

Our Children Our Future
Our RESPONSIBILITY

**Child Fatality
Task Force**



***Our Children, Our Future,
Our RESPONSIBILITY***

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

Raleigh, North Carolina
January 2015

The Honorable Pat McCrory, Governor,
State of North Carolina

Distinguished Members of the General Assembly

The future prosperity of North Carolina depends on the health and well-being of our next generation. Promoting strong policies to improve health, reduce death and decrease abuse and other injuries is central to positive child development.

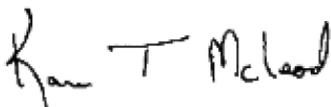
In recognition of the above, the North Carolina General Assembly and the Martin Administration created the Child Fatality Prevention System in 1991. This System includes the State Child Fatality Prevention Team, as well as Local Child Fatality and Community Protection Teams. The NC Child Fatality Task Force, a legislative study commission, was created to serve as the policy arm of the System.

Each year, the Task Force submits recommendations for consideration by the General Assembly, as well as administrative agencies at the state and local level. The positive responses to these recommendations have played a critical role **in reducing North Carolina's child death rate by 45 percent** since the inception of the Task Force and the System. The 2012 child death rate was less than 59 deaths per 100,000 children under age 18. (There are indications that the soon to be available 2013 rate will be even lower.)

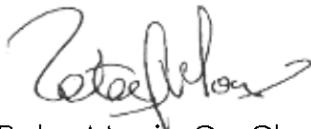
Stated another way, more than 11,000 additional children are alive today- many of them now adults – thanks to the lower child death rate. This is a testament to the work of the Task Force, the responsiveness of the General Assembly, and front-line workers who put prevention policies into practice on a daily basis.

The Task Force is pleased to submit an Action Agenda for 2015 aimed at continuing to reduce child deaths, serious injuries, and child maltreatment in North Carolina. The recommendations are evidence-based and, where possible, reflect a “return on investment” approach to policy development.

The recommendations reflect the time and input of diverse experts. However, this was the “easy” part. As before, the challenge now is for the Governor and General Assembly to transform these recommendations into policies that save children’s lives.



Karen McLeod, Co-Chair



Peter Morris, Co-Chair

Table of Contents

The Child Fatality Task Force Study Process	4
<i>2012 Child Deaths in North Carolina</i> as reported by the State Center for Health Statistics	5
2015 CFTF Legislative Agenda	6
Administrative Recommendations and Issue Monitoring	7
Legislative History and Accomplishments	8
Child Fatality Task Force Contact Information and Structure.....	23
Child Fatality Task Force Members.....	24

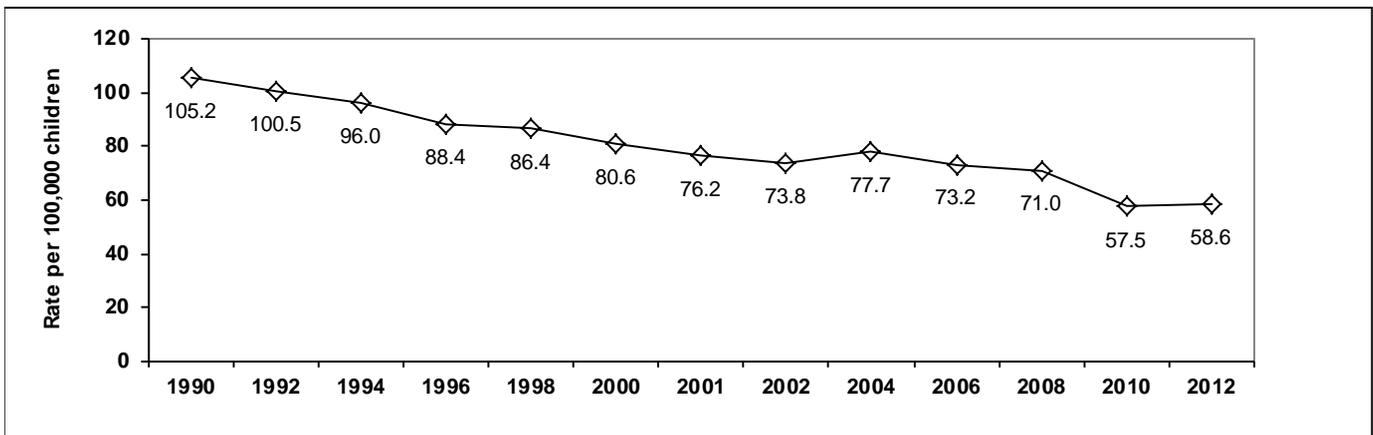
The NC Child Fatality Task Force Study Process

The three committees of the North Carolina Child Fatality Task Force used 2011 and 2012 child fatality data, trend data, and other professional expertise to study the causes of child deaths and to prepare recommendations for Task Force consideration for the 2015 Legislative Agenda.

- The **Intentional Death Prevention Committee**, which studies violent deaths such as homicide and suicide, put forth a recommendation for a legislative resolution to examine ways to prevent youth suicide. The Committee is also monitoring the long-delayed implementation of an electronic child welfare management system. The Committee also recommends additional funding for Child Advocacy Centers statewide to support families dealing with the occurrence of child maltreatment.
- The **Perinatal Health Committee**, which studies infant mortality and women's health, recommends funding of a bundle of critical infant mortality prevention programs that address preconception, pregnancy, and service needs during the first year of life. The Committee also recommends that the systematic review of maternal deaths be accorded statutory authorization. The Committee also continues to monitor the implementation of Medicaid coverage for medical lactation support.
- The **Unintentional Death Committee**, which studies unintentional injury and death, put forth a variety of funding recommendations to support the Carolina's Poison Control Center, to support the safe disposal of prescription drugs, and to expand the Stop-Arm Camera Program on school buses. Policy recommendations include prohibiting the sale of certain chemicals in children's products, requiring child-proof packaging for e-cigarette nicotine liquid, and banning minors from using commercial/regulated tanning beds.

The members of the NC Child Fatality Task Force thank all its committee members for their hard work, expertise, and commitment to protecting children. Their effort is reflected in the Action Agenda, which was adopted in December 2014.

2012 CHILD DEATHS IN NORTH CAROLINA
Trend in Rate of Child Deaths 1991-2012*
Ages Birth through 17 Years



Child Deaths by Cause in North Carolina
Ages Birth through 17 Years

Cause of Death	Average Annual Number 2008-2012	Number in 2011	Number in 2012	Percent Change 2011-2012
Birth defects	211	197	206	4.6%
Other birth-related conditions	477	458	437	-4.6%
Sudden infant death syndrome	73	50	28	-44.0%
Illnesses	275	248	254	2.4%
Unintentional injuries	213	202	216	6.9%
<i>Motor vehicle injuries</i>	109	98	108	10.2%
<i>Bicycle injuries</i>	2	2	2	**
<i>Injuries caused by fire</i>	9	7	8	**
<i>Drowning</i>	29	20	29	45.0%
<i>Falls</i>	3	1	6	**
<i>Poisoning</i>	14	16	13	-18.8%
<i>Other unintentional injuries</i>	47	58	50	-13.8%
Homicide	45	43	47	9.3%
Suicide	28	23	35	52.2%
All other	83	91	116	27.5%
TOTAL	1,405	1,312	1,339	2.1%

Child Deaths by Age				
Age Group	Average 2008-2012	Number in 2011	Number in 2012	Percent Change 2011-2012
Infant	935	866	883	2.0%
1-4	140	122	132	8.2%
5-9	80	84	77	-8.3%
10-14	92	95	103	8.4%
15-17	157	145	144	-0.7%

NC POPULATION***		
Year	Total	Under 18
2011	9,651,103	2,283,980
2012	9,752,073	2,286,528
Percent Change	1.0%	0.1%

Data reflect state residents.

Please see Technical Notes at <http://www.schs.state.nc.us/SCHS/deaths/child/cftechnote2012.pdf>

* Child death rates for 1990-1999 are not the same as published in some previous reports due to revised population estimates.

** Percent change is not calculated because the numbers are too small, and are subject to random variation over time.

***Population estimates are derived from the Vintage 2012 bridged-race postcensal population estimates files.

2015 CTF Legislative Agenda



Legislative- Recommend/Support

- Ban minors from using commercial/regulated tanning beds.
- Require child-proof packaging for e-cigarette/vapor nicotine liquid.
- Prohibit sale of certain chemicals (Bisphenol A; TRIS; Phthalates) in children's products.
- Support a resolution authorizing the Legislative Research Commission to examine ways to prevent suicide in youth using existing bodies of research and evidence, including the 2015 NC Suicide Prevention Plan.
- \$700,000 to expand the Stop-Arm Camera Program on school buses.
- \$120,000 to the State Bureau of Investigation for Safe Drug disposal

Legislative – Endorse

- Require drivers of scooters to wear reflective clothing.
- Strengthen the Controlled Substances Reporting System.
- \$750,000 to support all accredited Child Advocacy Centers in NC
- Reduce infant mortality and promote perinatal health through funding of key efforts:
 - a. \$367,500 for the Perinatal Quality Care Collaborative of NC
 - b. \$393,750 for East Carolina University High-Risk Maternity Clinic
 - c. \$367,500 for the March of Dimes Preconception Health Campaign
 - d. \$54,600 for 17-Progesterone to prevent premature births.
 - e. \$100,000 for the Safe Sleep Campaign to prevent infant deaths.
- Reinstatement (to \$1.4 million) of the funding for the Carolina's Poison Control Center.
- Provide additional funding from the Master Settlement Agreement for tobacco cessation and prevention.

Administrative Recommendations and Issue Monitoring

Administrative

- Recommend that DHHS consider implementation of a formal process of maternal mortality review.
- Support implementation of position statement adopted by the NC Medical Board, which encourages health care practitioners licensed by the Board to learn how to identify and refer children who are suspected victims of child abuse and neglect.
- Promote awareness of dangers of misuse of controlled substances.

Track and Monitor

- Support and funding for an electronic child welfare case management system
- Reinstate funding for State Driver Education Program.
- Medicaid coverage of medical lactation support.
- Revisions to the Naloxone Law
- Proposed changes to helmet laws.
- Controlled Substances Reporting System implementation.
- Legislation to pilot the use of speed cameras in school zones (Phoebe's Law)
- Permanent lock boxes for collection of unneeded prescription medications.
- Funding for the Division of Public Health to enhance public health capacity on prescription drug misuse.
- Licensure for International Board Certified Lactation Consultants.
- Legislation pertaining to home births.
- Developments relating to Centering Pregnancy

Legislative History and Accomplishments

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 10,000 child deaths being averted since the inception of the CTF.

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 Drivers 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 to 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 Drivers 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 CTF 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 CTF 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 CTF 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 for 17-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.

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 CTF 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 CTF 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 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 \$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 (\$20).

2014

Funding to preserve infant mortality prevention infrastructure partially maintained. The CTF 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 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 at least \$9 million was provided.

Coverage of lactation support through the Division of Medical Assistance: Given the strong cost savings and life saving 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.

Child Fatality Task Force

Contact Information and Structure

Leadership

Executive Director, currently vacant

Phone: 919-707-5626 Email:

Co-chairs

Karen McLeod, President/CEO, Benchmarks NC

Phone: 919-828-1864 Email: kmcleod@benchmarksnc.org

Dr. Peter Morris, Executive Director, Wake County Urban Ministries

Phone: 919-256-2165 pmorris@urbanmin.org

Committees

The **Intentional Death Prevention Committee** focuses on preventing violent child deaths, such as those due to homicide, child maltreatment and suicide.

Co-Chairs

Dr. Elaine Cabinum-Foeller, ECU TEDI BEAR Children's Advocacy Center at Brody School of Medicine
Michelle Hughes, Benchmarks NC

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

Co-Chairs

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

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

Co-Chairs

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

NC Child Fatality Task Force Members

William Adkins, II
Public Member

Senator Austin Allran
NC Senate

Senator Chad Barefoot
NC Senate

Senator Stan Bingham
NC Senate

Cindy Bizzell
Guardian Ad Litem Program

Sherry Bradsher
Dept. of Health and Human Svcs

Wallace Bradsher
Judicial Dist 9-A (Roxboro)
Conference of Dist. Attorneys

Representative Justin Burr
NC House of Representatives

Dr. Elaine Cabinum-Foeller
NC Pediatric Society

Senator David Curtis
NC Senate

Senator Don Davis
NC Senate

Representative Beverly Earle
NC House of Representatives

Donna Fayko
DSS Director, Rowan County

Representative Jim Fulghum, MD
NC House of Representatives

Bill Keller, Onslow County Commission
Assn. of County Commissioners

Kevin Kelley, Section Chief
Child Welfare Services, DSS

Martha Sue Hall, City of Albemarle
NC League of Municipalities

The Honorable Jennifer Knox
Domestic Violence Commission

Representative Donnie Lambeth
NC House of Representatives

Dr. Ben Matthews, Director
Safe and Healthy Schools Support Division, DPI

Dr. Gerri Mattson, Medical Director
Children and Youth Branch, DPH

Dr. Marty McCaffrey
Perinatal Quality Collaborative of NC
Public Member

Karen McLeod, Benchmarks
Child Advocate

Dr. Peter Morris, Wake Urban Ministries
NC Child

Stephanie Nantz, Executive Director
Youth Advocacy & Involvement Office

Dr. Debi Radisch
Office of the Chief Medical Examiner

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

Dr. Kevin Ryan, Chief
Women's and Children Health Sect., DPH

Representative Paul Stam
N.C. House of Representatives

Greg Tart, Asst Director
State Bureau of Investigation

Vanessa Totten, Asst AG
NC Office of the Attorney General

Michael Welch
Caswell County Sheriff

Betsy West
State Board of Education

Buck Wilson
NC Assn of Local Health Departments

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