

## Information for Local CCPTs & CFPTs on

**WHAT is the specific legislation that makes the changes?** These changes became law via the 2023 Appropriations Act [Section 9H.15. of Session Law 2023-134]

**WHY are changes being made?** NCDHHS is committed to preventing child fatalities in our state. The new legislation generally addresses recommendations that were made by the North Carolina Child Fatality Task Force with the goal of strengthening the Child Fatality Prevention System.

**WHEN will the changes take place?** The changes impacting local teams are intended to become effective January 2025 or July 2025 (explained in more detail below).

*\*\*Note that there was a technical error in the 2023 Appropriations Act making some of the changes effective earlier, in October of 2023, and the error created contradictions in the laws that would make implementation on this timeline impossible. DHHS is seeking a technical correction in legislation to resolve this error. The dates shared in this document are the intended dates from the original CFP legislation (HB 862) that would be applicable through an anticipated technical correction.*

**HOW does the legislation change local team operations and responsibilities?** An outline detailing the primary changes affecting local teams is provided below. **Keep in mind that planning some aspects of implementation are still in process.** Teams will receive information in the future that provides more detail and guidance about the following changes.

**There will be a new State Office of Child Fatality Prevention** (State Office) at the Division of Public Health/ DHHS with a team of staff whose primary role is to provide training, tools, resources, and technical assistance to help local review teams do their work effectively. This State Office also has a role with data tracking and analysis as well as compiling aggregate information. DHHS is currently working to stand up this new office.

**Instead of having both CCPTs AND CFPTs, there will be ONE “local team”** with nearly the same membership as current CFPTs. Teams have the option to be a single-county team or form a multi-county team with one or more other counties. Teams will continue to submit any recommendations annually to their Board of County Commissioners. **These changes are intended to take place January 1, 2025.**

**This new unified local team will not be required to review all child deaths. Instead, these teams will be required to review the following categories of deaths:** undetermined, unintentional injury, violence, motor vehicle, child abuse or neglect/CPS involvement, sudden and unexpected infant deaths, suicide, deaths not expected in next six months, and a subset of additional infant deaths that do not fall within these categories. Teams have the option to review more than these required categories, but are only required to *report* on deaths within the required categories. **This change is intended to take place January 1, 2025.**

**Local Teams will continue to have the ability to request records** necessary to carry out the purposes of reviews. Restrictions on contacting parents and other family members remain and these individuals may not be contacted or interviewed as part of the fatality review. The legislation does give the requesting agency the ability to apply for a court order if requested records have not been received within 30 days of a request.

**Starting July 1, 2025, information from required reviews will be collected via use of a national data system.** Information from child death reviews (including team recommendations) will be collected via use of the National Fatality Review Case Reporting System (NFR-CRS) as required by § 7B-1413.5 which is designed specifically for this purpose and used by 48 other states. Specifically:

- **Assistance and training:** The State Office will train teams on use of this system and provide technical assistance to help teams to use the system once they're trained.
- **Data entry:** While the NFR-CRS has many variables based on best practice that can be tracked, teams will initially be asked to focus on a much smaller subset of "priority" variables.
- **Data analysis, reporting, and follow-up:** This system will allow local teams to analyze their data from reviews, generate reports on that data, and use that information to inform local prevention efforts. Per the legislation, aggregate information from this system, including findings and recommendations from local teams, will also be analyzed by the State Office to generate aggregate, de-identified reports, which would be released to appropriate entities for implementation, including to the Child Fatality Task Force, who utilizes that information to develop recommendations for changes in law and policy that are submitted to the governor, the General Assembly, the Secretary of Health and Human Services, and the chairs of various legislative committees.
- **Data agreements and security:** DHHS is currently evaluating data use agreements that are required for use of the system and is engaging in a data privacy analysis to ensure appropriate protection of information.

**Review of fatalities related to child maltreatment and/or where there was CPS involvement have specific procedures that will require technical support from DHHS and the State Office.** Additional details of these processes are currently being developed. **These changes are intended to take place January 1, 2025.**

**There is some additional funding for local teams.** The NCGA appropriated \$189,000 of recurring funding to support local teams, with DHHS to determine distribution of those funds beginning July 2024.

**The duties of the local DSS director and the local health director are largely the same** as current statutory roles, with local DSS still providing support for the review of fatalities that involve child maltreatment or those with CPS involvement (like CCPTs), and local health departments still providing support for reviews of other types of fatalities (like CFPTs). The DSS director still reports on team activities to the county board of social services; the local health director still reports on team activities to the local board of health.

**Citizen Review Panel (CRP) functions will be restructured** as currently the 100 county CCPTs serve as the federally required Citizen Review Panel. The CFP legislation sets out requirements for CRPs that will lead NC DSS to create panels to meet federal requirements, with at least 3 CRPs who are to evaluate the work of local and state child protection agencies. A new CRP structure has not yet been finalized. **This change is effective January 1, 2025.**

**Local Teams will no longer be required to review active CPS (non-fatality) cases as CCPTs have been doing;** review of these cases becomes optional in collaboration with local DSS directors. **This change is intended to take place January 1, 2025.**

As we work through the implementation of a new child fatality prevention system in North Carolina, be assured that, as part of NCDHHS' commitment to preventing child deaths, our team is dedicated to working with our local partners to optimize the child fatality review system.