

**Implementation of Legislative Changes to
Strengthen the Child Fatality Prevention System**

Session Law 2023-134, Section 9H.15.(e)



**Report to the
Joint Legislative Oversight Committee on
Health and Human Services
and
Fiscal Research Division
by
North Carolina
Department of Health and Human Services**

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1. Background

Session Law 2023-134, Section 9H.15 directed the North Carolina Department of Health and Human Services (NCDHHS) to create a new State Office of Child Fatality Prevention in order to strengthen the state's Child Fatality Review System for preventing child fatalities and maltreatment. Along with the creation of a new state office, the legislation lays out a broad restructuring of child fatality review systems statewide, with the goal of streamlining processes, preventing child deaths, and promoting child well-being. The key components from this legislation that affirms the state's shared vision and commitment in North Carolina include the following:

- Creates a new Office of Child Fatality Prevention within NCDHHS' Division of Public Health. Five new positions were created to perform the following roles within the restructured Child Fatality Prevention System:
 - Coordinate the work of the statewide Child Fatality Prevention System.
 - 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.
 - Create and implement tools, guidelines, resources, and training and provide technical assistance to Local Teams to enable them to:
 - Conduct effective reviews which are tailored to the type of death being reviewed.
 - Make effective recommendations about child fatality prevention.
 - Gather, analyze, and appropriately report on case data and findings, while protecting confidentiality.
 - Facilitate the implementation of prevention strategies in their communities.
 - Work with the North Carolina Division of Social Services, North Carolina Office of the Chief Medical Examiner's 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.
 - 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.
 - Collaborate 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.
 - Educate State and local leaders, including the members and staff of the North Carolina General Assembly, executive branch 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.
 - 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.

- Create and implement processes for evaluating the ability of the Child Fatality Prevention System to achieve outcomes 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.
- Consider opportunities to seek and administer grant and other non-State funding sources to support State or local Child Fatality Prevention System efforts.
- Develop guidance to inform local decisions about the formation and implementation of single versus multicounty Local Teams.
- Consolidates teams across the state to focus on streamlined local-level reviews
 - The current system structure includes two types of local review teams in every county plus two types of state review teams – more than 200 teams. This includes local Child Fatality Prevention Teams (local CFPT), local Community Child Protection Teams (local CCPT), a State Child Fatality Review Team, and a State Child Fatality Prevention Team.
 - The new legislation merges current Community Child Protection Teams and Child Fatality Prevention Teams in each county to form a single, unified Local Team, with the option to be a single-county team or a multi-county team. It also eliminates the two state review teams currently conducting state-level reviews with support from NCDHHS.
- Amends the requirements related to deaths requiring review. Teams are required to review all deaths in the following categories: 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. Teams are also required to review a subset of infant deaths that do not fall within these categories according to criteria set by the new state office.
- Restructure the System of Review and Support for Maltreatment-Related Deaths
 - The legislation assigns responsibility to the North Carolina Division of Social Services to restructure Citizen Review Panels. The federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106) requires each state to maintain a minimum of three Citizen Review Panels to provide systems-level monitoring and recommendations related to child welfare practice. Historically, North Carolina has met this requirement through its 100 Community Child Protection Teams (CCPT), which operate in each county. Under the new legislation, North Carolina can restructure its Citizen Review Panels into a statewide or regional approach that can better meet the oversight and recommendation role intended for the Citizen Review Panels. The panels must be operated and managed by a qualified organization that is independent from any State or county department of social services. The specific structure of the new Citizen Review Panels can be determined by NC DSS in partnership with this external managing entity, as long as the new structure meets the federal requirement to maintain a minimum of three panels.
 - The legislation also eliminates DSS-led intensive reviews focusing on one Local Team review and expands the review of child maltreatment deaths and deaths of children known to child protective services. The legislation outlines a structure in

which the new State Office oversees state coordination maltreatment-involved child deaths.

- Enters North Carolina into the National Fatality Review- Case Reporting System (NFR-CRS)
 - NFR-CRS is operated and maintained by The National Center for Fatality Review and Prevention (The National Center). The National Center makes the system available for free with appropriate legal agreements in place and is currently in use, in some capacity, in 48 states.
 - Local Teams, the State Office, and Medical Examiner child fatality staff are required to utilize NFC-CRS for the purpose of collecting, analyzing, and reporting on information learned through child death reviews.

2. Status Update

In accordance with SL 2023-134, Section 9H.15.(e), NCDHHS is submitting this report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the progress being made to implement the law and to strengthen the state’s Child Fatality Prevention System. The table below provides a summary of the progress to date as well as the remaining key tasks for each of the main objectives in SL 2023-134.

The required changes are the largest in the history of our Child Fatality Prevention System. And ensuring these changes are implemented correctly is critical to the safety of North Carolina’s children. A significant amount of work has been done since SL 2023-134 was signed into law in October 2023. NCDHHS recognizes the importance of this work and is working to complete all legislatively mandated tasks expeditiously, while also allocating the necessary time to ensure that North Carolina is adequately prepared for this restructuring of our child fatality prevention system. NCDHHS is committed to working quickly and efficiently, but also taking the time necessary to fulfill the objectives of this legislation:

- implementing centralized coordination of the system,
- streamlining the system's State-level support functions,
- maximizing the use of data,
- ensuring that relevant and appropriate information and recommendations from Local Teams reach the appropriate local and State leaders.

The table below outlines the work completed thus far and the remaining tasks to be implemented.

Requirement	Progress to Date	Remaining Key Tasks	Legislative Due Date
<p>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.</p>	<ul style="list-style-type: none"> • Developed organization structure for new State Office • Mapped out roles and responsibilities and developed job descriptions • Established all new positions • Established and posted Director position for recruitment • Reviewed candidates and began scheduling interviews for Director position • Created plan to move existing position to new State Office • Determined best practices for maltreatment-involved death reviews • Consulted local stakeholders on local process 	<ul style="list-style-type: none"> • Complete recruitment and hiring process for all new State Office positions, including Director • Incorporate the Regional Support Model for technical assistance and support for local teams for child maltreatment and DSS-involved death reviews. • Develop tools, guidelines, and training for local teams • Develop policies and procedures regarding local reviews 	<p>1/1/2025</p>
<p>Appropriate funds to Local Teams</p>	<ul style="list-style-type: none"> • Identified appropriate vehicle(s) to allocate funding • Developed funding allocation formula, engaging the NC Association of Local Health Directors for input. • Drafted scope of work for agreement and processing Agreement Addendum 	<ul style="list-style-type: none"> • Finalize funding allocation formula • Finalize new Agreement Addendum for LHDs with appropriate budget allocated for each county 	<p>1/1/2025</p>

Requirement	Progress to Date	Remaining Key Tasks	Legislative Due Date
<p>Ensure the existence of at least three Citizen Review Panels pursuant to requirements set forth in CAPTA that are operated and managed by a qualified organization that is independent from any State or county Department of Social Services</p>	<ul style="list-style-type: none"> • Analyzed previous recommendations • Developed approach to conduct solicitation for third party to manage creation and operation of multiple Citizen Review Panels • Submitted proposed RFA 	<ul style="list-style-type: none"> • Conduct solicitation for third party to manage creation and operation of multiple Citizen Review Panels • Evaluate solicitation responses and select best value third party • Onboard awarded third party to design new Citizen Review Panel structure • Implement new Citizen Review Panel structure, according to third party design 	<p>1/1/2025</p>
<p>Execute any contractual agreements and interagency data sharing agreements necessary for participation in the NFR-CRS, as required in G.S. 7B-1413.5</p>	<ul style="list-style-type: none"> • Working through legal, privacy/ security, and IT considerations as we work with National Center on requirements and agreements needed to utilize the NFR-CRS. • Determined initial fields to provide to NFR-CRS and began determining which stakeholders will enter information into NFR-CRS 	<ul style="list-style-type: none"> • Execute Data Use Agreement(s) for NFR-CRS • Finalize which stakeholder will be responsible for entering which data elements into NFR-CRS • Finalize and execute applicable contractual agreements and interagency data sharing agreements at State and local level 	<p>1/1/2025</p>

Requirement	Progress to Date	Remaining Key Tasks	Legislative Due Date
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	<ul style="list-style-type: none"> • Determined priority NFR-CRS fields to be prioritized for data entry • Began creating data entry workflow for NFR-CRS between multiple responsible parties 	<ul style="list-style-type: none"> • Develop and deliver guidance and training to prepare local teams to begin using NFR-CRS • Identify and provide appropriate access to identified users that will need to interact with NFR-CRS 	7/1/2025
Local Teams transition to Single Team structure and state teams cease operating	<ul style="list-style-type: none"> • Developed DHHS workgroups to address the considerations of system components under team and review reorganization • Released initial communication to local stakeholders regarding transitions initiated by legislation 	<ul style="list-style-type: none"> • Develop documentation and training materials to provide to Local Teams to reflect restructured teams • Develop and execute communication plan to Local Teams • Deliver training to Local Teams 	1/1/2025

3. Factors Effecting Implementation

There are multiple factors which add complexity to the process of implementing the requirements contained in SL 2023-134. NCDHHS is committed to following applicable state and federal laws, state HR, IT, and procurement requirements, and engaging the appropriate partners to remain compliant with applicable requirements and deliver optimal outcomes. Listed below are examples of these complex factors involved with large system changes required to strengthen our Child Fatality Prevention System.

1. Filling the new positions in the State Office of Child Fatality Prevention requires NCDHHS to follow the State’s process to create and gain approval of new positions, and then follow the procedures to post positions and evaluate candidates. Following the established processes enables qualified candidates to be selected to fill the newly created positions.
2. In order for the State to share highly sensitive data with the National Center, NCDHHS must follow the processes established by the NC Department of Information Technology and the NCDHHS Privacy and Security Office to gain advanced approval to have State data hosted outside of the State’s infrastructure. This requires NCDHHS to collect

information from the National Center about their system's security protocols and features to enable the State to adequately assess the level of the National Center's data and privacy protection. Because of the sensitivity of the system security settings and safeguards, the National Center requires the State to sign a Non-Disclosure Agreement before the National Center shares this information with the State. Once this information is shared, NCDHHS will review and go through the NC Department of Information Technology's Exception Request Process to gain approval to share the State's data with the National Center. Although these required steps take time, they are essential to help protect the highly sensitive data being shared with the National Center and comply with all established data and information sharing requirements.

3. The specific data that has been requested to be entered into the NFR-CRS comes from multiple elements of the Child Fatality Prevention System. This requires coordination across these elements to confirm the availability of resources at the state and county level to enter the data into the NFR-CRS. NCDHHS will then need to follow established processes to grant identified users access to the NFR-CRS and then provide them with sufficient training. Taking the time to complete appropriate change management activities will help prepare the state and county level resources to successfully participate in the NFR-CRS to help prevent future child fatalities.
4. NCDHHS is engaging with its Office of Procurement and Grants (and adhering to the state's procurement process) to establish at least three Citizen Review Panels pursuant to the federal requirements set forth in the Child Abuse Prevention and Treatment Act (CAPTA) that are operated and managed by a qualified organization that is independent from any State or county department of social services. The time it takes to develop a solicitation that captures well the State's needs, conduct a solicitation to enable organizations to submit compelling and innovative solutions, evaluate responses, and negotiate the final agreement helps NCDHHS select the best-value organization to support implementing and operating Citizen Review Panels effectively.

4. Conclusion

NCDHHS is committed to implementing a strong and effective Child Fatality Prevention System. We recognize the significant benefits that will come to our state from a new coordinated infrastructure to help support effective local teams' reviews. While a significant amount of work has been done to-date, we acknowledge there is still complex and challenging work ahead. NCDHHS remains focused on ensuring that this work is completed and that we build a lasting system that will achieve the critical goal of preventing child deaths.