National Fatality Review-Case Reporting System Version 5.1

Wednesday, May 6, 2020
2:00 PM – 3:00 PM ET
Acknowledgement

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Housekeeping Notes

• Webinar is being recorded and will be available within 2 weeks on our website: www.ncfrp.org

• All attendees will be muted and in listen only mode

• Questions can be typed into the “Questions and Answer” (Q & A) box at the bottom pane of the webinar

• Due to the large number of attendees, we may not be able to get to all questions in the time allotted
  – All unanswered questions will be posted with answers on the NCFRP website
Webinar Evaluation

• At the end of today’s webinar, we encourage you to take a brief survey on how we did. Please take a moment and provide us with your feedback. It helps us to plan future webinar offerings!

https://www.surveymonkey.com/r/32BRMMMX
Welcome and Introduction

Diane Pilkey, RN, MPH
Senior Nurse Consultant
Health Resources and Service Administration
Maternal and Child Health Bureau
Emergency Medical Services for Children and Injury Prevention Branch

The National Center for Fatality Review and Prevention
About the National Center

• The National Center for Fatality Review and Prevention (NCFRP) is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.

• Supported with funding from the Maternal and Child Health Bureau at the Health Resources and Services Administration, the Center aligns with several MCHB priorities and performance and outcome measures such as:
  – Healthy pregnancy
  – Child and infant mortality
  – Injury prevention
  – Safe sleep
HRSA’s Overall Vision for NCFRP

• Through delivery of data, training, and technical support, NCFRP will assist state and community programs in:
  – Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
  – Improving the quality and effectiveness of CDR/FIMR processes
  – Increasing the availability and use of data to inform prevention efforts and for national dissemination

• Ultimate Goal:
  – Improving systems of care and outcomes for mothers, infants, children, and families

The National Center for Fatality Review and Prevention
Presentation goals

• Understand new features of the National Fatality Review-Case Reporting System (NFR-CRS) released in Version 5.1

• Understand available technical assistance from the National Center staff
Speakers: National Center staff
Purpose of the system

To systematically collect, analyze and report comprehensive fatality review data on the death of each child:

- Infant, child, family, supervisor and person responsible information
- Investigation actions (including autopsy information)
- Services needed, provided or referred
- Risk factors by cause of death
- Recommendations for, and actions taken, to prevent deaths
- Factors affecting the quality of case review
NFR-CRS features

• Web-based system housed at MPHI Data Center
• Easy to use
• Comprehensive; prevention-focused
• Enter, search, print, download data, and create standardized reports
• Extensive support
  – Meet regularly with programming staff
  – Transaction tracking
  – National Center maintains help desk (email, telephone)
  – Training site available to all users
  – Maintain a wish list of any user recommendations
• Data Use Agreement required to participate
• FREE!!
CDR teams by state using NFR-CRS, April 2020
n=45
FIMR teams by state using NFR-CRS, April 2020
n=19
By the numbers: NFR-CRS

60 new cases/business day – CDR
10 new cases/business day - FIMR

>2,200 users – CDR
>280 users - FIMR

2,800 variables – CDR
3,300 variables - FIMR

>231,400 cases – CDR
>5,500 cases - FIMR
Version 5.1 sections

- There are 5 sections in A (Child Information)
- CDR users will never see sections A4 (FIMR detail) and A5 (Maternal interview)
- CDR users will also never see O2 (Issues section)
- FIMR users will never see A2 (over 1 years of age), I6 (Suicide), and N (SUID/SDY Categorization)

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>CDR</th>
<th>FIMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Child information (age, race, etc.)</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>A2</td>
<td>Children over 1 year old</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>A3</td>
<td>Infants</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>A4</td>
<td>Expanded infant/maternal questions (expanded medical complications, education topics, referrals, etc.)</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>A5</td>
<td>Maternal interview</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>B</td>
<td>Biological parents</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>C</td>
<td>Caregiver</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>D</td>
<td>Supervisor</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>E</td>
<td>Incident</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>F</td>
<td>Investigation</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>G</td>
<td>Cause of Death</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>H</td>
<td>Detailed causes (motor vehicle, fall/crush, drowning, etc.)</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>I1</td>
<td>Sudden Death in the Young (SDY)</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>I2</td>
<td>Sleep-related environment</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>I3</td>
<td>Problem with a consumer product</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>I4</td>
<td>Commission of a crime</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>I5</td>
<td>Child abuse, neglect, poor supervision, exposure to hazards</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>I6</td>
<td>Suicide</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>I7</td>
<td>Life stressors</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>J</td>
<td>Person(s) responsible</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>K</td>
<td>Services provided</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>L</td>
<td>Findings</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>Review meeting</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>N</td>
<td>SUID/SDY categorization</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>O1</td>
<td>Narrative</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>O2</td>
<td>Issues (present and contributing factors)</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>P</td>
<td>Form completion</td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>
Version 5.1: New/enhanced features

• Expanded child’s health and substance use/abuse questions in Section A1 and A2
• Expanded and revised suicide questions (CDR only)
• New section on life stressors
• Revision of Section L to focus on case findings
• All variable data download
• Health equity standardized report (FIMR only)
Updated health history in A16 and A20

- Updated language in immunization question to be consistent with guidance
- Added last contact with medical provider

16. Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule?
   - N/A
   - Yes
   - No
   - Unknown

25. How many months prior to the death did the child last have contact with a health care provider?
   - <1 month
### A30-A35 Mental health

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 30. Child had received prior mental health services?                      | - N/A
- Yes
- No
- Unknown
- Outpatient
- Day treatment/partial hospitalization
- Residential                                                            |

| 31. Child was receiving mental health services?                          | - N/A
- Yes
- No
- Unknown
- Outpatient
- Day treatment/partial hospitalization
- Residential                                                            |

| 32. Child on medications for mental health illness?                      | - N/A
- Yes
- No
- Unknown                                                                 |

<table>
<thead>
<tr>
<th>33. Child had emergency department visit for mental health care within the previous 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- N/A</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
</tbody>
</table>

- Did the child have a follow-up mental health appointment within 30 days of emergency department visit?
  - Yes
  - No
  - Unknown

<table>
<thead>
<tr>
<th>34. Child was hospitalized for mental health care within the previous 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- N/A</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
</tbody>
</table>

- Did the child have a follow-up mental health appointment within 30 days of discharge from the hospital?
  - Yes
  - No
  - Unknown
A36 – Substance use or abuse

- New option of Tobacco/nicotine
- New follow up on treatment

36. Child had history of substance use or abuse?
- N/A
- Yes
- No
- Unknown

Did the child receive treatment?
- Yes
- No
- Unknown

Specify Type:
- Alcohol
- Cocaine
- Marijuana
- Methamphetamine
- Opioids
- Tobacco/nicotine
- Prescription drugs
- Over-the-counter drugs
- Other
- Unknown
- Day treatment/partial hospitalization
- Residential
A 40/41 Gender identity and sexual orientation

• Removed in Version 5 due to low utilization
• Reintroduced for all children older than age 1
• Expanded response options
Biological parents (B) and caregivers (C)

- Addition of parent’s age at time of death (CDR only)
- Expanded options in social services (B11 and C10)
Incident information (E)

- Separated response options in E7
- Created guidance and archived webinar
- Developed workgroup
New skip pattern for risk factor questions (G)

- Created new response option to make suicide risk factor questions available for deaths that are undetermined
- National Center hopes it gives teams flexibility to access additional variables without contradicting death certificate
Section I6: Suicide

a. Child’s history. Check all that have ever applied:
- None listed below
- Involved in sports
- Involved in activities (not sports)
- Viewed, posted or interacted on social media
- History of running away
- History of fearfulness, withdrawal or anxiety
- History of explosive anger, yelling or disobeying
- History of head injury
- Death of a peer, friend or family member
  - Specify relationship to child: [mother]
  - When did death occur?
    - > more than 1 yr
  - Was death a suicide?
    - Yes □ No □ Unknown

b. Was the child ever diagnosed with any of the following? Check all that apply:
- None listed below
- Anxiety spectrum disorder
- Depressive spectrum disorder
- Bipolar spectrum disorder
- Disruptive, impulse control or conduct disorder
- Eating disorder
- Substance-related or addictive disorders
- Other
- Unknown

c. Check all suicidal behaviors/attempts that ever applied to the child:
- None listed below
- Preparatory behavior
- Aborted attempt
- Interrupted attempt
  - #
- Non-fatal attempt
- Unknown

d. Did the child ever communicate any suicidal thoughts, actions or intent?
- Yes □ No □ Unknown
  - With whom? [significant other]

e. Was there evidence the death was planned or premeditated?
- Yes □ No □ Unknown

f. Did the death occur under circumstances where it would likely be observed and intervened by others?
- Yes □ No □ Unknown
Revised suicide section (I6)

<table>
<thead>
<tr>
<th>g. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☒ Reported to others</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Noted on autopsy</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
<tr>
<td>☐ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. The items listed below are considered warning signs for youth suicidal behavior. Learn more about youth warning signs for suicide at <a href="https://www.youthsuicidewarningsigns.org/">https://www.youthsuicidewarningsigns.org/</a>. Check all warnings signs the child may have experienced within 30 days of their death:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ None listed below</td>
</tr>
<tr>
<td>☒ Talked about or made plans for suicide</td>
</tr>
<tr>
<td>☐ Expressed hopelessness about the future</td>
</tr>
<tr>
<td>☒ Displayed severe/overwhelming emotional pain or distress</td>
</tr>
<tr>
<td>☐ Expressed perceived burden on others</td>
</tr>
<tr>
<td>☐ Showed worrisome behavioral cues or marked changes in behavior</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Child experienced a known crisis within 30 days of the death?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Suicide was part of: Check all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ None listed below</td>
</tr>
<tr>
<td>☐ A cluster</td>
</tr>
<tr>
<td>☒ A contagion, copy-cat or imitation</td>
</tr>
<tr>
<td>☐ A suicide pact</td>
</tr>
<tr>
<td>☐ A murder-suicide</td>
</tr>
</tbody>
</table>
Life Stressors Section (I7)

- Social/Economic
- Relationships
- School
- Technology
- Transitions
- Trauma
- Other
Life Stressors-Social/economic (I7a)

- Appears for all cases to children younger than age 1
- FIMR teams should not answer pregnancy or pregnancy scare
Life Stressors-Relationships (I7b)

- For children age 5 and over
- Identify key relationships and potential stressors

- None listed below
- Family discord
- Argument with parents/caregivers
- Parents’ divorce/separation
- Parents’ incarceration
- Argument with significant other
- Breakup with significant other
- Social discord
- Argument with friends
- Bullying as a victim
- Bullying as a perpetrator
- Cyberbullying as a victim
- Cyberbullying as a perpetrator
- Peer violence as a victim
- Peer violence as a perpetrator
- Isolation
- Lack of family, peer and/or social support due to sexual orientation
- Lack of family, peer and/or social support due to gender identity
Life Stressors - Technology, transitions, trauma and other (L7c-g)

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Life stressors - School</td>
<td>- School failure</td>
</tr>
<tr>
<td>d. Life stressors - Technology</td>
<td>- Stress/negative consequences due to electronic gaming</td>
</tr>
<tr>
<td></td>
<td>- Stress/negative consequences due to texting</td>
</tr>
<tr>
<td></td>
<td>- Stress/negative consequences due to restriction of technology</td>
</tr>
<tr>
<td></td>
<td>- Stress/negative consequences due to social media</td>
</tr>
<tr>
<td>e. Life stressors - Transitions</td>
<td>- Release from hospital</td>
</tr>
<tr>
<td></td>
<td>- Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, outpatient to inpatient, etc.)</td>
</tr>
<tr>
<td></td>
<td>- Release from juvenile justice facility</td>
</tr>
<tr>
<td></td>
<td>- End of school year/school break</td>
</tr>
<tr>
<td></td>
<td>- Transition to/from child welfare system</td>
</tr>
<tr>
<td></td>
<td>- Release from immigrant detention center</td>
</tr>
<tr>
<td>f. Life stressors - Trauma</td>
<td>- Previous abuse (emotional/physical)</td>
</tr>
<tr>
<td>g. Life stressors - Other</td>
<td>Other: Gang involvement</td>
</tr>
</tbody>
</table>
Section L and Prevention outcomes

Create Findings
- Create case specific risk and protective factors
- Document in Section L

Review Findings
- Identify common themes
- Review trends over time
- Run Standardized report

Write Recommendations
- Author and document recommendations
- Identify implemented recommendations
- Document in Prevention Outcomes
Section L - Findings

- Document findings
- Identify preventability
- Identify any programs/policies that are in place that might impact the death
Findings & Standardized reports

- Dedicate a team meeting to reviewing findings
- Run NFR-CRS Standardized Reports #3 and #29
- Identify common themes
### Findings From Review

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Age in Years</th>
<th>Manner of Death</th>
<th>Cause of Death</th>
<th>Policy or Practice Change</th>
<th>Could this death have been prevented</th>
<th>Risks</th>
<th>Protective Factors</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>Suicide</td>
<td>no response</td>
<td>Yes</td>
<td>Yes, probably</td>
<td>These are the risk factors as discussed by the team.</td>
<td>These are the protective factors as discussed by the team.</td>
<td>These are the recommendations as discussed by the team.</td>
</tr>
</tbody>
</table>

Footnote: Only cases where text has been entered into questions L1, L2 or L3 will be included in report. Cases with missing information in all three of these fields will not appear in the report. Questions in Section L have been added at different times to the report tool. For example, Question L2 (what went right in this case) was added in Version 5.1 of the NFR-CRS. Please see data codebook for more information.

Report completed in 10.1280127 Seconds
Document recommendations

Update New Outcome Record

1. Status of Outcome:
   - Outcome Status: Completed

Approximately when this Outcome was implemented:
- For: 2019

A short description of the Outcome implemented (less than 5000 characters):
- Death scene investigation training for Apache police department. Provided doll re-enactment kits to all attendees, 30 participants.

4. Lead person to contact for more information:
- First Name: Heather
- Last Name: Dykstra
- Contact Phone or Email: 5178008883

5. One cause of death for this initiative (if it applies across multiple causes, select 'no response').
- Cause of Death: Undetermined II medical

6. Approximately how many case reviews led to this recommendation or implementation:
- Number of case reviews: 50
All variable flatfile

• Data Download only available to Data Analysts (permission level)
• Real time snapshot of data, ALL IN ONE FILE
• No linking across tables
• All variables!
All variable flatfile – Selection parameters – MORE AVAILABLE
Output – Export directly into Excel

<table>
<thead>
<tr>
<th>id</th>
<th>CaseNumber</th>
<th>CaseType</th>
<th>CaseState</th>
<th>CaseTeam</th>
<th>CaseYear</th>
<th>CaseSeq</th>
<th>DeathCert</th>
<th>BirthCert</th>
<th>MEcornun</th>
<th>CDRrdate</th>
<th>Neverleft</th>
<th>Version</th>
<th>Caseopendate</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>66 47-01-2018-00013</td>
<td>1</td>
<td>Vermont</td>
<td>1</td>
<td>2018</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>5.0</td>
<td>5/18/201</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>96 47-02-2018-00001</td>
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<td>2018</td>
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<td>6/18/201</td>
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</tr>
<tr>
<td>3</td>
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<td>2018</td>
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<td>3/9/202</td>
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<td>7</td>
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<td>Vermont</td>
<td>1</td>
<td>2020</td>
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<td>0</td>
<td>0</td>
<td>5.0</td>
<td>3/9/202</td>
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<td>2020</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5.0</td>
<td>3/9/202</td>
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<tr>
<td>9</td>
<td>355 47-01-2020-00004</td>
<td>1</td>
<td>Vermont</td>
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<td>2020</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5.0</td>
<td>3/8/202</td>
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</table>

FAKE CASE DATA
### Data Download – Age variables

- **NEW** - Age in years variable
- **Reminder** - A few other helpful age variables in data download

<table>
<thead>
<tr>
<th>Variable</th>
<th>Type</th>
<th>Description</th>
<th>Default</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFage</td>
<td>numeric</td>
<td>Age</td>
<td>default to blank</td>
<td>Yes v1</td>
</tr>
<tr>
<td>INFagecat</td>
<td>numeric</td>
<td>Age - Category</td>
<td>default to 0</td>
<td>1 = Yes</td>
</tr>
<tr>
<td>INFagenif</td>
<td>numeric</td>
<td>Age - Child is less than 12 months old</td>
<td>default to 0</td>
<td>1 = Yes</td>
</tr>
<tr>
<td>INFageyears</td>
<td>numeric</td>
<td>Age - Age in years (autocomputed from INFage and INFagecat)</td>
<td>default to blank</td>
<td>1 = Infants</td>
</tr>
<tr>
<td>INFageunk</td>
<td>numeric</td>
<td>Age - Unknown</td>
<td>default to blank</td>
<td>1 = Yes</td>
</tr>
<tr>
<td>INFDaysLive</td>
<td>numeric</td>
<td>Age - Number of days lived (autocomputed from DOB and DOD)</td>
<td>default to blank</td>
<td>1 = Yes</td>
</tr>
</tbody>
</table>

The National Center for Fatality Review and Prevention
Health equity standardized report (#32)

- Available for FIMR users only
- Goal is to enhance team’s ability to examine data with an eye toward health equity
- This report is a starting place
Health equity standardized report (#32)

- Reports on variables in many different sections of the tool
- Because variables have been added with different software releases, counts will be different across tables

<table>
<thead>
<tr>
<th>Present or Contributing Factors to the Death (Version 5.0 and later cases)</th>
<th>Number</th>
<th>Number of Deaths Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment: Unsafe neighborhood</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>Environment: Substandard housing</td>
<td>0</td>
<td>38</td>
</tr>
</tbody>
</table>

| Environment: Overcrowding | 0 | 38 |
| Social Support: Special education | 0 | 38 |
| Family Transition: Frequent/recent moves | 1 | 38 |
| Family Transition: Living in shelter / homeless | 0 | 38 |
| Mental Health/Stress: Social chaos | 0 | 38 |

Footnote: All items in this table come from Section O2, FTMR Issues Summary for Version 5.0 and later cases.

<table>
<thead>
<tr>
<th>Section 17a, Life Stressors (Version 5.1 and later cases)</th>
<th>Number</th>
<th>Number of Deaths Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racism</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Discrimination</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Poverty</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Neighborhood discord</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Job problems</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Money problems</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Housing instability</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Witnessed violence</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pregnancy scare</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Response to COVID-19

- Revised NFR-CRS to include COVID-19 as a cause of death
- Created guidance for teams on conducting virtual meeting and high volume reviews
- Created guidance on reviewing *direct and indirect* COVID-19 deaths
- Compiled self-assessment tools
- Participated in national dialogue with key partners
Upcoming Resources: Training Modules

• NFR-CRS Version 5.1
• Grief and Bereavement
• Findings
• Data entry for local teams (anticipated June 2020)
Upcoming Resources: Written Guidances

- Reviewing deaths related to COVID-19
- Creating and documenting findings
- Engaging AI/AN populations in fatality review
- Revised parental interview
- Best practices in suicide reviews
- Revised CDR program manual
• As a reminder:
  – Questions can be typed into the “Q & A” box at the bottom pane of the webinar
  – Due to the large number of attendees, we may not be able to get to all questions in the time allotted
  – All unanswered questions will be posted with answers on the NCFRP website
  – Recording of webinar and copy of slides will be posted within 2 weeks on the NCFRP website: www.ncfrp.org
Webinar Evaluation

• Please tell us how we did, and help us plan for future webinars by taking this brief survey:

https://www.surveymonkey.com/r/32BRMMX

• Thank you for taking the time to join us today!
Our next webinar:

Reviewing Drowning Deaths: Key Questions and Prevention Resources

May 19, 2020
2:00 – 3:00 p.m. ET

To Register: https://zoom.us/webinar/register/WN_M6Amf-mbQ0KG2Lz8qmd2Ew
NCFRP is on Social Media: NationalCFRP
THANK YOU!

Additional questions can be directed to: info@ncfrp.org