall call the first meeting of the Child
4 Fatality Prevention Team. Thereafter, the chair of each Local Team shall schedule the time and
5 place of meetings, in consultation with these directors, and shall prepare the agenda. The chair
6 shall schedule Team meetings no less often than once per quarter and often enough to allow
7 adequate review of the cases selected for review. Within three months of election, the chair shall
8 participate in the appropriate training developed under this Article.

9 **"§ 7B-1408. Child Fatality Prevention Team ~~Coordinator~~; Coordinators; duties.**

10 ~~The One or more~~ Child Fatality Prevention Team ~~Coordinator~~ Coordinators shall serve as
11 liaison between the State Team and the Local Teams that review records of additional child
12 fatalities and shall provide technical assistance to these Local Teams. The Team ~~Coordinator~~
13 Coordinators shall:

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

31 **"§ 7B-1409. Community Child Protection Teams; duties of the director of the county
32 department of social services.**

33 In addition to any other duties as a member of the Community Child Protection Team, and in
34 connection with the reviews under G.S. 7B-1406(a)(1), the director of the county department of
35 social services shall:

- 36 (1) Assure the development of written operating procedures in connection with
37 these reviews, including frequency of meetings, confidentiality policies,
38 training of members, and duties and responsibilities of members;
- 39 (2) Assure that the Team defines the categories of cases that are subject to its
40 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;
- 44 (6) Maintain records, including minutes of all official meetings, lists of
45 participants for each meeting of the Team, and signed confidentiality
46 statements required under G.S. 7B-1413, in compliance with applicable rules
47 and law; and
- 48 (7) Report quarterly to the county board of social services, or as required by the
49 board, on the activities of the Team.

50 **"§ 7B-1410. Local Teams; duties of the director of the local department of health.**

1 In addition to any other duties as a member of the Local Team and in connection with reviews
2 of additional child fatalities, the director of the local department of health shall:

- 3 (1) Distribute copies of the written procedures developed by the Team
4 ~~Coordinator~~ Coordinators under G.S. 7B-1408 to the administrators of all
5 agencies represented on the Local Team and to all members of the Local
6 Team;
- 7 (2) Maintain records, including minutes of all official meetings, lists of
8 participants for each meeting of the Local Team, and signed confidentiality
9 statements required under G.S. 7B-1413, in compliance with applicable rules
10 and law;
- 11 (3) Provide staff support for these reviews; and
- 12 (4) Report quarterly to the local board of health, or as required by the board, on
13 the activities of the Local Team.

14 **"§ 7B-1411. Community Child Protection Teams; responsibility for training of team
15 members.**

16 The ~~Division of Social Services, Department of Health and Human Services, Services~~ shall
17 develop and make available, on an ongoing basis, for the members of Local Teams that review
18 active cases in which children are being served by child protective services, training materials
19 that address the role and function of the Local Team, confidentiality requirements, an overview
20 of child protective services law and policy, and Team record keeping.

21 **"§ 7B-1412. Task Force – reports.**

22 ~~The~~ Within the first week of the convening or reconvening of the General Assembly, the Task
23 Force shall report annually to the Governor and General Assembly, within the first week of the
24 convening or reconvening of the General Assembly. Governor, the General Assembly, the Chairs
25 of the House and Senate Appropriations Committees on Health and Human Services, the Chairs
26 of the Joint Legislative Oversight Committee on Health and Human Services, and the Secretary
27 of the Department of Health and Human Services. The report shall contain at least a ~~all of the~~
28 following:

- 29 (1) A summary of the conclusions and recommendations for each of the Task
30 Force's duties, as well as any duties.
- 31 (2) A summary of activities and functioning of the Child Fatality Prevention
32 System as a whole.
- 33 (3) Any other recommendations for changes to any law, rule, or policy ~~policy, or~~
34 for the implementation of evidence-driven prevention strategies that it has
35 determined will promote the safety and well-being of children. Any
36 recommendations of changes to law, rule, or policy shall be accompanied by
37 specific legislative or policy proposals and detailed fiscal notes setting forth
38 the costs to the State. ~~proposals. The Task Force may request assistance from~~
39 the Fiscal Research Division of the General Assembly in developing fiscal
40 notes or other fiscal information to accompany these recommendations.

41 **"§ 7B-1413. Access to records.**

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

1 The State Office shall have access to all medical records, hospital records, and records
2 maintained by this State, any county, or any local agency as necessary to carry out the purposes
3 of Part 4C of Article 3 of Chapter 143B of the General Statutes.

4 (b) Meetings of the State Team and the Local Teams are not subject to the provisions of
5 Article 33C of Chapter 143 of the General Statutes. However, the Local Teams may hold periodic
6 public meetings to discuss, in a general manner not revealing confidential information about
7 children and families, the findings of their reviews and their recommendations for preventive
8 actions. Minutes of all public meetings, excluding those of executive sessions, shall be kept in
9 compliance with Article 33C of Chapter 143 of the General Statutes. Any minutes or any other
10 information generated during any closed session shall be sealed from public inspection.

11 (c) All otherwise confidential information and records acquired by the State Office, State
12 Team, the Local Teams, and the Task Force during its existence, in the exercise of their duties
13 are confidential; are not subject to discovery or introduction into evidence in any proceedings;
14 and may only be disclosed as necessary to carry out the purposes of the State Office, State Team,
15 the Local Teams, and the Task Force. In addition, all otherwise confidential information and
16 records created by a Local Team in the exercise of its duties are confidential; are not subject to
17 discovery or introduction into evidence in any proceedings; and may only be disclosed as
18 necessary to carry out the purposes of the Local Team. No member of the State Team, a Local
19 Team, nor any person who attends a meeting of the State Team or a Local Team, may testify in
20 any proceeding about what transpired at the meeting, about information presented at the meeting,
21 or about opinions formed by the person as a result of the meetings. This subsection shall not,
22 however, prohibit a person from testifying in a civil or criminal action about matters within that
23 person's independent knowledge.

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

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

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

37 **"§ 7B-1414. Administration; funding.**

38 (a) To the extent of funds available, the chairs of the ~~Task Force and State Team~~ may
39 hire staff or consultants to assist ~~the Task Force and the State Team~~ in completing ~~their~~ its duties.

40 (a1) To the extent of funds available and consistent with G.S. 7B-1402.1(b)(4), the chairs
41 of the Task Force shall work with the Secretary of the Department of Health and Human Services
42 to hire or designate staff or consultants to assist the Task Force and its subject matter committees
43 in completing their duties.

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

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

51 **SECTION 3.1.(b)** G.S. 143B-150.20 reads as rewritten:

1 "§ 143B-150.20. State Child Fatality Review Team; establishment; purpose; powers;
2 duties; report by ~~Division of Social Services~~ Department of Health and Human Services.

3 (a) There is established in the Department of Health and Human ~~Services, Division of~~
4 ~~Social Services, Services~~ a State Child Fatality Review Team to conduct in-depth reviews of any
5 child fatalities which have occurred involving children and families involved with local
6 departments of social services child protective services in the 12 months preceding the fatality.
7 Steps in this in-depth review shall include interviews with any individuals determined to have
8 pertinent information as well as examination of any written materials containing pertinent
9 information.

10 (b) The purpose of these reviews shall be to implement a team approach to identifying
11 factors which may have contributed to conditions leading to the fatality and to develop
12 recommendations for improving coordination between local and State entities which might have
13 avoided the threat of injury or fatality and to identify appropriate remedies. The ~~Division of~~
14 ~~Social Services-Department~~ shall make public the findings and recommendations developed for
15 each fatality reviewed relating to improving coordination between local and State entities. These
16 findings shall not be admissible as evidence in any civil or administrative proceedings against
17 individuals or entities that participate in child fatality reviews conducted pursuant to this section.
18 The State Child Fatality Review Team shall consult with the appropriate district attorney in
19 accordance with G.S. 7B-2902(d) prior to the public release of the findings and
20 recommendations.

21 (c) The State Child Fatality Review Team shall include representatives of the local
22 departments of social services and the Division of Social Services, a member of the local
23 Community Child Protection Team, a member of the local child fatality prevention team, a
24 representative from local law enforcement, a prevention specialist, and a medical professional.

25 (d) The State Child Fatality Review Team shall have access to all medical records,
26 hospital records, and records maintained by this State, any county, or any local agency as
27 necessary to carry out the purposes of this subsection, including police investigative data, medical
28 examiner investigative data, health records, mental health records, and social services records.
29 The State Child Fatality Review Team may receive a copy of any reviewed materials necessary
30 to the conduct of the fatality review. Any member of the State Child Fatality Review Team may
31 share, only in an official meeting of the State Child Fatality Review Team, any information
32 available to that member that the State Child Fatality Review Team needs to carry out its duties.

33 If the State Child Fatality Review Team does not receive information requested under this
34 subsection within 30 days after making the request, the State Child Fatality Review Team may
35 apply for an order compelling disclosure. The application shall state the factors supporting the
36 need for an order compelling disclosure. The State Child Fatality Review Team shall file the
37 application in the district court of the county where the investigation is being conducted, and the
38 court shall have jurisdiction to issue any orders compelling disclosure. Actions brought under
39 this section shall be scheduled for immediate hearing, and subsequent proceedings in these
40 actions shall be given priority by the appellate courts.

41 (e) Meetings of the State Child Fatality Review Team are not subject to the provisions of
42 Article 33C of Chapter 143 of the General Statutes. However, the State Child Fatality Review
43 Team may hold periodic public meetings to discuss, in a general manner not revealing
44 confidential information about children and families, the findings of their reviews and their
45 recommendations for preventive actions. Minutes of all public meetings, excluding those of
46 closed sessions, shall be kept in compliance with Article 33C of Chapter 143 of the General
47 Statutes. Any minutes or any other information generated during any executive session shall be
48 sealed from public inspection.

49 (f) All otherwise confidential information and records acquired by the State Child
50 Fatality Review Team, in the exercise of its duties are confidential; are not subject to discovery
51 or introduction into evidence in any proceedings except pursuant to an order of the court; and

1 may only be disclosed as necessary to carry out the purposes of the State Child Fatality Review
2 Team. In addition, all otherwise confidential information and records created by the State Child
3 Fatality Review Team in the exercise of its duties are confidential; are not subject to discovery
4 or introduction into evidence in any proceedings; and may only be disclosed as necessary to carry
5 out the purposes of the State Child Fatality Review Team. No member of the State Child Fatality
6 Review Team, nor any person who attends a meeting of the State Child Fatality Review Team,
7 may testify in any proceeding about what transpired at the meeting, about information presented
8 at the meeting, or about opinions formed by the person as a result of the meetings. This subsection
9 shall not, however, prohibit a person from testifying in a civil or criminal action about matters
10 within that person's independent knowledge.

11 (g) Each member of the State Child Fatality Review Team and invited participant shall
12 sign a statement indicating an understanding of and adherence to confidentiality requirements,
13 including the possible civil or criminal consequences of any breach of confidentiality.

14 (h) Repealed by Session Laws 2013-360, s. 12A.8(f), effective July 1, 2013."
15

16 **PART IV. EFFECTIVE DATE**

17 **SECTION 4.1.** Except as otherwise provided, this act becomes effective December
18 1, 2019.