

NEXT STEPS FOR LOCAL CCPT/CFPT~ TRANSITION TO NEW LEGISLATION

INTRODUCTION

NCDHHS seeks to support local community child protection teams and child fatality prevention teams as they prepare for legislative changes effective in 2025 that will impact the child fatality prevention system in North Carolina.

This document provides an update and guidance as the local community child protection teams and child fatality prevention teams transition to be compliant with Section 9H.15. of Session Law 2023-134 enacting changes to strengthen the state's child fatality prevention system. NCDHHS continues to work on steps necessary to implement this legislation, including standing up the new State Office of Child Fatality Prevention. As a reminder, county Community Child Protection Teams (CCPT) and Child Fatality Prevention Teams (CFPT) will become ONE "Local Team".

If you have any questions after reading the attached information, please contact Kerry Young at kerry.young@dhhs.nc.gov. NCDHHS will review all submitted questions and use them to guide providing additional information to keep Local Teams informed.

INFORMATION AND STEPS TO CONSIDER

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 state's child fatality prevention system.

WHEN will the changes take place? Changes to Local Teams will become effective January 2025. As of July 2025, Local Teams will be required to use the National Fatality Review - Case Reporting System (NFR-CRS).

HOW does the legislation impact local team operations and responsibilities? The following outlines steps the local CCPT/CFPT will need to consider for compliance and success come **January 1, 2025**:

- Determine if the Local Team will be established as a single or multi-county Team.
 - County Commissioners will determine if the Local Team proceeds as a single or multi-county local team. In making a decision, County Commissioners must consult with the Director of the local department of public health and the Director of the county department of social services, or consolidated Human Services Director if applicable, to obtain their input and recommendation.
 - Counties that may benefit most from a multi-county team structure include:
 - Counties with a low number of annual child fatalities
 - Counties with minimal resources to support Local Team reviews

- Counties that already operate as a health district or otherwise share services
- Potential benefits of a multi-county team structure include:
 - May provide increased capacity to support Local Team reviews through the use of shared resources across counties
 - May support cross-county collaboration to prevent future child fatalities
 - May increase quality of reviews that involve a child living in multiple counties in the area
- Potential challenges of multi-county team structure include:
 - Complex decisions of staffing and leadership responsibilities among multiple counties
 - Allocation of funding
 - Scheduling among multiple county leaders
 - Travel for meetings
 - Volume of reviews

*Counties wishing to proceed as a multi-county Local Team should contact kerry.young@dhhs.nc.gov for additional support

□ Elect Chair

- In addition to direct involvement from the Director of the local department of public health and the Director of the county department of social services or the consolidated human services agency, the team is to elect a member to serve as chair.
 - Teams may want to explore electing co-chairs or structuring their team with shared chair responsibilities.
- In addition to the chair role, team may want to continue to have additional support from a review coordinator position. It is not anticipated that the review coordinator position responsibilities would transfer to the chair; this role should continue to support the Team.

□ Confirm review team membership

- Review team membership is nearly the same within the new legislation. Required positions continue to be the following:
 - Director of the county department of social services or the director of the consolidated human services agency
 - Additional staff member of the county department of social services or the consolidated human services agency
 - Director of the local department of public health
 - Local law enforcement officer
 - Attorney from the district attorney's office
 - Executive director of the local community action agency, or designee
 - Superintendent of each local school administrative unit located in the county, or designee
 - Member of the county board of social services
 - Local mental health professional
 - Local guardian ad litem coordinator, or designee

- Local health care provider
 - Emergency medical services provider or firefighter
 - District court judge
 - County medical examiner
 - Representative of a local childcare facility or Head Start program
 - Parent of a child who died before reaching the child's eighteenth birthday
- Currently, Board of County Commissioners (BOCC) can appoint up to 5 additional members from the community to serve on the team. As of January 2025, these BOCC-appointed positions will be replaced by up to five individuals that the Local Team chair can invite to serve as ad hoc members for a specific child fatality review to enhance the effectiveness of the review.
- Prior to January 2025, local CCPT/CFPTs are encouraged to review their roster to identify individuals serving on the team as one of these five BOCC -appointed members who may be candidates to invite to serve in an ad hoc role by the Local Team chair.
 - Given the limit of 5 additional invitees for a specific child fatality review, the Local Team chair should consider the expertise or appropriate organizational representation that may be needed to enhance the fatality review based on the details of the specific case. For example, inviting an ad hoc member that can provide specific medical expertise such as perinatal or neonatal may be beneficial if there is no such expertise among the current members. Ad hoc members are not limited to the geographic location covered by the Local Team.
- Schedule Required Meetings
 - Teams are required to meet a minimum of 2x/year. Additional meetings can be scheduled as frequently as necessary to fulfill requirements.
- Understand changes in categories of deaths for Local Team review
 - The legislation makes the following changes to required reviews:
 - Local Teams are no longer required to do active child protective services case reviews (formally a CCPT objective), but may elect to do such reviews at the request of the Director of the county department of social services.
 - Local Teams are no longer required to review every death of a resident child. Instead, Local Teams shall review all deaths of resident children under age 18 that fall into one of the following categories below (and may elect to review additional deaths that fall outside these categories).
 1. Undetermined causes
 2. Unintentional injury
 3. Violence
 4. Motor vehicle incidents
 5. Sudden unexpected infant death
 6. Suicide
 7. Deaths not expected in the next six months*
 8. Deaths related to child maltreatment or child deaths involving a child or child's family who was reported to or known to child protective services*

9. A subset of additional infant deaths that fall outside of the above categories, according to guidelines set by NCDHHS*

*Criteria and guidelines will be established by NCDHHS to further define these categories.

- Understand Funding
 - In state fiscal year 2025, Local Teams received funding allocated through DCFW Agreement Addendum 352. An additional one-time, separate DPH Agreement Addendum 701 (\$189,000 distributed among all Local Teams) will focus on implementation of the National Fatality Review - Case Reporting System (NFR-CRS) as required by legislation. The State is working with representatives from counties to determine the funding formula. The final goal is a singular Agreement Addendum that includes all funding (combined from AA 352 and AA 701) starting in FY26.
- Understand changes to reviews of deaths involving child maltreatment or where there was child protective services involvement
 - The State Child Fatality Review Team that currently conducts Intensive Reviews will no longer exist in their current form as of January 1, 2025.
 - There is a new statute (G.S. 7B-1407.5) that addresses reviews of these deaths.
 - These deaths will continue to be reviewed by Local Teams, who will have state-level assistance and guidance through the NCDSS and the Office of Child Fatality Prevention. The specifics of this assistance and guidance are currently being developed and will be shared with Local Teams in advance of January 1, 2025.
- Prepare to participate in the National Fatality Review - Case Reporting System ([NFR-CRS](#))
 - Local Teams are legislatively required to begin using the NFR-CRS on July 1, 2025.
 - Appropriate data use agreements are being developed and will have to be in place prior to implementation.
 - The Office of Child Fatality Prevention will provide training to Local Teams on the use of the NFR-CRS prior to July 2025.
 - The Office of Child Fatality Prevention will also provide guidance and ongoing technical assistance related to use of the NFR-CRS.
 - Once enough data is collected in the NFR-CRS, the Office of Child Fatality Prevention will analyze and report on aggregate data from the NFR-CRS.