Child Fatality Portion of the 2023/2024 NC Budget Bill

Revisions to strengthen the child fatality prevention system establishment and funding of state office of child fatality prevention within the department of health and human services, division of public health

SECTION 9H.15.(a) Article 3 of Chapter 143B of the General Statutes is amended by adding a new Part to read:

Part 4C. State Office of Child Fatality Prevention.

§ 143B-150.25. Definitions.

The following definitions apply in this Article:

(1) Child Fatality Prevention System. – The statewide system comprised of the following:

a. Local Teams.

b. The North Carolina Child Fatality Task Force created in G.S. 7B-1402.

c. The State Office.

d. Medical examiner child fatality staff.

(2) Local Team. – A multidisciplinary child death review team that is either a single or multicounty team responsible for performing any type of child fatality review pursuant to Article 14 of Chapter 7B of the General Statutes.

(3) Medical examiner child fatality staff. – Staff within the Office of the Chief Medical Examiner whose primary responsibilities involve reviewing, investigating, training, educating, and supporting death investigations into child fatalities that fall under the jurisdiction of the medical examiner pursuant to G.S. 130A-383.

(4) State Office. – The State Office of Child Fatality Prevention established under this Article.

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

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

§ 143B-150.27. Powers and duties.

The State Office has the following powers and duties:

(1) To coordinate the work of the statewide Child Fatality Prevention System.

(2) To implement and manage a centralized data and information system capable of gathering, analyzing, and reporting aggregate information from child death review teams with appropriate protocols for sharing information and protecting confidentiality.

(3) To create and implement tools, guidelines, resources, and training and provide technical assistance for Local Teams to enable the teams to do the following:

a. Conduct effective reviews tailored to the type of death being reviewed.

b. Make effective recommendations about child fatality prevention.

c. Gather, analyze, and appropriately report on case data and findings while protecting confidentiality.

d. Facilitate the implementation of prevention strategies in their communities.

(4) To work with medical examiner child fatality staff and the North Carolina State Center for Health Statistics to provide Local Teams initial information about child deaths in their respective counties.

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

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

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

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

(9) To consider opportunities to seek and administer grant and other non-State funding sources to support State or local Child Fatality Prevention System efforts.

(10) To develop guidance to inform local decisions about the formation and implementation of single versus multicounty Local Teams. The guidance must include a model agreement to be used between or among counties that agree to be part of a multicounty Local Team."

SECTION 9H.15.(b) Of the funds appropriated in this act to the Department of Health and Human Services, Division of Public Health, the recurring sum of five hundred sixty-nine thousand eight hundred eighty-five dollars ($569,885) and the nonrecurring sum of eighteen thousand one hundred fifteen dollars ($18,115) for the 2023-2024 fiscal year and the recurring sum of seven hundred fifty-eight thousand eight hundred eighty-five dollars ($758,885) for the 2024-2025 fiscal year shall be allocated and used as follows:

(1) Five hundred fifty-four thousand eight hundred eighty-five dollars ($554,885) in recurring funds for each year of the 2023-2025 fiscal biennium for operational costs to establish the State Office of Child Fatality Prevention (State Office) established under Part 4C of Article 3 of Chapter 143B of the General Statutes, as enacted by this section. The Department of Health and Human Services may use up to five hundred fourteen thousand seven hundred thirty-five dollars ($514,735) of these recurring funds for each year of the 2023-2025 fiscal biennium to establish up to five full-time positions within the State Office.

(2) Eighteen thousand one hundred fifteen dollars ($18,115) in nonrecurring funds for the 2023-2024 fiscal year for nonrecurring costs associated with establishing the State Office.

(3) Up to fifteen thousand dollars ($15,000) in recurring funds for each year of the 2023-2025 fiscal biennium to support the work of the Child Fatality Task Force and to pay its members, staff, and consultants in accordance with G.S. 7B-1414, as amended by this act.

(4) One hundred eighty-nine thousand dollars ($189,000) in recurring funds for the 2024-2025 fiscal year shall be distributed among the State's 100 counties, as determined appropriate by the Department, to support implementation of the changes authorized by this act to restructure child death reviews by Local Teams and to offset the costs associated with Local Team participation in the National Fatality Review Case Reporting System.

SECTION 9H.15.(c) The Department of Health and Human Services may not use the funds allocated by subdivisions (b)(1) through (b)(3) of this section for any purposes other than the purposes specified in those subdivisions. Counties shall not use the funds allocated by subdivision (b)(4) of this section for any purposes other than the purposes specified in that subdivision.

SECTION 9H.15.(d) Subsections (b) and (c) of this section become effective July 1, 2023.

TRANSITION PLAN FOR SHIFTING STATE SUPPORT OF THE CHILD FATALITY PREVENTION SYSTEM TO THE STATE OFFICE OF CHILD FATALITY PREVENTION, CREATING AND SUPPORTING A CENTRALIZED DATA AND REPORTING SYSTEM, AND RESTRUCTURING EXISTING CHILD DEATH REVIEW TEAMS

SECTION 9H.15.(e) It is the intent of the General Assembly to restructure North Carolina's Child Fatality Prevention System in order to eliminate the silos and redundancy that exist within the current system, implement centralized coordination of the system, streamline the system's State-level support functions, maximize the usefulness of data and information derived from teams that review child fatalities, ensure that relevant and appropriate information and recommendations from teams that review child fatalities reach appropriate local and State leaders, and strengthen the system's effectiveness in preventing child abuse, neglect, and death. Creation and implementation of a State Office of Child Fatality Prevention is a critical element of this restructuring that must be put in place to facilitate a transition to the restructuring and support of Local Teams and their participation in the National Fatality Review Case Reporting System (NFR-CRS). To that end, the Department of Health and Human Services is directed to accomplish the following:

(1) Not later than July 1, 2024, the Department shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the status of creating, implementing, and staffing the State Office of Child Fatality Prevention. The report shall include at a minimum the status of preparations for (i) transitioning to the restructuring and support of Local Teams and (ii) participating in the NFR-CRS. Any management staff the Department places within the State Office of Child Fatality Prevention shall work with the Department to take the necessary steps toward fully staffing the State Office and implementing plans that will enable the State Office to carry out the powers and duties of the State Office, as described in G.S. 143B-150.27, and to support a restructured Child Fatality Prevention System consistent with subsections (f) through (i) of this section. The Department shall also ensure during this time that Local Teams receive State-level support either as such support exists prior to the creation of the State Office or from staff within the newly created State Office.

(2) Not later than January 1, 2025, the Department shall ensure all of the following:

a. That the State Office of Child Fatality Prevention is sufficiently staffed and prepared to carry out the powers and duties of the State Office, as described in G.S. 143B-150.27, to support a restructured Child Fatality Prevention System as set forth in subsections (f) through (i) of this section.

b. That any contractual agreements and interagency data sharing agreements necessary for participation in the NFR-CRS, as required in G.S. 7B-1413.5, have been executed.

(3) Not later than July 1, 2025, the Department shall ensure through its State Office of Child Fatality Prevention that all Local Teams have been provided guidelines and

training addressing their participation in the NFR-CRS, and Local Teams shall begin utilizing the System for case reporting as specified in G.S. 7B-1413.5.

MODIFICATIONS AND ADDITIONS TO CHILD FATALITY PREVENTION SYSTEM STATUTES TO RESTRUCTURE CHILD DEATH REVIEW TEAMS, IMPLEMENT PARTICIPATION IN THE NATIONAL FATALITY REVIEW CASE REPORTING SYSTEM, AND CLARIFY THE FUNCTIONS OF THE NORTH CAROLINA CHILD FATALITY TASK FORCE

SECTION 9H.15.(f) Article 14 of Chapter 7B of the General Statutes reads as rewritten:

Article 14.

North Carolina Child Fatality Prevention System.

§ 7B-1400. Declaration of public policy.

The General Assembly finds that it is the public policy of this State to prevent the abuse, neglect, and death of juveniles. The General Assembly further finds that the prevention of the abuse, neglect, and death of juveniles is a community responsibility; that professionals from disparate disciplines have responsibilities for children or juveniles and have expertise that can promote their safety and well-being; and that multidisciplinary reviews of the abuse, neglect, and death of juveniles can lead to a greater understanding of the causes and methods of preventing these deaths. It is, therefore, the intent of the General Assembly, through this Article, to establish a statewide multidisciplinary, multiagency child fatality prevention system. The purpose of the system is to assess the records child deaths in North Carolina from birth up until a child's eighteenth birthday, and with respect to these cases, to study data and prevention strategies related to child abuse, neglect, and death, and to utilize multidisciplinary teams to review these deaths in order to

(i) develop a communitywide approach to the problem of child abuse and neglect,

(ii) understand the causes and contributing factors of childhood deaths,

(iii) identify any gaps or deficiencies that may exist in the delivery of services to children and their families by public agencies that are designed to prevent future child abuse, neglect, or death,

(iv) identify and aid in facilitating the implementation of evidence-driven strategies to prevent child death and promote child well-being, and

(v) make and implement recommendations for changes to laws, rules, and policies that will support the safe and healthy development of our children and prevent future child abuse, neglect, and death.

§ 7B-1401. Definitions.

The following definitions apply in this Article:

(1a) Child Fatality Prevention System. – The statewide system comprised of the following:

a. Local Teams.

b. The North Carolina Child Fatality Task Force as established in this Article.

c. The State Office.

d. Medical examiner child fatality staff.

(2) Local Team. – A multidisciplinary child death review team that is either a single or multicounty team responsible for performing any type of review pursuant to this Article.

(2a) Medical examiner child fatality staff. – Staff within the Office of the Chief Medical Examiner whose primary responsibilities involve reviewing, investigating, training, educating, or supporting death investigations into child fatalities that fall under the jurisdiction of the medical examiner pursuant to G.S. 130A-383.

(2b) National Fatality Review Case Reporting System or NFR-CRS. – The web-based system used by a majority of states to provide child death review teams with a simple method for capturing, analyzing, and reporting on the full set of information shared at a child death or serious injury review.

(2c) State Office. – The State Office of Child Fatality Prevention established under Part 4C of Article 3 of Chapter 143B of the General Statutes.

(4) Task Force. – The North Carolina Child Fatality Task Force.

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

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(c) All members of the Task Force are voting members. Vacancies in the appointed membership shall be filled by the appointing officer who made the initial appointment. Terms shall be two years.

§ 7B-1402.5. Task Force – organization; committees, leadership, policies and procedures; public meetings.

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

(1) A Perinatal Health Committee to address healthy pregnancies, births, and infants.

(2) An Unintentional Death Prevention Committee to address the prevention of deaths resulting from unintentional causes such as motor vehicle or bicycle accidents, poisoning, burning, or drowning.

(3) An Intentional Death Prevention Committee to address the prevention of deaths resulting from intentional causes such as homicide, suicide, abuse, or neglect; and to address the prevention of child abuse and neglect.

(b) Committee Recommendations. – Each Committee shall develop and submit recommendations to the Task Force for consideration. Recommendations shall become final upon the majority vote of the Task Force.

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

(1) Task Force chair or cochairs. – Task Force members shall elect by a majority vote a chair or two cochairs from among its membership. The Task Force chair or cochairs shall serve for a term of two years and are not subject to term limits.

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

(3) Staff. – The Task Force chair or cochairs shall work with the Secretary of the Department of Health and Human Services to hire or designate staff to coordinate the work of the Task Force and its committees. The Secretary shall determine placement of such staff within the Department. In addition to general coordination of the work of the Task Force, Task Force staff may do the following:

a. Educate organizations and individuals, including members of the General Assembly, about the work of the Task Force and its recommendations.

b. Serve as a representative of the Task Force.

c. Assist the Task Force chair in working to advance Task Force recommendations.

d. Assist in any way the Task Force chair or committee cochairs deem necessary in carrying out the duties of the Task Force.

(d) Policies and Procedures. – The Task Force chair or cochairs, committee cochairs, and director or coordinator shall develop, and from time to time revise as necessary, policies and procedures to facilitate the efficient and effective operations of the Task Force. These policies and procedures and any recommended revisions become effective upon approval by a majority vote of the Task Force. The policies and procedures shall address, at a minimum, the following:

(1) The Task Force study process.

(2) Nominations for leadership positions.

(3) Committee membership, including any participation by individuals who are not members of the Task Force.

(4) Conflicts of interest.

§ 7B-1403. Task Force – duties.

The Task Force shall do all of the following:

(1) Undertake a study of the incidences and causes of child deaths in this State as well as evidence-driven strategies for preventing future child deaths, abuse, and neglect. The study shall at 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 systemic problems, and Local Team recommendations for prevention strategies or changes in law or policy.

b. A data analysis of all child deaths by age, cause, race and ethnicity, socioeconomic status, and geographic distribution.

c. Information from subject matter experts that informs the understanding of the causes of child deaths; strategies to prevent child deaths, abuse, and neglect; or a combination of these.

(2) 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 Office addressing aggregate data, information, findings, and recommendations resulting from Local Team reviews of child deaths, the functioning of any aspect of the statewide Child Fatality Prevention System, and any other type of report the Task Force deems relevant to carrying out its duties under this Article.

(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.

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§ 7B-1406.5. Local Teams; county work.

(a) Local Team for Each County. – Each county in the State shall have its own Local Team or participate in a multicounty Local Team, as determined in accordance with subsection (b) of this section.

(b) Participation in a Single County Versus Multicounty Local Team. – Each county's local

board of county commissioners shall evaluate and determine whether the county will have its own Local Team or be part of a multicounty team. This determination shall be made through consulting all of the following:

(1) The director of the local health department.

(2) The director of the local departments of social services, or if applicable, the consolidated human services director.

(3) The guidance created by the State Office that addresses the formation and implementation of single versus multicounty teams and includes a model agreement to be used between or among counties who agree to be part of a multicounty team.

(c) Mandatory Review of Deaths. – Each Local Team shall review all child deaths of resident children under age 18 in the county or counties comprising the Local Team that fall under one of the following categories of death:

(1) Undetermined causes.

(2) Unintentional injury.

(3) Violence.

(4) Motor vehicle incidents.

(5) Pursuant to criteria set forth in G.S. 7B-1407.5, deaths related to child maltreatment or child deaths involving a child or child's family who was reported or known to child protective services.

(6) Sudden unexpected infant death.

(7) Suicide.

(8) Deaths not expected in the next six months.

(9) Additional infant deaths according to the criteria established by the State Office under G.S. 7B-1407.6.

For cases in which a Local Team is uncertain whether a death falls under a category specified in subdivisions (1) through (9) of this subsection, the State Office shall consult with the Office of the Chief Medical Examiner and appropriate medical professionals to make that determination.

(d) Permissive Review of Deaths. – Each Local Team may review child deaths that fall outside the categories specified in subdivisions (1) through (9) of subsection (c) of this section.

(e) Permissive Review of Active Child Protective Services Cases. – At the request of a director of a local department of social services and pursuant to G.S. 7B-1410(b), a Local Team may elect to review an active case in which a child or children are being

served by child protective services. The Local Team is not required to make findings or create reports based upon such reviews. However, the Local Team may develop recommendations based on such reviews to be submitted to the citizen review panel serving the area in which the Local Team is located and may also include in its recommendations to boards of county commissioners pursuant to G.S. 7B-1407.10(d) recommendations stemming from the review of such cases.

(f)Periodic Training and Best Practices. – Local Teams shall participate in periodictraining provided by the State Office. Local Teams shall make every effort to employ best practices in conducting child death reviews, gathering information, selecting participants, and making reports as outlined in guidance provided by the State Office.

§ 7B-1407. Local Teams; composition and leadership.

(a) Each Local Team shall consist of representatives of public and nonpublic agencies inthe community that provide services to children and their families and other individuals who represent the community.

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

(1) The director of the county department of social services or the director of the consolidated human services agency and a member of the director's staff.

(2) A local law enforcement officer, appointed by the board of county commissioners.

(3) An attorney from the district attorney's office, appointed by the district attorney.

(4) The executive director of the local community action agency, as defined bythe Department of Health and Human Services, or the executive director's designee.

(5) The superintendent of each local school administrative unit located in the county, or the superintendent's designee.

(6) A member of the county board of social services, appointed by the chair of that board.

(7) A local mental health professional, appointed by the director of the area authority established under Chapter 122C of the General Statutes.

(8) The local guardian ad litem coordinator, or the coordinator's designee.

(9) The director of the local department of public health.

(10) A local health care provider, appointed by the local board of health.

(11) An emergency medical services provider or firefighter, appointed by the board of county commissioners.

(12) A district court judge, appointed by the chief district court judge in that district.

(13) A county medical examiner, appointed by the Chief Medical Examiner.

(14) A representative of a local child care facility or Head Start program, appointed by the director of the county department of social services.

(15) A parent of a child who died before reaching the child's eighteenth birthday, to be appointed by the board of county commissioners.

(c) The chair of the Local Team may invite a maximum of five additional individuals to participate on the Local Team on an ad hoc basis for a specific review if the chair believes the individual's subject matter expertise or position within an organization will enhance the ability of the Local Team to conduct an effective review. The chair may select ad hoc members from outside of the county or counties served by the Local Team. As a condition of participating in a specific review, each ad hoc member is required to sign the same confidentiality statement signed by a Local Team member and is subject to the provisions of G.S. 7B-1413.

(d) One or more members of the State Office staff may serve as an ex officio member of any Local Team. Vacancies on a Local Team shall be filled by the original appointing authority.

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

(f) Each Local Team shall meet as frequently as necessary to fulfill the requirements imposed by this Article, but no less than twice per year.

(g) The chair of each Local Team shall schedule the time and place of meetings and shall prepare the agenda. Prior to presiding over a Local Team meeting, the chair shall participate in the appropriate training provided by the State Office.

§ 7B-1407.5. Review of child maltreatment deaths and deaths of children known to child protective services.

(a) In addition to any other applicable requirements of this Article, the requirements of this section apply specifically to child deaths when any of the following are true:

(1) The decedent was known to be reported as being abused or neglected under G.S. 7B-301 regardless of the disposition of such report.

(2) There was a known report involving child abuse or neglect under G.S. 7B-301 within the three-year period preceding the time of a child's death that involved the child's family regardless of the disposition of the report.

(3) The decedent or decedent's family was involved with child protective services within three years preceding a child's death.

(4) Available information indicates a possibility that child abuse or neglect, as defined in G.S. 7B-101, may be a direct or contributing cause of the child's death.

(b) The State Office shall do all of the following with respect to child death reviews that meet any of the criteria specified in subsection (a) of this section:

(1) Develop policies, procedures, and tools that address the effective reviews of this category of child deaths, based on best practices and available resources.

(2) Provide technical assistance by State Office staff to Local Teams which may include assistance with coordinating the review, information gathering, determination of necessary participants, meeting procedures and facilitation, development of recommendations, and drafting of reports.

(3) Within the limitations of State and federal law, develop an appropriate process and procedure for the creation and release of reports resulting from reviews of deaths by Local Teams under this section that address the following:

a. Findings and recommendations related to improving coordination between local and State entities with respect to child death cases that include any of the facts described in subdivisions (a)(1) through (a)(3) of this section.

b. Information disclosed pursuant to G.S. 7B-2902.

c. Information the State is required to disclose under federal law.

(4) Develop and implement a process to follow up on the implementation status of recommendations related to a particular agency and, where feasible, work to help facilitate the advancement of these recommendations.

(5) Work with the Division of Social Services, the Office of the Chief Medical Examiner, the State Center for Health Statistics, and other relevant experts and agencies to develop and implement the following:

a. A system for the State Office to identify child fatalities to be reviewed under this section.

b. A system for defining, identifying, and including in North Carolina's child fatality data information the State is required to report to the federal government about child deaths resulting from child maltreatment. This system shall include the use of Local Teams.

(6) Work with the Division of Social Services to determine the manner in which information from internal fatality reviews conducted by the Division of Social Services can appropriately inform Local Team reviews of these cases.

(7) Work with the Division of Social Services to determine the manner in which information from reviews conducted under this section can be shared with the citizen review panels established under G.S. 108A-15.20.

(c) Local Teams have the following powers and duties with respect to reviews that fall under this section:

(1) To conduct reviews that align with the policies and procedures developed by the State Office for reviews and to seek technical assistance from the State Office as necessary to conduct reviews.

(2) To conduct, as determined necessary by the Local Team, interviews of any individuals determined to have pertinent information about a death under review and to examine any written materials containing pertinent information, except that the Local Team may not (i) contact or interview family members of the decedent or (ii) conduct an interview or take any other action that would interfere with an investigation by a law enforcement agency or the duties of a district attorney.

(3) To work with the State Office to produce a report appropriate for public release pursuant to sub-subdivision (b)(3)a. of this section that addresses the findings and recommendations developed pursuant to sub-subdivision (b)(3)a. of this section related to improving coordination between local and State entities. These findings shall not be admissible as evidence in any civil or administrative proceedings against individuals or entities that participate in reviews conducted under this section. In accordance with G.S. 7B-2902, the Local Team shall consult with the appropriate district attorney prior to the public release of a report.

§ 7B-1407.6. Review of infant deaths.

The State Office shall consult with perinatal health experts as well as participants in reviews of infant deaths to develop criteria to be used by Local Teams to identify at least a subset of additional infant deaths subject to review that fall outside the categories of required reviews specified in subdivisions (1) through (9) of G.S. 7B-1406.5(c). The criteria shall take into account leading causes of infant death, including short gestation, low birthweight, and perinatal complications, and shall be updated at least biannually based on emerging information and data.

§§ 7B-1407.7 through 7B-1407.9. Reserved for future codification purposes.

§ 7B-1407.10. Team findings and reporting.

(a) For each child death reviewed, the Local Team shall make findings addressing at least the following:

(1) Significant challenges faced by the child or family, the systems with which they interacted, and the response to the incident.

(2) Notable positive elements in the case that may have promoted resiliency in the child or family, the systems with which they interacted, and the response to the incident.

(3) Recommendations and initiatives that could be implemented at the State or local level to prevent deaths from similar causes or circumstances in the future.

(4) Whether the cause or a contributing cause of the death was related to child abuse or neglect as defined by G.S. 7B-101.

(b) For each required review of a child's death pursuant to G.S. 7B-1406.5(c), information about the case, including circumstances surrounding the death as well as the Local Team's findings, shall be entered into the National Fatality Review Case Reporting System (NFR-CRS) pursuant to G.S. 7B-1413.5. Local Teams shall make every effort to gather and report information that is collected through any applicable data field in the NFR-CRS, unless State Office guidelines direct otherwise.

(c) For each permissive review of a child's death pursuant to G.S. 7B-1406.5(d), the Local Team may, but is not required to, enter case review information into the NFR-CRS.

(d) Local Teams shall annually submit a report to the board of county commissioners that includes recommendations, if any, for systemic improvements and needed resources to address identified gaps and deficiencies in the existing system. Local Teams shall simultaneously provide a copy of this report to the State Office.

§ 7B-1407.15. Duties of medical examiner child fatality staff.

(a) Medical examiner child fatality staff shall work collaboratively with the State Office and Local Teams to carry out the purposes of the Child Fatality Prevention System and are required to do at least all of the following:

(1) Provide Local Teams with access to completed medical examiner reports for purposes of review.

(2) Enter relevant information from medical examiner reports on specific child deaths into the National Fatality Review Case Reporting System.

(3) Respond to State Office or Task Force requests for data or reports related to aggregate information on medical jurisdiction child deaths tracked by the Office of the Chief Medical Examiner.

(4) Serve as subject matter experts and offer training to law enforcement personnel related to child death scene investigation and reporting.

(b) Nothing in this Article shall be construed to limit the role or responsibilities of medical examiner child fatality staff as assigned by the Chief Medical Examiner.

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§ 7B-1410. Duties of the director of the local department of health; director of the county department of social services; or consolidated health and human services director for counties with consolidated human services.

(a) In addition to any other duties as a member of the Local Team, the director of the local department of health shall do the following:

(1a) Serve along with the Local Team chair as a liaison between the State Office and the Local Team to communicate information.

(2) Maintain records, including minutes of all official meetings, lists of participants for each meeting of the Local Team, and signed confidentiality statements required under G.S. 7B-1413, in compliance with applicable rules and law.

(3) Provide staff support for reviews.

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

(b) In addition to any other duties as a member of the Local Team, the director of the local department of social services shall do the following:

(1) Serve along with the Local Team chair as a liaison between the State Office and the Local Team to communicate information with respect to cases reviewed under G.S. 7B-1406.5(e) or G.S. 7B-1407.5.

(2) Provide staff support for cases reviewed under G.S. 7B-1406.5(e) or G.S. 7B-1407.5.

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

(4) Determine whether and when to request the Local Team or a citizen review panel to review an active child protective services case pursuant to G.S. 7B-1406.5(e) and G.S. 108A-15.20.

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§ 7B-1412. Task Force – reports.

Within the first week of the convening or reconvening of the General Assembly, the Task Force shall report annually to the Governor, the General Assembly, the Secretary of Health and Human Services, and the Chairs of the House and Senate Appropriations Committees on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Justice and Public Safety, and the Joint Legislative Education Oversight Committee. The report shall contain at least all of the following:

(1) A summary of the conclusions and recommendations for each of the Task Force's duties.

(2) A summary of activities and functioning of the Child Fatality Prevention System as a whole.

(3) Any other recommendations for changes to any law, rule, or policy, or for the implementation of evidence-driven prevention strategies that it has determined will promote the safety and well-being of children. Any recommendations of changes to law, rule, or policy shall be accompanied by specific legislative or policy proposals. The Task Force may request assistance from the Fiscal Research Division of the General Assembly in developing fiscal notes or other fiscal information to accompany these recommendations.

"§ 7B-1413. Access to records.

(a) The Local Teams, the Task Force, and the State Office staff providing to Local Teams technical assistance with a review shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency the Local Teams, the Task Force, or the State Office deems necessary to carry out the purposes of this Article, including police investigations data, medical examiner investigative data, health records, mental health records, and social services records. Access to records granted by this subsection is subject to and limited by all relevant federal and State laws whenever applicable. The State Team, the Task Force, and the Local Teams Teams, and the State Office staff shall not, as part of the reviews authorized under this Article, contact, question, or interview the child, the parent of the child, or any other family member of the child whose record is being reviewed. Any member of a Local Team may share, only in an official meeting of that Local Team, any information available to that member that the Local Team needs to carry out its duties.

(a1) If a Local Team, the Task Force, or the State Office has requested information that it is entitled to receive under this Article and it has not received such information within 30 days after the request, the requesting entity may apply for a court order to compel disclosure of the information. The application shall state the factors supporting the need for an order compelling disclosure. The requesting entity shall file the application in the district court of the county where the review is being conducted, and the court shall have jurisdiction to issue any orders compelling disclosure. The district courts shall schedule any actions brought under this section for immediate hearing, and the appellate courts shall give priority to appeal proceedings in these actions.

(b) Meetings of the Local Teams are not subject to the provisions of Article 33C of Chapter 143 of the General Statutes. However, the Local Teams may hold periodic public meetings to discuss, in a general manner not revealing confidential information about children and families, the findings of their reviews and their recommendations for preventive actions. In the case of the death of a child from suspected abuse or neglect and pursuant to federal law, Local Teams may make certain information public according to G.S. 7B-1407.5(b)(3). Minutes of all public meetings, excluding those of executive sessions, shall be kept in compliance with Article 33C of Chapter 143 of the General Statutes. Any minutes or any other information generated during any closed session shall be sealed from public inspection.

(c) All information and records otherwise confidential under federal or State law that are acquired or created by the Local Teams, the Task Force, and the State Office in the exercise of their duties are confidential; are not public records as defined by G.S. 132-1; are not subject to discovery or introduction into evidence in any proceedings; and may only be disclosed as necessary to carry out the purposes of the Local Teams, the Task Force, and the State Office, or as otherwise required by law. No member of a Local Team, nor any person who attends a meeting of a Local Team, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed by the person as a result of the meetings. This subsection shall not, however, prohibit a person from testifying in a civil or criminal action about matters within that person's independent knowledge. Notwithstanding the provisions of this subsection, citizen

review panels shall have access to information related to child deaths and child death reviews or reviews of active child protective services cases conducted under this Article, when such information is relevant to citizen review panel purposes connected to evaluating the provision of child protective services.

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

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

(f)The Social Services Commission shall adopt rules to implement this section in connection with reviews conducted under G.S. 7B-1407.5. The Commission for Public Health shall adopt rules to implement this section in connection with Local Teams. In particular, these rules shall allow information generated by an executive session of a Local Team to be accessible for administrative or research purposes only.

§ 7B-1413.5. Participation in the National Fatality Review Case Reporting System.

(a)Local Teams, the State Office, and medical examiner child fatality staff shall utilizethe National Fatality Review Case Reporting System (NFR-CRS) for the purpose of collecting, analyzing, and reporting on information learned through child death reviews in a manner consistent with this Article. Use of other data systems in addition to the use of the NFR-CRS is not prohibited so long as the use of other data systems does not conflict with this Article or other applicable laws.

(b)The State Office shall provide the necessary coordination, training, management, and technical assistance to support North Carolina's full and effective participation in the NFR-CRS and shall work with Local Teams and the national administrators of the NFR-CRS to help ensure effective and appropriate use of the system.

(c)The State Office shall provide policies, guidelines, and training for Local Teams that address the use of the NFR-CRS, including (i) appropriate information protection and sharing consistent with applicable State and federal laws, (ii) who is authorized to access the NFR-CRS, and (iii) requirements for accessing the NFR-CRS.

§ 7B-1414. Administration; funding.

(a)To the extent of funds available, available and consistent with G.S. 7B-1402.5(c)(3),the chairs of the Task Force shall work with the Secretary of the Department of Health and Human Services to hire or designate staff or consultants to assist the Task Force and the State Team its committees in completing their duties.

(b) Nonlegislative members, staff, and consultants of the Task Force shall receive travel and subsistence expenses in accordance with the provisions of G.S. 138-5 or G.S. 138-6, as

appropriate. Legislative members of the Task Force shall receive travel and subsistence expenses in accordance with the provisions of G.S. 120-3.1.

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

SECTION 9H.15.(g) G.S. 7B-2902 reads as rewritten:

§ 7B-2902. Disclosure in child fatality or near fatality cases.

(a)The following definitions apply in this section:

...

(2) Findings and information. – A written summary, as allowed by subsections(c)through (f) of this section, of actions taken or services rendered by a public agency following receipt of information that a child might be in need of protection. The written summary shall include any of the following information the agency is able to provide:

a. The dates, outcomes, and results of any actions taken or services rendered.

b. The results of any review by a local child fatality review team or any public agency.

c. Confirmation of the receipt of all reports, accepted or not accepted by the county department of social services, for investigation of suspected child abuse, neglect, or maltreatment, including confirmation that investigations were conducted, the results of the investigations, a description of the conduct of the most recent investigation and the services rendered, and a statement of basis for the department's decision.

...

(f) Access to criminal investigative reports and criminal intelligence information of public law enforcement agencies and confidential information in the possession of the local teams, and the Child Fatality Task Force, shall be governed by G.S. 132-1.4 and G.S. 7B-1413 respectively. Nothing herein shall be deemed to require the disclosure or release of any information in the possession of a district attorney.

...."

SECTION 9H.15.(h) Effective January 1, 2025, G.S. 7B-1404, 7B-1405, 7B-1406, 7B-1408, 7B-1409, 7B-1411, and 143B-150.20 are repealed.

SECTION 9H.15.(i) G.S. 7B-1413.5, as enacted by subsection (f) of this section, becomes effective July 1, 2025.

ESTABLISHMENT OF NORTH CAROLINA CITIZEN REVIEW PANELS

SECTION 9H.15.(j) Part 2B of Article 1 of Chapter 108A of the General Statutes is amended by adding a new section to read:

§ 108A-15.20. Citizen review panels.

(a) The Department of Health and Human Services, Division of Social Services, shallensure the existence of, at a minimum, three citizen review panels (panels) pursuant to requirements set forth in the federal Child Abuse Prevention and Treatment Act (CAPTA), under sections 106(b)(2)(A)(x) and (c) of 42 U.S.C. § 5101 et seq., as amended. The panels shall be operated and managed by a qualified organization that is independent from any State or county department of social services. The Division of Social Services shall assist any organization managing a panel with providing information, reports, and support the panel needs in carrying out its duties pursuant to this section.

(b)Panels shall consist of volunteer members who broadly represent the community in which the panel is established, including members who have expertise in the prevention and treatment of child abuse and neglect, and may include adult former victims of child abuse or neglect.

(c) Each panel shall evaluate the extent to which the State is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act State Plan by examining the policies, procedures, and practices of State and local child protection agencies, and, when appropriate, reviewing specific cases. A panel may examine any other criteria the panel considers important to ensure the protection of children, including, but not limited to, any of the following:

(1) The extent to which the State and local child protective services system is coordinated with the Title IV-E foster care and adoption assistance programs of the Social Security Act.

(2)A review of child fatalities.

(3)A review of near fatalities in this State. For purposes of this subdivision, a "near fatality" is an act that, as certified by a physician, places the child in serious or critical condition.

(d) A panel choosing to examine child fatalities may utilize information and reports about reviews of child fatalities that take place pursuant to Article 14 of Chapter 7B of the General Statutes. The State Office of Child Fatality Prevention or Local Teams, as both are described under G.S. 143B-150.25, acting under that Article shall provide to the panel aggregate information about child death reviews or information about individual case reviews, as requested by the panel. A panel choosing to examine specific child protective services cases may do so based on a request for review of a case from a director of a county department of social services or as deemed necessary by the panel in carrying out its duties.

(e) Panels shall have access to information maintained by any State or local government entity where the panel has a need for the information to carry out its functions pursuant to

this section. Panel members shall not disclose to any person or government official any identifying information about any specific child protection case in which the panel is provided information and shall not make public other information unless otherwise authorized by law.

(f) Panels shall provide for public outreach and comment to assess the impact of current procedures and practices on children and families.

(g)Panels shall prepare and make available to the State and the public an annual report containing a summary of the activities of the panels and recommendations to improve the child protection services system at the State and local levels. The report shall not contain any identifying information about any specific child protection case. No later than six months after the date the panels submit the report, the Division of Social Services shall submit a written response to State and local child protection systems and the citizen review panels that describes whether or how the State will incorporate the recommendations of the panels, when appropriate, to make measurable progress in improving the State and local child protection system."

SECTION 9H.15.(k) Subsection (j) of this section becomes effective January 1,2025.

EFFECTIVE DATE OF SECTION

SECTION 9H.15.(l) Except as otherwise provided, this section is effective when it becomes law.