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SENATE BILL DRS45379-MGa-106B

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

Sponsors: Senators Edwards and Burgin (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT ESTABLISHING A STATE OFFICE OF CHILD FATALITY PREVENTION
3 WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF
4 PUBLIC HEALTH, TO SERVE AS THE LEAD AGENCY RESPONSIBLE FOR
5 OVERSEEING COORDINATION OF STATE-LEVEL SUPPORT FUNCTIONS FOR
6 THE ENTIRE NORTH CAROLINA CHILD FATALITY PREVENTION SYSTEM AND
7 APPROPRIATING FUNDS FOR THAT PURPOSE; ESTABLISHING A TRANSITION
8 PLAN FOR SHIFTING STATE SUPPORT OF THE CHILD FATALITY PREVENTION
9 SYSTEM TO THE STATE OFFICE OF CHILD FATALITY PREVENTION; CREATING
10 AND SUPPORTING A CENTRALIZED DATA AND REPORTING SYSTEM;
11 RESTRUCTURING EXISTING CHILD DEATH REVIEW TEAMS; MAKING
12 MODIFICATIONS AND ADDITIONS TO CHILD FATALITY PREVENTION SYSTEM
13 STATUTES TO RESTRUCTURE CHILD DEATH REVIEW TEAMS, IMPLEMENT
14 PARTICIPATION IN THE NATIONAL CHILD DEATH REVIEW CASE REPORTING
15 SYSTEM, AND CLARIFY THE FUNCTIONS OF THE NORTH CAROLINA CHILD
16 FATALITY TASK FORCE; AND ESTABLISHING CITIZEN REVIEW PANELS.

17 The General Assembly of North Carolina enacts:

18

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

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

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

26 "**§ 143B-150.25. Definitions.**

27 The following definitions apply in this Article:

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

30 a. Local Teams.

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

33 c. The State Office.

34 d. Medical examiner child fatality staff.



- 1 (2) Local Team. – A multidisciplinary child death review team that is either a
2 single or multicounty team responsible for performing any type of child
3 fatality review pursuant to Article 14 of Chapter 7B of the General Statutes.
4 (3) Medical examiner child fatality staff. – Staff within the Office of the Chief
5 Medical Examiner whose primary responsibilities involve reviewing,
6 investigating, training, educating, and supporting death investigations into
7 child fatalities that fall under the jurisdiction of the medical examiner pursuant
8 to G.S 130A-383.
9 (4) State Office. – The State Office of Child Fatality Prevention established under
10 this Article.

11 **"§ 143B-150.26. Establishment and purpose of State Office.**

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

22 **"§ 143B-150.27. Powers and duties.**

23 The State Office has the following powers and duties:

- 24 (1) To coordinate the work of the statewide Child Fatality Prevention System.
25 (2) To implement and manage a centralized data and information system capable
26 of gathering, analyzing, and reporting aggregate information from child death
27 review teams with appropriate protocols for sharing information and
28 protecting confidentiality.
29 (3) To create and implement tools, guidelines, resources, and training, and
30 provide technical assistance for Local Teams to enable the teams to do the
31 following:
32 a. Conduct effective reviews tailored to the type of death being reviewed.
33 b. Make effective recommendations about child fatality prevention.
34 c. Gather, analyze, and appropriately report on case data and findings
35 while protecting confidentiality.
36 d. Facilitate the implementation of prevention strategies in their
37 communities.
38 (4) To work with medical examiner child fatality staff and the North Carolina
39 State Center for Health Statistics to provide Local Teams initial information
40 about child deaths in their respective counties.
41 (5) To convene and facilitate a multidisciplinary data and reporting group for the
42 purpose of examining nonidentifying aggregate data and information resulting
43 from fatality reviews that is gathered by the State Office to advise the State
44 Office on reports to be produced by the State Office and what entities should
45 receive the reports.
46 (6) To perform research, consult with stakeholders and experts, and collaborate
47 with other organizations and individuals for the purpose of understanding the
48 direct and contributing causes of child deaths as well as evidence-driven
49 strategies, programs, and policies to prevent child deaths, abuse, and neglect
50 in order to inform the work of the Child Fatality Prevention System or as
51 requested by the Child Fatality Task Force.

- 1 (7) To educate State and local leaders, including the General Assembly, executive
 2 department heads, as well as stakeholders, advocates, and the public about the
 3 Child Fatality Prevention System and issues and prevention strategies
 4 addressed by the system.
- 5 (8) To collaborate with State and local agencies, nonprofit organizations,
 6 academia, advocacy organizations, and others to facilitate the implementation
 7 of evidence-driven initiatives to prevent child abuse, neglect, and death, such
 8 as education and awareness initiatives.
- 9 (9) To create and implement processes for evaluating the ability of the Child
 10 Fatality Prevention System to achieve outcomes sought to be accomplished
 11 by the system and to report to the Child Fatality Task Force on these
 12 evaluations and on statewide functioning of the Child Fatality Prevention
 13 System.
- 14 (10) To consider opportunities to seek and administer grant and other non-State
 15 funding sources to support State or local Child Fatality Prevention System
 16 efforts.
- 17 (11) To develop guidance to inform local decisions about the formation and
 18 implementation of single versus multicounty Local Teams. The guidance must
 19 include a model agreement to be used between or among counties that agree
 20 to be part of a multicounty Local Team."

21 **SECTION 1.1.(b)** There is appropriated from the General Fund to the Department
 22 of Health and Human Services, Division of Public Health, the sum of three hundred eighty-nine
 23 thousand nine hundred ninety-eight dollars (\$389,998) in recurring funds for the 2021-2022 fiscal
 24 year and the sum of five hundred fifty-one thousand eight hundred sixty-one dollars (\$551,861)
 25 in recurring funds for the 2022-2023 fiscal year to establish and operate the State Office of Child
 26 Fatality Prevention (State Office) established under Part 4C of Article 3 of Chapter 143B of the
 27 General Statutes, as enacted by this section. The Department of Health and Human Services shall
 28 not use funds appropriated in this subsection for any purpose other than the purpose specified in
 29 this subsection.

30 **SECTION 1.1.(c)** Subsection (b) of this section becomes effective July 1, 2021.

31
 32 **PART II. TRANSITION PLAN FOR SHIFTING STATE SUPPORT OF THE CHILD**
 33 **FATALITY PREVENTION SYSTEM TO THE STATE OFFICE, CREATING AND**
 34 **SUPPORTING A CENTRALIZED DATA AND REPORTING SYSTEM, AND**
 35 **RESTRUCTURING EXISTING CHILD DEATH REVIEW TEAMS**

36 **SECTION 2.1.** It is the intent of the General Assembly to restructure North
 37 Carolina's Child Fatality Prevention System in order to eliminate the silos and redundancy that
 38 exist within the current system, implement centralized coordination of the system, streamline the
 39 system's State-level support functions, maximize the usefulness of data and information derived
 40 from teams that review child fatalities, ensure that relevant and appropriate information and
 41 recommendations from teams that review child fatalities reach appropriate local and State
 42 leaders, and strengthen the system's effectiveness in preventing child abuse, neglect, and death.
 43 Creation and implementation of a State Office of Child Fatality Prevention is a critical element
 44 of this restructuring that must be put in place to facilitate a transition to the restructuring and
 45 support of Local Teams and participation in the National Child Death Review Case Reporting
 46 System. To that end, the Department of Health and Human Services is directed to accomplish the
 47 following:

- 48 (1) Not later than July 1, 2022, the Department shall have management staff in
 49 place at the State Office of Child Fatality Prevention. The management staff
 50 shall work with the Department to take the necessary steps toward fully
 51 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 Part III of this act. 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, 2023, 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 Part III of this act.

b. That any contractual agreements and interagency data sharing agreements necessary for participation in the National Child Death Review Case Reporting System, as required in G.S. 7B-1413.5, have been executed.

(3) Not later than July 1, 2023, 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 National Child Death Review Case Reporting System (NCDR-CRS), and Local Teams shall begin utilizing the System for case reporting as specified in G.S. 7B-1413.5.

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

SECTION 3.1.(a) 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 ~~consisting of the State Team established in G.S. 7B-1404 and the Local Teams established in G.S. 7B-1406.~~ system. The purpose of the system is to assess the records of ~~selected cases in which children are being served by child protective services and the records of all deaths of children~~ child deaths in North Carolina from birth to age 18 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, ~~and~~ (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

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

3 **"§ 7B-1401. Definitions.**

4 The following definitions apply in this Article:

- 5 (1) ~~Additional Child Fatality. — Any death of a child that did not result from~~
6 ~~suspected abuse or neglect and about which no report of abuse or neglect had~~
7 ~~been made to the county department of social services within the previous 12~~
8 ~~months.~~
- 9 (1a) Child Fatality Prevention System. — The statewide system comprised of the
10 following:
- 11 a. Local Teams.
12 b. The North Carolina Child Fatality Task Force as established in this
13 Article.
14 c. The State Office.
15 d. Medical examiner child fatality staff.
- 16 (2) ~~Local Team. — A Community Child Protection Team or a Child Fatality~~
17 ~~Prevention Team. A multidisciplinary child death review team that is either a~~
18 ~~single or multicounty team responsible for performing any type of review~~
19 ~~pursuant to this Article.~~
- 20 (2a) Medical examiner child fatality staff. — Staff within the Office of the Chief
21 Medical Examiner whose primary responsibilities involve reviewing,
22 investigating, training, educating, and supporting death investigations into
23 child fatalities that fall under the jurisdiction of the medical examiner pursuant
24 to G.S 130A-383.
- 25 (2b) National Child Death Review Case Reporting System or NCDR-CRS. — The
26 web-based system used by a majority of states to provide child death review
27 teams with a simple method for capturing, analyzing, and reporting on the full
28 set of information shared at a child death or serious injury review.
- 29 (2c) State Office. — The State Office of Child Fatality Prevention established under
30 Part 4C of Article 3 of Chapter 143B of the General Statutes.
- 31 (3) ~~State Team. — The North Carolina Child Fatality Prevention Team.~~
32 (4) ~~Task Force. — The North Carolina Child Fatality Task Force.~~
33 (5) ~~Team Coordinator. — The Child Fatality Prevention Team Coordinator.~~

34 **"§ 7B-1402. Task Force – creation; membership; vacancies.**

35 ...
36 (c) All members of the Task Force are voting members. Vacancies in the appointed
37 membership shall be filled by the appointing officer who made the initial appointment. Terms
38 shall be two years. ~~The members shall elect a chair who shall preside for the duration of the~~
39 ~~chair's term as member. In the event a vacancy occurs in the chair before the expiration of the~~
40 ~~chair's term, the members shall elect an acting chair to serve for the remainder of the unexpired~~
41 ~~term.~~

42 **"§ 7B-1402.5. Task Force – organization; committees, leadership, policies and procedures;**
43 **public meetings.**

- 44 (a) Committees. — The Task Force shall carry out its duties through the work of the
45 following three committees:
- 46 (1) A Perinatal Health Committee to address healthy pregnancies, births, and
47 infants.
- 48 (2) An Unintentional Death Prevention Committee to address the prevention of
49 deaths resulting from unintentional causes such as motor vehicle or bicycle
50 accidents, poisoning, burning, or drowning.

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

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

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

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

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

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

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

27 b. Serve as a representative of the Task Force.

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

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

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

37 (1) The Task Force study process.

38 (2) Nominations for leadership positions.

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

41 (4) Conflicts of interest.

42 **"§ 7B-1403. Task Force – duties.**

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

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

50 a. Aggregate information from child death reviews compiled by the State
 51 Office addressing data on child deaths, the identification of systemic

1 problems, and Local Team recommendations for prevention strategies
 2 or changes in law or policy.

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

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

8 (2) ~~Develop a system for multidisciplinary review of child deaths. In developing~~
 9 ~~such a system, the Task Force shall study the operation of existing Local~~
 10 ~~Teams. The Task Force shall also consider the feasibility and desirability of~~
 11 ~~local or regional review teams and, should it determine such teams to be~~
 12 ~~feasible and desirable, develop guidelines for the operation of the teams. The~~
 13 ~~Task Force shall also examine the laws, rules, and policies relating to~~
 14 ~~confidentiality of and access to information that affect those agencies with~~
 15 ~~responsibilities for children, including State and local health, mental health,~~
 16 ~~social services, education, and law enforcement agencies, to determine~~
 17 ~~whether those laws, rules, and policies inappropriately impede the exchange~~
 18 ~~of information necessary to protect children from preventable deaths, and, if~~
 19 ~~so, recommend changes to them;Advise the State Office of Child Fatality~~
 20 ~~Prevention with respect to the operation of an effective statewide system for~~
 21 ~~multidisciplinary review of child deaths and the implementation of~~
 22 ~~evidence-driven strategies to prevent child deaths, abuse, and neglect.~~

23 (3) ~~Receive and consider reports from the State Team; andOffice addressing~~
 24 ~~aggregate data, information, findings and recommendations resulting from~~
 25 ~~Local Team reviews of child deaths, the functioning of any aspect of the~~
 26 ~~statewide Child Fatality Prevention System; and any other type of report the~~
 27 ~~Task Force deems relevant to carrying out its duties under this Article.~~

28 (4) Develop recommendations for changes in law, policy, rules, or the
 29 implementation of evidence-driven prevention strategies to be included in the
 30 annual report required by G.S. 7B-1412.

31 (5) Perform any other studies, evaluations, or determinations the Task Force
 32 considers necessary to carry out its mandate.

33 ~~"§ 7B-1404. State Team creation; membership; vacancies.~~

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

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

38 ~~(1) The Chief Medical Examiner, who shall chair the State Team;~~

39 ~~(2) The Attorney General;~~

40 ~~(3) The Director of the Division of Social Services, Department of Health and~~
 41 ~~Human Services;~~

42 ~~(4) The Director of the State Bureau of Investigation;~~

43 ~~(5) The Director of the Division of Maternal and Child Health of the Department~~
 44 ~~of Health and Human Services;~~

45 ~~(6) The Superintendent of Public Instruction;~~

46 ~~(7) The Director of the Division of Mental Health, Developmental Disabilities,~~
 47 ~~and Substance Abuse Services, Department of Health and Human Services;~~

48 ~~(8) The Director of the Administrative Office of the Courts;~~

49 ~~(9) The pediatrician appointed pursuant to G.S. 7B-1402(b) to the Task Force;~~

50 ~~(10) A public member, appointed by the Governor; and~~

51 ~~(11) The Team Coordinator.~~

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

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

~~"§ 7B-1405. State Team duties.~~

~~The State Team shall:~~

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

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

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

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

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

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

- ~~(1) Review the records of all cases of additional child fatalities.~~
- ~~(2) Submit annually to the board of county commissioners recommendations, if any, and advocate for system improvements and needed resources where gaps and deficiencies may exist.~~
- ~~(3) Report findings in connection with these reviews to the Team Coordinator.~~

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

"§ 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.

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

5 **"§ 7B-1407. Local Teams; ~~composition.~~composition and leadership.**

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

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

- 11 (1) The director of the county department of social services or the director of the
12 consolidated human services agency and a member of the director's ~~staff;~~staff.
- 13 (2) A local law enforcement officer, appointed by the board of county
14 ~~commissioners;~~commissioners.
- 15 (3) An attorney from the district attorney's office, appointed by the district
16 ~~attorney;~~attorney.
- 17 (4) The executive director of the local community action agency, as defined by
18 the Department of Health and Human Services, or the executive director's
19 ~~designee;~~designee.
- 20 (5) The superintendent of each local school administrative unit located in the
21 county, or the superintendent's ~~designee;~~designee.
- 22 (6) A member of the county board of social services, appointed by the chair of
23 that ~~board;~~board.
- 24 (7) A local mental health professional, appointed by the director of the area
25 authority established under Chapter 122C of the General ~~Statutes;~~Statutes.
- 26 (8) The local guardian ad litem coordinator, or the coordinator's
27 ~~designee;~~designee.
- 28 (9) The director of the local department of public ~~health; and~~health.
- 29 (10) A local health care provider, appointed by the local board of health.
- 30 (11) An emergency medical services provider or firefighter, appointed by the board
31 of county commissioners.
- 32 (12) A district court judge, appointed by the chief district court judge in that
33 district.
- 34 (13) A county medical examiner, appointed by the Chief Medical Examiner.
- 35 (14) A representative of a local child care facility or Head Start program, appointed
36 by the director of the county department of social services.
- 37 (15) A parent of a child who died before reaching the child's eighteenth birthday,
38 to be appointed by the board of county commissioners.

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

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

50 The chair of the Local Team may invite a maximum of five additional individuals to
51 participate on the Local Team on an ad hoc basis for a specific review if the chair believes the

1 individual's subject matter expertise or position within an organization will enhance the ability
2 of the Local Team to conduct an effective review. In making a determination to invite ad hoc
3 members to participate in specific reviews, the chair shall take into consideration the guidelines
4 provided by the State Office addressing best practices for member participation depending on the
5 type of review being conducted. The chair may select ad hoc members from outside of the county
6 or counties served by the Local Team. As a condition of participating in a specific review, each
7 ad hoc member is required to sign the same confidentiality statement signed by a Local Team
8 member and is subject to the provisions of G.S. 7B-1413.

9 ~~(d) The Team Coordinator shall~~ A member of the State Office staff may serve as an ex
10 officio member of each Local Team that reviews the records of additional child fatalities. The
11 board of county commissioners may appoint a maximum of five additional members to represent
12 county agencies or the community at large to serve on any Local Team. any Local Team.
13 Vacancies on a Local Team shall be filled by the original appointing authority.

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

15 (f) ~~Each Local Team shall meet at least four times each year as frequently as necessary~~
16 to fulfill the requirements imposed by this Article, but no less than twice per year.

17 ~~(g) The director of the local department of social services shall call the first meeting of~~
18 the Community Child Protection Team. The director of the local department of health, upon
19 consultation with the Team Coordinator, shall call the first meeting of the Child Fatality
20 Prevention Team. Thereafter, the ~~The~~ chair of each Local Team shall schedule the time and place
21 of meetings, in consultation with these directors, meetings and shall prepare the agenda. The
22 chair shall schedule Team meetings no less often than once per quarter and often enough to allow
23 adequate review of the cases selected for review. Within three months of election, the ~~Prior to~~
24 presiding over a Local Team meeting, the chair shall participate in the appropriate training
25 developed under this Article, provided by the State Office.

26 **"§ 7B-1407.5. Review of child maltreatment deaths and deaths of children known to child**
27 **protective services.**

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

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

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

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

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

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

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

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

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

- 1 a. Findings and recommendations related to improving coordination
2 between local and State entities.
3 b. Information disclosed pursuant to G.S. 7B-2902.
4 c. Information the State is required to disclose under federal law.
5 (4) Develop and implement a process to follow up on the implementation status
6 of recommended changes submitted directly to a particular agency and, where
7 feasible, work to help facilitate the advancement of the recommended
8 changes.
9 (5) Work with the Division of Social Services, the Office of the Chief Medical
10 Examiner, the State Center for Health Statistics, and other relevant experts
11 and agencies to develop and implement the following:
12 a. A system for the State Office to identify child fatalities to be reviewed
13 under this section.
14 b. A system for defining, identifying, and including in North Carolina's
15 child fatality data information the State is required to report to the
16 federal government about child deaths resulting from child
17 maltreatment. This system shall include the use of Local Teams.
18 (6) Work with the Division of Social Services to determine the manner in which
19 information from internal fatality reviews conducted by the Division of Social
20 Services can appropriately inform Local Team reviews of these cases.
21 (7) Work with the Division of Social Services to determine the manner in which
22 information from reviews conducted under this section can be shared with the
23 citizen review panels established under G.S. 108A-15.20.
24 (c) Local Teams have the following powers and duties with respect to reviews that fall
25 under this section:
26 (1) To conduct reviews that align with the policies and procedures developed by
27 the State Office for reviews and to seek technical assistance from the State
28 Office as necessary to conduct reviews.
29 (2) To conduct, as determined necessary by the Local Team, interviews of any
30 individuals determined to have pertinent information about a death under
31 review and to examine any written materials containing pertinent information,
32 except that the Local Team may not contact or interview family members of
33 the decedent.
34 (3) To work with the State Office to produce a report appropriate for public
35 release pursuant to G.S. 7B-1407.5(b)(3) that addresses the findings or
36 information about any case of child abuse or neglect that has resulted in a child
37 fatality. These findings shall not be admissible as evidence in any civil or
38 administrative proceedings against individuals or entities that participate in
39 reviews conducted under this section. In accordance with G.S. 7B-2902, the
40 Local Team shall consult with the appropriate district attorney prior to the
41 public release of a report.

42 "**§ 7B-1407.6. Review of infant deaths.**

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

49 "**§§ 7B-1407.7 through 7B-1407.9.** Reserved for future codification purposes.

50 "**§ 7B-1407.10. Team findings and reporting.**

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

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

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

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

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

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

19 (c) For each permissive review of a child's death pursuant to G.S. 7B-1406.5(d), the
20 Local Team may, but is not required to, enter case review information into the NCDR-CRS.
21 Information related to permissive reviews of a child's death shall be used for the Local Team's
22 own purposes in analyzing local child death data.

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

27 **"§ 7B-1407.15. Duties of medical examiner child fatality staff.**

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

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

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

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

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

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

42 **"§ 7B-1408. Child Fatality Prevention Team Coordinator; duties.**

43 ~~The Child Fatality Prevention Team Coordinator shall serve as liaison between the State~~
44 ~~Team and the Local Teams that review records of additional child fatalities and shall provide~~
45 ~~technical assistance to these Local Teams. The Team Coordinator shall:~~

46 (1) ~~Develop a plan to establish Local Teams that review the records of additional~~
47 ~~child fatalities in each county.~~

48 (2) ~~Develop model operating procedures for these Local Teams that address when~~
49 ~~public meetings should be held, what items should be addressed in public~~
50 ~~meetings, what information may be released in written reports, and any other~~
51 ~~information the Team Coordinator considers necessary.~~

- ~~(3) Provide structured training for these Local Teams at the time of their establishment, and continuing technical assistance thereafter.~~
- ~~(4) Provide statistical information on all child deaths occurring in each county to the appropriate Local Team, and assure that all child deaths in a county are assessed through the multidisciplinary system.~~
- ~~(5) Monitor the work of these Local Teams.~~
- ~~(6) Receive reports of findings, and other reports that the Team Coordinator may require, from these Local Teams.~~
- ~~(7) Report the aggregated findings of these Local Teams to each Local Team that reviews the records of additional child fatalities and to the State Team.~~
- ~~(8) Evaluate the impact of local efforts to identify problems and make changes.~~

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

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

- ~~(1) Assure the development of written operating procedures in connection with these reviews, including frequency of meetings, confidentiality policies, training of members, and duties and responsibilities of members;~~
- ~~(2) Assure that the Team defines the categories of cases that are subject to its review;~~
- ~~(3) Determine and initiate the cases for review;~~
- ~~(4) Bring for review any case requested by a Team member;~~
- ~~(5) Provide staff support for these reviews;~~
- ~~(6) Maintain records, including minutes of all official meetings, lists of participants for each meeting of the Team, and signed confidentiality statements required under G.S. 7B-1413, in compliance with applicable rules and law; and~~
- ~~(7) Report quarterly to the county board of social services, or as required by the board, on the activities of the Team.~~

~~"§ 7B-1410. Local Teams; Duties of the director of the local department of ~~health~~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 and in connection with reviews of additional child fatalities, Team, the director of the local department of health shall:shall do the following:~~

- ~~(1) Distribute copies of the written procedures developed by the Team Coordinator under G.S. 7B-1408 to the administrators of all agencies represented on the Local Team and to all members of the Local Team;~~
- ~~(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~~law.~~
- ~~(3) Provide staff support for ~~these reviews~~and 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 (1) Serve along with the Local Team chair as a liaison between the State Office
2 and the Local Team to communicate information with respect to cases
3 reviewed under G.S. 7B-1406.5(e) or G.S. 7B-1407.5.
- 4 (2) Provide staff support for cases reviewed under G.S. 7B-1406.5(e) or
5 G.S. 7B-1407.5.
- 6 (3) Report quarterly to the county board of social services, or as required by the
7 board, on the activities of the Team.
- 8 (4) Determine whether and when to request the Local Team or a Citizen Review
9 Panel to review an active child protective services case pursuant to
10 G.S. 7B-1406.5(e) and G.S. 108A-15.20.

11 ~~"§ 7B-1411. Community Child Protection Teams; responsibility for training of team~~
12 ~~members.~~

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

18 **"§ 7B-1412. Task Force – reports.**

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

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

38 **"§ 7B-1413. Access to records.**

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

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

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

18 (c) ~~All otherwise confidential information and records otherwise confidential under~~
19 ~~federal or State law that are acquired or created by the State Team, the Local Teams, and the~~
20 ~~Task Force during its existence, Force, and the State Office in the exercise of their duties are~~
21 ~~confidential; confidential; are not public records as defined by G.S. 132-1; are not subject to~~
22 ~~discovery or introduction into evidence in any proceedings; and may only be disclosed as~~
23 ~~necessary to carry out the purposes of the State Team, the Local Teams, and the Task Force. In~~
24 ~~addition, all otherwise confidential information and records created by a Local Team in the~~
25 ~~exercise of its duties are confidential; are not subject to discovery or introduction into evidence~~
26 ~~in any proceedings; and may only be disclosed as necessary to carry out the purposes of the Local~~
27 ~~Team.~~ Teams, the Task Force, and the State Office, or as otherwise required by law. No member
28 of the State Team, a Local Team, nor any person who attends a meeting of the State Team or a
29 Local Team, may testify in any proceeding about what transpired at the meeting, about
30 information presented at the meeting, or about opinions formed by the person as a result of the
31 meetings. This subsection shall not, however, prohibit a person from testifying in a civil or
32 criminal action about matters within that person's independent knowledge. Notwithstanding the
33 provisions of this subsection, Citizen Review Panels shall have access to information related to
34 child deaths and child death reviews or reviews of active child protective services cases
35 conducted under this Article, when such information is relevant to Citizen Review Panel purposes
36 connected to evaluating the provision of child protective services.

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

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

44 (f) The Social Services Commission shall adopt rules to implement this section in
45 connection with reviews conducted by ~~Community Child Protection Teams~~ under
46 G.S. 7B-1407.5. The Commission for Public Health shall adopt rules to implement this section
47 in connection with Local Teams that review additional child fatalities. ~~Teams.~~ In particular, these
48 rules shall allow information generated by an executive session of a Local Team to be accessible
49 for administrative or research purposes only.

50 **"§ 7B-1413.5. Participation in the National Child Death Review Case Reporting System.**

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

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

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

15 **"§ 7B-1414. Administration; funding.**

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

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

24 (c) ~~With the approval of the Legislative Services Commission, legislative staff and space~~
 25 ~~in the Legislative Building and the Legislative Office Building may be made available to the~~
 26 ~~Task Force."~~

27 **SECTION 3.1.(b)** G.S. 7B-2902 reads as rewritten:

28 **"§ 7B-2902. Disclosure in child fatality or near fatality cases.**

29 (a) The following definitions apply in this section:

30 ...

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

- 36 a. The dates, outcomes, and results of any actions taken or services
 37 rendered.
- 38 b. The results of any review by ~~the State Child Fatality Prevention Team,~~
 39 a local child fatality ~~prevention review~~ team, a local ~~community child~~
 40 ~~protection team, the Child Fatality Task Force,~~ or any public agency.
- 41 c. Confirmation of the receipt of all reports, accepted or not accepted by
 42 the county department of social services, for investigation of suspected
 43 child abuse, neglect, or maltreatment, including confirmation that
 44 investigations were conducted, the results of the investigations, a
 45 description of the conduct of the most recent investigation and the
 46 services rendered, and a statement of basis for the department's
 47 decision.

48 ...

49 (f) Access to criminal investigative reports and criminal intelligence information of
 50 public law enforcement agencies and confidential information in the possession of ~~the State Child~~
 51 ~~Fatality Prevention Team,~~ the local teams, and the Child Fatality Task Force, shall be governed

1 by G.S. 132-1.4 and G.S. 7B-1413 respectively. Nothing herein shall be deemed to require the
2 disclosure or release of any information in the possession of a district attorney.

3"

4 **SECTION 3.1.(c)** G.S. 143B-150.20 is repealed.

5 **SECTION 3.1.(d)** G.S. 7B-1413.5, as enacted by subsection (a) of this section,
6 becomes effective July 1, 2023. The remainder of this Part becomes effective January 1, 2023.

7
8 **PART IV. ESTABLISHMENT OF NORTH CAROLINA CITIZEN REVIEW PANELS**

9 **SECTION 4.1.(a)** Part 2B of Article 1 of Chapter 108A of the General Statutes is
10 amended by adding a new section to read:

11 **"§ 108A-15.20. Citizen review panels.**

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

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

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

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

33 (2) A review of child fatalities.

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

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

45 (e) Panels shall have access to information maintained by any State or local government
46 entity where the panel has a need for the information to carry out its functions pursuant to this
47 section. Panel members shall not disclose to any person or government official any identifying
48 information about any specific child protection case in which the panel is provided information
49 and shall not make public other information unless otherwise authorized by law.

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

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

9 **SECTION 4.1.(b)** This Part becomes effective January 1, 2023.

10
11 **PART V. EFFECTIVE DATE**

12 **SECTION 5.1.** Except as otherwise provided, this act is effective when it becomes
13 law.