COLORADO Child Fatality Prevention System

2017 Annual Legislative Report

Title: Colorado Child Fatality Prevention System 2017 Annual Legislative Report

Submitted By: The members of the Colorado Child Fatality Prevention System State Review Team

Subject: This report identifies specific policy recommendations to prevent child fatalities in Colorado and provides an overview of programmatic accomplishments for state Fiscal Year 2017, as required in statute.

Statute: Child Fatality Prevention Act; Article 20.5 Sections 401-409 of Title 25 of the Colorado Revised Statutes

Date: July 1, 2017

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Acknowledgments

This report is the culmination of countless hours of work across the state. Thank you to all members and content experts of the Child Fatality Prevention System who volunteer their time and efforts to reviewing the cases and entering data, developing and implementing prevention recommendations and reducing child fatalities in Colorado. For a full list of the local child fatality prevention review team coordinators and CFPS State Review Team members, visit the Child Fatality Prevention System (CFPS) website: www.cochildfatalityprevention.com.

It is with deepest sympathy and respect that we dedicate this report to the memory of those children and families represented within these pages.

Executive Summary

The Child Fatality Prevention Act (Article 20.5 of Title 25, Colorado Revised Statutes) established the Child Fatality Prevention System (CFPS), a statewide, multidisciplinary, multi-agency effort to prevent child deaths. Although not codified in Colorado Revised Statutes (C.R.S.) until 2005, the CFPS has been conducting retrospective reviews of child deaths in Colorado since 1989. The CFPS applies a public health approach to prevent child deaths by aggregating data from individual child deaths, describing trends and patterns of the deaths and recommending prevention strategies. The identified strategies are implemented and evaluated at the state and local levels with the goal of preventing similar deaths in the future. As mandated in statute, this report identifies specific policy recommendations to reduce child deaths in Colorado and provides an overview of programmatic accomplishments for state Fiscal Year 2017.

Leading causes of death for CFPS:

- Sudden unexpected infant death
- Motor vehicle crashes
- Child maltreatment
- Suicide
- Firearm-related

The data presented within this report come from comprehensive, statutorily-mandated reviews of deaths among those under 18 years of age occurring in Colorado between 2011 and 2015. Local child fatality prevention review teams are responsible for conducting individual, case-specific reviews of fatalities of children meeting the statutory criteria. Reviewable child deaths result from one or more of the following causes: undetermined causes, unintentional injury, violence, motor vehicle/other transport-related, child maltreatment, sudden unexpected infant death (SUID) and suicide. During Fiscal Year 2017, local teams completed reviews of deaths that occurred in 2015.

The CFPS review process includes deaths of Colorado residents occurring in Colorado, as well as deaths of out-of-state visitors who died in Colorado, and non-residents who were transported to a Colorado hospital and died. These criteria are different than those used in other reports of child fatality data and in many other Colorado government data sources. As a result, the data presented in this report and the associated topic-specific data briefs may not match other statistics reported at both the state and national levels. This report provides an overview of the state-level data from the CFPS. For more details on CFPS data, access cause-specific data briefs here: http://www.cochildfatalityprevention.com/p/reports.html.

CFPS Recommendations to Prevent Child Fatalities

Based on 2011-2015 child fatality data, the CFPS team members recommend the following strategies be implemented to reduce child fatalities in Colorado:

 Youth Suicide Prevention	Increase funding for the Office of Suicide Prevention to implement and evaluate youth suicide prevention efforts.
 Behavioral Health Promotion	Support policies to improve behavioral health for children, youth and families in Colorado.
 Primary Seat Belt Law	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of seating position) in the vehicle is not properly restrained.
 Quality, Affordable Child Care	Support policies that ensure access to quality, affordable child care for families.
 Paid Parental Leave	Support policies that ensure paid parental leave for families.
 Evidence-Based Home Visitation	Support policies that expand access to community-based home visiting programs for all families with new infants.

In addition, the following recommendations were made to strengthen child fatality data quality to improve how child fatalities are examined by investigative agencies and to improve systems to track and analyze data:

- Implement policies and protocols at law enforcement agencies and coroner offices to require use of the Sudden Unexplained Infant Death Investigation Reporting Form during infant death scene investigations.
- Implement policies and protocols at law enforcement agencies and coroner offices to require the use of a suicide death scene investigation form when investigating suicide deaths.
- Strengthen practices related to sharing child maltreatment data across local agencies in Colorado.
- Improve substance use data quality by exploring additional data sources to supplement CFPS data.

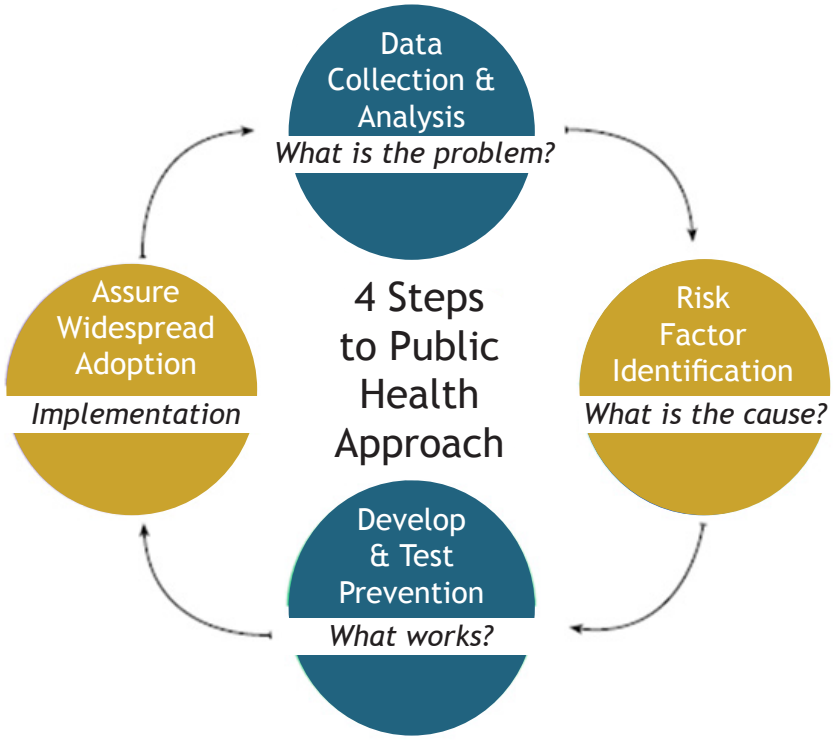
Over the past three years, the system has submitted 21 child fatality prevention recommendations and made significant progress towards successfully implementing those recommendations using and developing statewide partnerships and resources. For an update on these recommendations, please see Table 2 on page 30.

Introduction

A Public Health Approach to Child Fatality Prevention

The Child Fatality Prevention Act (Article 20.5 of Title 25, Colorado Revised Statutes) established the Child Fatality Prevention System (CFPS), a statewide, multidisciplinary, multi-agency effort to prevent child deaths. The Colorado CFPS is housed at the Colorado Department of Public Health and Environment (CDPHE) in the Violence and Injury Prevention - Mental Health Promotion (VIP-MHP) Branch of the Prevention Services Division. The system is based on a public health approach to child fatality prevention (Figure 1) whereby problem areas are identified through individual case-specific reviews. These reviews highlight specific risk and protective factors that can be mitigated or enhanced through best practices and evidence-based interventions to prevent child deaths. Lastly, these interventions are implemented and evaluated to understand the potential impact on preventing child fatalities in Colorado. As mandated in statute, this report identifies specific policy recommendations to reduce child deaths in Colorado and provides an overview of programmatic accomplishments for state Fiscal Year 2017.

Figure 1: A public health approach to child fatality prevention



Local child fatality prevention review teams (local teams) are responsible for conducting individual, case-specific reviews of fatalities of children from 0-17 years of age occurring in the coroner jurisdiction of the local team. County or district public health agencies coordinate 48 multidisciplinary, local teams representing every county in Colorado. Local teams review child deaths assigned to them by the CFPS Support Team at CDPHE. The CFPS State Review Team reviews the aggregated data and recommendations submitted by all local teams to identify recommendations to prevent child deaths in Colorado, including policy recommendations. The variety of disciplines involved and the depth of expertise provided by the CFPS State Review Team and local teams results in a comprehensive review process, allowing for a broad analysis of both contributory and preventive factors of child deaths and the development and implementation of evidence-based prevention strategies.

Summary of 2011-2015 Child Fatality Review Findings

The CFPS uses death certificates, provided by the Vital Statistics Program within the Center for Health and Environmental Data at CDPHE, to identify deaths occurring among those under 18 years of age in Colorado. The Colorado death certificate has five manners of death categories: natural, accident, suicide, homicide and undetermined. Manner of death is a classification of death made by a coroner, typically following a review of circumstances surrounding the death and may involve a thorough investigation. Cause of death is a specific injury or disease that resulted in the expiration of the decedent (i.e., drowning, child abuse or a motor vehicle crash). This report provides an overview of the state-level data from the CFPS. For more details on CFPS data, access cause-specific data briefs here: http://www.cochildfatalityprevention.com/p/reports.html.

Of the 2,950 deaths occurring in Colorado from 2011 through 2015, 973 met the statutory criteria for CFPS child fatality review and received a thorough case review during the 2011 through 2016 calendar years. Figure 2 demonstrates the number of deaths in Colorado among those aged 0-17 years from 2011 through 2015, as well as the number of deaths the CFPS reviewed during this time period. Deaths for this cohort ranged from 539 in 2012 to 617 in 2013 and averaged 590 deaths per year. An average of 194.6 deaths per year met CFPS criteria and received a full review.

Figure 2. Total number of child fatalities reviewed by CFPS occurring in Colorado by year, 2011- 2015

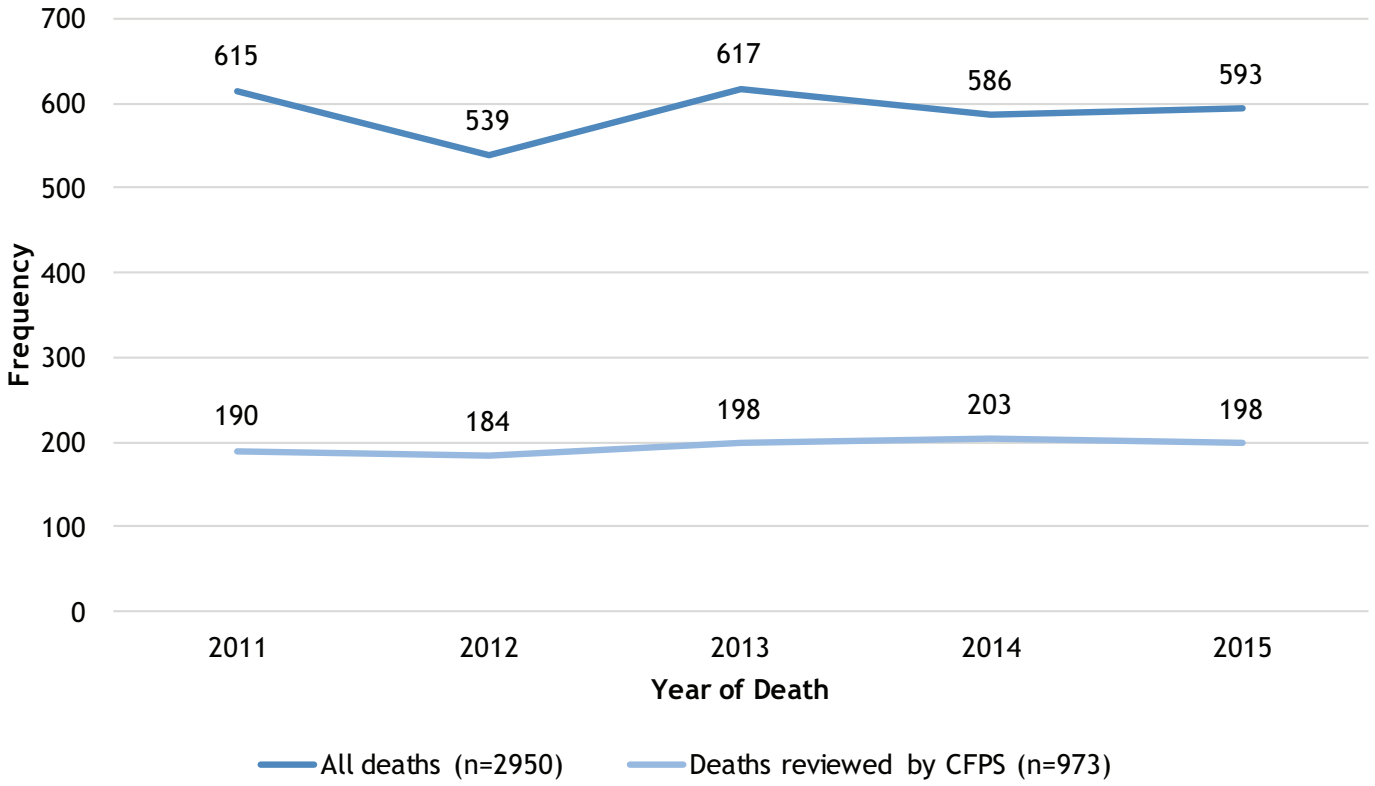


Figure 3 displays the leading causes of death among children and youth under age 18 by year in Colorado for the period from 2011-2015. Deaths by suicide increased steadily each year throughout this period; however, this increase was not statistically significant. Child maltreatment deaths were highest in 2011 and remained steady from 2012 through 2015. Firearms-related fatalities increased from a low of 15 in 2012 to a high of 35 in 2015. This increase mirrors the trend in the proportion of deaths by suicide where firearms were the means for the period. Other causes of death fluctuated year-to-year, but remained steady overall for the period. While all cause of death categories merit continued observation, trends related to death by suicide among Colorado's youth, in particular, warrant special attention. More details about the leading causes of death are available in cause-specific data briefs located at: http://www.cochildfatalityprevention.com/p/reports.html.

Figure 3. Leading causes of death for child fatalities reviewed by CFPS occurring in Colorado by year, 2011-2015 (n=973)

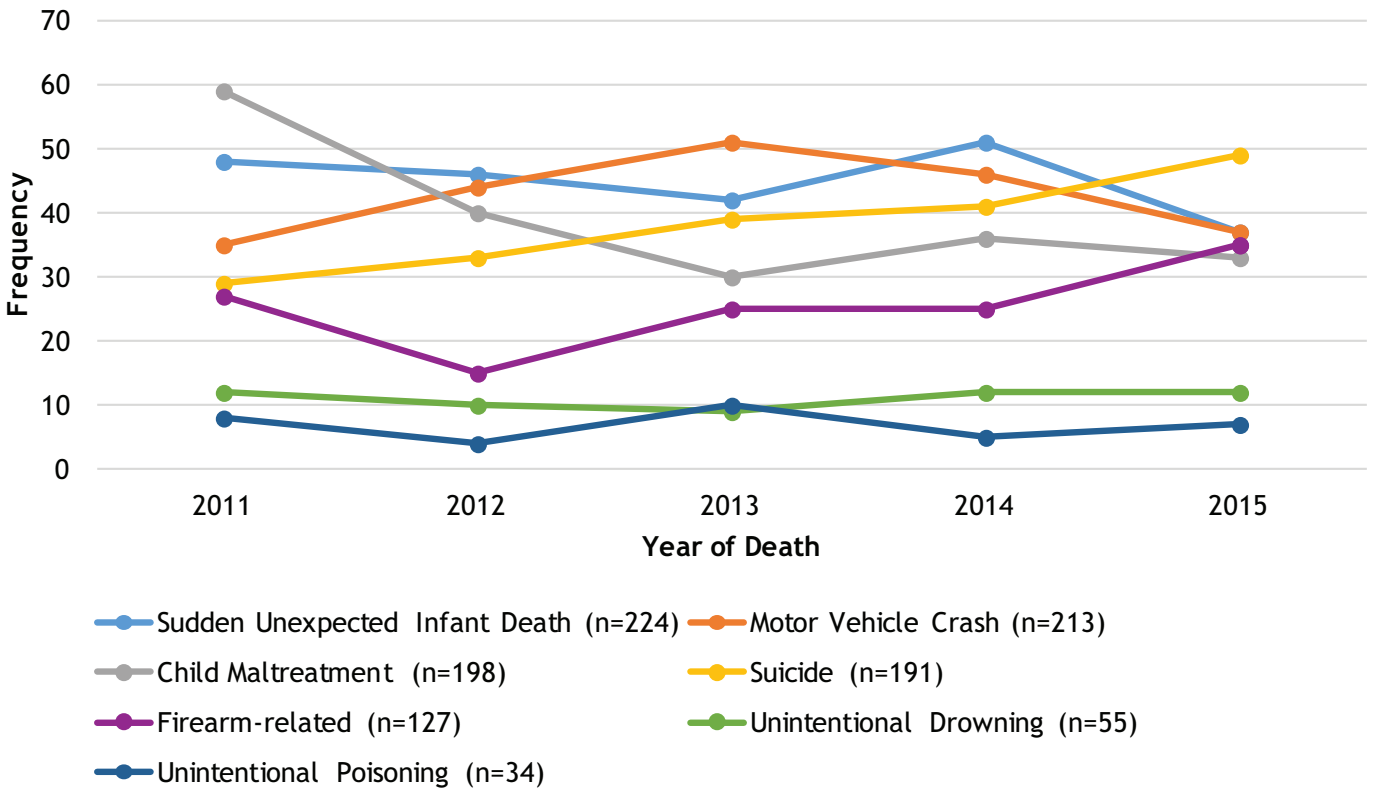


Table 1 displays the leading causes of the deaths the CFPS reviewed by age group. Between 2011 and 2015, sudden unexpected infant death (SUID) was the leading cause of death among children under 1 year of age (75.6 percent, n=224), followed by child maltreatment (25.7 percent, n=76). Among 1-4 year olds, child maltreatment (49.7 percent, n=77), motor vehicle-related (18.1 percent, n=28) and unintentional drowning (16.1 percent, n=25) were the leading causes of death. Children ages 5-9 years had fewer deaths than other age category. The leading causes of death for this age group were motor vehicle-related (53.3 percent, n=40) and child maltreatment (30.7 percent, n=23). Among 10-14 year olds, suicide (46.1 percent, n=71) was the leading cause of death, followed by motor vehicle-related incidents (27.9 percent, n=43) and child maltreatment (8.4 percent, n=13) fatalities. Suicide was also the leading cause of death among 15-17 year olds, representing 41.0 percent (n=120) of all reviewed deaths within this age group, followed by motor vehicle-related fatalities (34.1 percent, n=100) and unintentional poisoning deaths (8.5 percent, n=25).

Table 1. Leading causes of deaths reviewed by CFPS among those under 18 years of age occurring in Colorado by age group, 2011-2015*

	n	Percent		n	Percent
All (n =973)			**Ages 5 - 9 (n = 75)**		
Sudden unexpected infant death	224	23.0	Motor vehicle	40	53.3
Motor vehicle	213	21.9	Child maltreatment	23	30.7
Child maltreatment	198	20.3	Unintentional fall/crush	6	8.0
Age < 1 (n = 296)			**Ages 10 - 14 (n = 154)**		
Sudden unexpected infant death	224	75.7	Suicide	71	46.1
Child maltreatment	76	25.7	Motor vehicle	43	27.9
Unintentional drowning	8	2.7	Child maltreatment	13	8.4
Ages 1 - 4 (n = 155)			**Ages 15 - 17 (n=293)**		
Child maltreatment	77	49.7	Suicide	120	41.0
Motor vehicle	28	18.1	Motor vehicle	100	34.1
Unintentional drowning	25	16.1	Unintentional poisoning	25	8.5

*Cause of death categories are not mutually exclusive.

Data source: Child Fatality Prevention System, Colorado Department of Public Health and Environment.

Child Fatality Prevention System Recommendations to Prevent Child Fatalities

On an annual basis, the CFPS Support Team aggregates prevention recommendations developed by local child fatality prevention review teams during the review process, CFPS State Review Team recommendations and past CFPS recommendations for prioritization. Members of the CFPS State Review Team and local teams rate and rank prevention strategies to select final recommendations for the annual legislative report. The recommendations that follow for the 2017 CFPS Annual Legislative Report are written and formatted as brief overviews of the prevention strategies. The intent is for readers of the report to share individual recommendations or the complete set with a variety of audiences, including policymakers and other partners.

 Youth Suicide Prevention	Increase funding for the Office of Suicide Prevention to implement and evaluate youth suicide prevention efforts.
 Behavioral Health Promotion	Support policies to improve behavioral health for children, youth and families in Colorado.
 Primary Seat Belt Law	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of seating position) in the vehicle is not properly restrained.
 Quality, Affordable Child Care	Support policies that ensure access to quality, affordable child care for families.
 Paid Parental Leave	Support policies that ensure paid parental leave for families.
 Evidence-Based Home Visitation	Support policies that expand access to community-based home visiting programs for all families with new infants.

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Youth Suicide Prevention

Prevention Recommendation:

Increase funding for the Office of Suicide Prevention (OSP) to implement and evaluate youth suicide prevention efforts.

This recommendation is based on **local child fatality prevention review team** recommendations and **past CFPS recommendations**. Supported by the **Office of Suicide Prevention.**

According to the Child Fatality Prevention System (CFPS), suicide is the leading cause of death for youth ages 10 through 17. Between 2011 and 2015, the CFPS identified 191 youth who died by suicide in Colorado. Positive community environment and support, family and peer connectedness, school connectedness and positive relationships can help youth build resiliency.[1] Many of the 191 youth who died by suicide lacked these protective factors that would make them less likely to consider, attempt or die by suicide.

Recommendation Impacts: Violence-related fatalities (homicides, suicides, firearms-related deaths) and child maltreatment (abuse and neglect) fatalities

Since the CFPS was established in statute in 2005, the CFPS State Review Team has consistently identified the need for coordinated suicide prevention efforts and community-based programs that effectively provide education about the risk factors and warning signs associated with suicide to ensure at-risk youth can be identified in a timely manner and referred to care.

In 2000, the Colorado General Assembly created the Office of Suicide Prevention within the Colorado Department of Public Health and Environment to reduce the burden of suicide in Colorado. The Office of Suicide Prevention serves as the lead entity for suicide prevention and intervention efforts in Colorado and collaborates with communities statewide to reduce the number of suicide deaths and attempts in Colorado. In an effort to broaden the reach and impact of state-level suicide prevention activities, the Office of Suicide Prevention emphasizes using state funding to address strategic priority areas. With additional resources, the Office of Suicide Prevention would prioritize the following to address youth suicide in Colorado:

- Expand the community grant program to support more agencies and increase funding specifically for youth suicide prevention.
- Expand implementation and evaluation of a full spectrum of school-based suicide prevention programs that promote emotional resilience, school connectedness and positive youth development as protective factors for suicide as well as the development and standardization of protocols for K-12 schools for prevention, intervention and postvention.
- Expand means safety initiatives, including training clinicians to counsel on access to lethal means and safety planning, as well as implementation of the Gun Shop Project to more counties in Colorado.
- Expand implementation of the Zero Suicide framework within health systems.

[1]Colorado Department of Public Health and Environment. (2006). *Bold steps toward child and adolescent health: A plan for youth violence prevention in Colorado*. Retrieved from www.ccasa.org/wp-content/uploads/2014/10/Bold-Steps.

All schools in Colorado should implement a full spectrum of prevention programming starting with comprehensive protocols to address prevention, intervention and postvention. There are existing national resources and protocol development tools, as well as statewide support from the School Safety Resource Center to assist schools in developing and implementing protocols. Further, all school staff should receive training specific to suicide prevention. There are several online training courses, including courses on the National Registry of Evidence-based Programs and Practices (NREPP) and the Best Practices Registry (BPR). Schools may leverage House Bill 2006-1098, which allows teachers and other designated staff to take suicide prevention training to fulfill continuing education requirements.

Every middle and high school should have an evidence-based prevention program and its complements, such as gatekeeper trainings for all staff and referral protocols with resources like the Second Wind Fund. Specifically, Colorado should expand implementation and evaluation of school-based suicide prevention programs, like Sources of Strength, which promote resilience and positive youth development as protective factors from suicide. Additionally, primary prevention efforts designed to increase protective factors should be adopted within elementary schools, such as the Good Behavior Game, which focuses on social/emotional learning.

The Gun Shop Project is an education and awareness project that partners with firearm advocates, gun shops, firing ranges and firearm safety course instructors to adopt and promote firearm safety and suicide prevention messages. The core message is that restricting a suicidal individual's access to firearms is a critical aspect of firearm safety. As of Fiscal Year 2017, the Gun Shop Project is implemented in over 20 counties in Colorado.

The Zero Suicide framework is built on the foundational belief that suicide deaths of individuals under care within health and behavioral health systems are preventable and has shown significant results at reducing suicide. This system-level approach to quality improvement reflects a commitment to patient safety and the safety and support provided by clinical staff. The key elements of Zero Suicide include: leadership, training, screening and risk assessment, patient engagement, treatment, transition care and quality improvement. Health systems that have implemented Zero Suicide have seen up to an 80 percent reduction in suicide deaths for patients within their care. As of April 2017, all community mental health centers in Colorado have been trained in the Zero Suicide framework. Additionally, health systems, hospitals and even one school district have been trained in the framework. Implementation progress varies by site and will occur over the course of several years.

The burden of suicide in Colorado demands statewide leadership for prevention and intervention efforts, and the Office of Suicide Prevention is committed to providing that leadership through innovative prevention programs, strategic statewide partnerships and advancement of prevention science. The Suicide Prevention Commission was created in 2014 for the purpose of providing public and private leadership and direction regarding suicide prevention in Colorado. Similar to the CFPS State Review Team, the Suicide Prevention Commission is tasked with identifying data-driven and evidence-based recommendations to move prevention efforts forward and maximize resources. Through this commission, there are opportunities for the CFPS State Review Team to collaborate and coordinate on suicide prevention recommendations and leverage implementation of statewide suicide prevention efforts. The policy recommendation to increase available funding to address suicide programming and prevention is aligned with and endorsed by the Suicide Prevention Commission.

Behavioral Health Promotion

Prevention Recommendation:

Support policies to improve behavioral health for children, youth and families in Colorado.

This recommendation is based on **local child fatality prevention review team** recommendations, **CFPS State Review Team recommendations** and **past CFPS recommendations.**

Policies and associated funding that improve behavioral health (both mental health and substance abuse prevention) for children, youth and families promote protective factors and prevent child fatalities. Healthier adults, parents and caregivers lead to healthier children and youth. When parents and caregivers' behavioral health needs are addressed, family functioning is improved, which has the potential to prevent many types of child fatalities.

Behavioral health should be promoted across the spectrum of prevention, including primary, secondary and tertiary prevention. Population-based, primary prevention efforts include those that reduce stigma of mental health disorders and reduce stigma of seeking help when faced with behavioral health needs including mental health concerns and substance abuse. Additionally, efforts to reduce caregiver and family stressors through supports such as paid parental leave and affordable, quality child care, also Child Fatality Prevention System recommendations, serve to increase the behavioral health of children, youth and families.

Recommendation Impacts: Child maltreatment (abuse and neglect) fatalities, sudden unexpected infant deaths (SUID)/sleep-related infant deaths, violence-related fatalities (homicides, suicides, firearms-related deaths), fatalities due to unintentional injuries (drowning, falls, fire, poisoning) and motor vehicle-related fatalities

From a secondary prevention perspective, increasing access to health care can improve access to behavioral health screenings and treatment services. These services are better facilitated when health care is both accessible and integrated. One way to improve access to care is to ensure that all Coloradans have access to health insurance. Requiring health insurance plans to cover behavioral health services would increase the availability and access of these services for people who need them. For example, ensuring that insurance covers treatment for substance abuse, such as Medication-Assisted Treatment (MAT) for opioid drug use, is an important component of Colorado's efforts to combat the opioid overdose epidemic.

Integration of behavioral health care into primary care is another way to improve the behavioral health of children, youth and families. Research indicates that integration of behavioral health care reduces patients' self-reported depression and increases their satisfaction with health care services.[2] Integration of care allows for children and youth already accessing primary care regularly, such as for annual physicals, to be screened and referred to behavioral health care services, including mental health care services and substance use treatment. Similarly, as there are fewer behavioral health care services and providers compared to primary care services and providers, integration allows for an alternative access point for behavioral health care.

Tertiary prevention for behavioral health includes ongoing coordination of care in the aftermath of an acute behavioral health crisis. This care management is also essential to ensuring that children, youth and families in Colorado maintain strong behavioral health.

Supporting policies and efforts to improve behavioral health across the spectrum of prevention have the potential to improve access to behavioral health services, address behavioral health needs and prevent child fatalities in Colorado.

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[2]Balasubramanian, B. A., Cohen, D. J., Jetelina, K. K., Dickinson, L. M., Davis, M., Gunn, R., Gowen, K., Miller, B.F., & Green, L.A. (2017). Outcomes of integrated behavioral health with primary care. *The Journal of the American Board of Family Medicine*, 30(2), 130-9. Retrieved from http://www.jabfm.org/content/30/2/130.full

Primary Seat Belt

Prevention Recommendation:

Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of seating position) in the vehicle is not properly restrained.

This recommendation is based on **local child fatality prevention review team recommendations, CFPS State Review Team recommendation, past CFPS recommendations** and is a priority of the **Colorado Young Drivers Alliance (CYDA)** formerly Colorado Teen Driving Alliance (CTDA).

In 2015, Colorado experienced 346 passenger vehicle occupant fatalities, 54 percent (n=188) of which were unrestrained, an increase of 21 percent from 2014. Ten of those unrestrained fatalities were children, with an additional 90 unrestrained children receiving serious injuries.[3] Between 2011 and 2015, there were 136 passenger vehicle fatalities in Colorado among children and youth under 18 years of age. Decedents in these fatal passenger vehicle crashes were improperly restrained 52.9 percent (n=72) of the time.

According to the National Highway Traffic Safety Administration and the Centers for Disease Control and Prevention, wearing a seat belt is one of the best defenses to prevent injury and death in a crash, and it remains one of the best ways to protect a child in a vehicle. In fact, research has shown that seat belts reduce serious injuries and deaths in crashes by approximately 50 percent.[4,5]

Recommendation Impacts:
Motor vehicle fatalities and fatalities due to unintentional injuries (drowning, falls, fire, poisoning)

Despite the evidence pointing to the effectiveness of primary seat belt legislation, Colorado only has a secondary seat belt law, which prevents law enforcement from stopping drivers unless they have also witnessed a primary infraction. As a result, seat belt use remains stagnant in Colorado at 84 percent, well below the national average of 90.1 percent. Colorado has fallen far behind in road safety and is one of only 15 states that have not passed a primary seat belt law. The other 35 states that have passed primary seat belt laws experienced an increase of seat belt usage by 12 to 18 percent.[6]

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[3]Colorado Department of Transportation. (2017). Colorado problem identification report fiscal year 2017. Retrieved from https://www.codot.gov/safety/safety-data-sources-information/colorado-problem-identification-id-reports

[4]National Highway Traffic Safety Administration. (2017, June 11). Seat belts: NHTSA in action. Retrieved from https://www.nhtsa.gov/risky-driving/seat-belts#3496

[5]Centers for Disease Control and Prevention National Center for Injury Prevention and Control. (2011, January 4). CDC vital signs: Adult seat belt use. Retrieved from http://www.cdc.gov/vitalsigns/SeatBeltUse/

[6]Centers for Disease Control and Prevention. (2015). Intervention fact sheets: Primary enforcement of seat belt laws. Retrieved from https://www.cdc.gov/motorvehiclesafety/calculator/factsheet/seatbelt.html

Adult seat belt use has a significant impact on child passenger safety because drivers who wear seat belts are more likely to restrain their child passengers. Adult behavior affects children; properly belted adults are positive role models for children and young adults. A national study of fatal crashes found that when adult drivers used a seat belt, children riding with them were also restrained 94 percent of the time. However, when adults did not use a seat belt, child restraint use dropped to only 30 percent.[7]

Passing primary enforcement would improve Colorado's commitment to public safety, support law enforcement's work on the roadways, and drastically reduce serious injuries and fatalities from passenger vehicle crashes.

[7]National Highway Traffic Safety Administration. (2006). 2006 motor vehicle occupant protection facts. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&-cad=rja&uact=8&ved=0CB8QFjAA&url=http%3A%2F%2Fwww.nhtsa.gov%2FDOT%2FNHTSA%2FTraffic%2520Injury%2520Control%2FArticles%2FAssociated%2520Files%2F810654.pdf&ei=B1pKVfCmBILYtQWlqYGADg&usg=AFQjCNHbVzaQDVnFP7ZB2onnANENLAWCqw&bvm=bv.92291466,d.b2w .

Quality, Affordable Child Care

Prevention Recommendation:

Support policies that ensure access to quality, affordable child care for families.

This recommendation is based on local child fatality prevention review team recommendations and CFPS State Review Team Recommendations.

Child care in Colorado is essentially unaffordable. Child Care Aware of America estimates that in Colorado the annual cost of center-based child care is $14,950, and the annual cost of home-based child care is $9,620.[8] While child care is a major cost for families of all income levels, it can be especially difficult for families who earn a minimum wage. Child care costs often exceed caregivers' salaries, and according to the Child Care Aware of America, caregivers in Colorado can expect to pay approximately $10,000 for annual tuition at a public college and near $15,000 for infant care provided in centers.[9]

Recommendation Impacts:
Child maltreatment (abuse and neglect) fatalities, sudden unexpected infant deaths (SUID)/sleep-related infant deaths, violence-related fatalities (homicides, suicides, and firearms-related deaths), fatalities due to unintentional injuries (drowning, falls, fire, poisoning), and motor vehicle fatalities

While most child deaths do not occur in child care settings, access to quality, affordable child care impacts families in Colorado in several ways. Quality child care often includes not only care, but also access to opportunities for early learning and education that impact infant and child development.[10] Additionally, affordable child care allows caregivers to work outside the home which contributes to family economic stability.[10] In families where caregivers experience less economic strain and decreased stress, child maltreatment is less likely to occur.[11] Subsidized child care has been shown to decrease child maltreatment, including both abuse and neglect.[12]

[8]Child Care Aware of America. (2017, June 5). Parents and the high cost of child care: 2016. Retrieved from http://www.usa.childcareaware.org/advocacy-public-policy/resources/reports-and-research/costofcare/

[9]Child Care Aware of America. (2016). *Colorado cost of child care*. Retrieved from http://www.usa.childcareaware.org/wp-content/uploads/2016/12/State-Fact-Sheets_Colorado.pdf.

[10]Executive Office of the President Council of Economic Advisers. (2016). Inequality in early childhood and effective public policy and effective public policy interventions. In Economic report of the president (Chapter 4). Retrieved from https://www.gpo.gov/fdsys/pkg/ERP-2016/pdf/ERP-2016-chapter4.pdf

[11]Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

[12]Association of State and Territorial Health Officials (ASTHO). (n.d.). Essentials for childhood: Policy guide. Retrieved from http://www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/

State and local policymakers and organizations can support strategies that ensure access to quality, affordable child care for families by:

- Increasing funding for child care assistance programs, specifically Colorado Child Care Assistance Program (CCCAP), to expand access to more families.
- Expanding enrollment in child care support subsidies through Colorado Works/Temporary Assistance to Needy Families (TANF) and Women, Infants, and Children (WIC).[13]
- Passing policies that provide training and education to family, friend and neighbor caregivers to increase quality of care in licensed-exempt settings, as some families may choose to use alternative care options because of the high cost of child care.

In addition to the strategies listed above, efforts to reduce caregiver and family stressors through supports such as paid parental leave, also a Child Fatality Prevention System recommendation, have the potential to make quality child care more affordable, create economic stability for families and prevent child fatalities in Colorado.

[13]Association of State and Territorial Health Officials (ASTHO). (n.d.). Essentials for childhood: Policy guide. Retrieved from http://www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/

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Paid Parental Leave

Prevention Recommendation:

Support policies that ensure paid parental leave for families.

This recommendation is based on **local child fatality prevention review team recommendations**, **CFPS State Review Team recommendations** and **past CFPS recommendations.**

For all caregivers, including birth mothers, fathers, same-sex parents and adoptive parents, the ability to take paid leave allows for closer bonding among family members and is a protective factor against child maltreatment.[14] Studies have shown paid family leave has a significant association with reductions in hospitalizations for abusive head trauma.[15] Paid leave also reduces the impact of the parental stress and symptoms of maternal depression which are known risk factors for child maltreatment.[16] Additionally, paid leave promotes family financial stability by helping families maintain employment and stay above the poverty level.[16,17]

Recommendation Impacts: Child maltreatment (abuse and neglect) fatalities, sudden unexpected infant deaths (SUID)/sleep-related infant deaths, violence-related fatalities (homicides, suicides, firearms-related deaths), fatalities due to unintentional injuries (drowning, falls, fire, poisoning) and motor vehicle fatalities

Research also indicates paid leave is supportive of breastfeeding, which has significant health benefits for both mothers and babies, including acting as a protective factor against sudden unexpected infant deaths (SUID).[18] Both breastfeeding and the ability to take longer leave are associated with lower rates of child abuse and neglect.[19] Between 2011 and 2015, the Child Fatality Prevention System (CFPS) identified 224 SUIDs and 198 child maltreatment deaths, which might have been prevented had paid parental leave policies been implemented in Colorado.

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[14]Association of State and Territorial Health Officials (ASTHO). (n.d.). Essentials for childhood: Policy guide. Retrieved from http://www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/

[15]Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

[16]Klerman, J., Daley, K., & Pozniak, A. (2014). *Family and medical leave in 2012: Technical report*. Cambridge, MA: Abt Associates. Retrieved from https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf

[17]Houser, L., & Vartanian, T. (2012, January). *Pay matters: The positive economic impact of paid family leave for families, businesses and the public*. New Brunswick, NJ: Center for Women and Work at Rutgers, the State University of New Jersey Publication. Retrieved from http://www.nationalpartnership.org/site/DocServer/Pay_Matters_Positive_Economic_Impacts_of_Paid_Family_L.pdf?docID=9681

[18]Task Force on Sudden Infant Death Syndrome. (2011). SIDS and other sleep-related infant deaths: Expansion of recommendations for a safe infant sleep environment. *Pediatrics, 128*(5), e1341-e1367. doi: 10.1542/peds.2011-2285

[19]Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

While federal law gives some employees the ability to take unpaid leave, many employees are not covered and those who are may be unable to take unpaid leave. For example, an estimated 40 percent of the US workforce is not eligible for the Family and Medical Leave Act of 1993 (FMLA).[20] Further, employees who are eligible for FMLA leave may not be able to afford to take unpaid time off.[21] An analysis of 2012 Department of Labor survey data found that nearly one in four women who took leave to have a baby was back at work within two weeks. Nearly half of those took only one week or less.[22]

In 2015, only 14 percent of US civilian workers had access to paid family leave through their employers[23] and fewer than 40 percent had access to the partial pay benefits for pregnancy and childbirth offered by employer-provided short-term disability insurance.[23] Workers in the lowest paid jobs are least likely to have parental leave, meaning those least likely to be able to afford to take unpaid leave have no other option. In 2015, only four percent of low-wage workers had access to paid parental leave, compared to 24 percent of high-wage workers.[23] Parents and caregivers who are financially able to take longer parental leave choose to do so and are more likely to receive the full health benefits of this leave for their children.[24]

The Family and Medical Leave Insurance Program Wage Replacement Act, which would guarantee all Colorado workers up to 12 weeks of paid leave to care for themselves and their families, was introduced in the 2017 legislative session. The bill, which was similar to bills proposed in Colorado in 2015 and 2016, ultimately passed in the Colorado House of Representatives, but not in the Senate. Five states (New York, New Jersey, California, Hawaii and Rhode Island) and the District of Columbia currently offer or will offer paid leave.[25] In January 2016, county commissioners in Boulder County expanded the paid family leave benefit for new parents on the county's payroll. The CFPS encourages local and state level policymakers and employers across Colorado to support policies that promote paid parental leave. This will enable parents and caregivers to take adequate time to care for and bond with their children as well as support efforts to reduce family stressors by ensuring access to quality, affordable child care, also a recommendation of the Child Fatality Prevention System to reduce child abuse and neglect and achieve other positive outcomes.

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[20]U.S. Department of Labor, Wage and Hour Division. (2013). FMLA survey factsheet: FMLA is working. Retrieved from https://www.dol.gov/whd/fmla/survey/FMLA_Survey_factsheet.pdf

[21]Klerman, J., Daley, K., & Pozniak, A. (2014). *Family and medical leave in 2012: Technical report*. Cambridge, MA: Abt Associates. Retrieved from https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf

[22]Lerner, S. (August 18, 2015). The real war on families: Why the U.S. needs paid leave now. *In These Times*. Retrieved from http://inthesetimes.com/article/18151/therealwaronfamilies

[23]U.S. Department of Labor, Bureau of Labor Statistics. (2016, March). National compensation survey: Employee benefits in the United States, March 2016. Retrieved from https://www.bls.gov/ncs/ebs/benefits/2016/ownership/civilian/table32a.htm

[24]Minnesota Department of Health, Center for Health Equity. (March 2015). White paper on paid leave and health. Retrieved from http://www.health.state.mn.us/news/2015paidleave.pdf

[25]CLASP: Policy solutions that work for low-income people. (2017, January). The family and medical insurance leave (FAMILY) act: An FAQ for businesses. Retrieved from http://www.clasp.org/resources-and-publications/publication-1/2017.01.27-FAMILY-Act-FAQ_FINAL.pdf

Evidence-Based Home Visitation

Prevention Recommendation:

Support policies that expand access to community-based home visiting programs for all families with new infants.

This recommendation is based on **local child fatality prevention review team recommendations**, **CFPS State Review Team recommendations** and is supported by the **CFPS Child Maltreatment Prevention Subcommittee.**

Children get off to a better, healthier start with caregivers and parents who have the skills needed to raise them. Community-based home visiting programs are family support programs that take place in a location that is convenient and comfortable for the family, including the family home or a neutral location such as a park or library. Home visiting programs match parents and caregivers with trained providers such as nurses or parent support providers. These providers visit with families regularly from the time a mother is pregnant through the first few years of the child's life, depending on the specific program. During this critical developmental period, parents receive support and knowledge about how to provide a safe and stimulating environment, how children grow and learn, and ways to promote bonding and attachment with their children.

Home visiting programs offer trained professionals who are nonjudgmental and supportive, and meet regularly with expectant parents or families with young children. Home visitors evaluate a family's needs and provide services tailored to those needs. The exact services and topics covered vary based on the specific home visiting program and may include:

- Teaching parenting skills and modeling effective techniques.
- Promoting early learning in the home with an emphasis on positive interactions between parents and children and the creation of a language-rich environment that stimulates early language development.
- Providing information and guidance on a wide range of topics including breastfeeding, safe sleep position, injury prevention, home safety, child health and nutrition.
- Conducting screenings and providing referrals to address postpartum depression, substance abuse and family violence.
- Screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities.
- Connecting families to other services and resources as appropriate.

Recommendation Impacts: Child maltreatment (abuse and neglect) fatalities, sudden unexpected infant deaths (SUID)/sleep-related infant deaths, violence-related fatalities (homicides, suicides, firearms-related deaths) and fatalities due to unintentional injuries (drowning, falls, fire, poisoning)

The Child Fatality Prevention System (CFPS) identified 198 cases where child maltreatment either directly caused or contributed to the death of a infant, child, or youth in Colorado, and the rates of child maltreatment fatalities were significantly higher for infants and children ages 0 to 4 compared to older populations. Community-based home visiting programs improve the wellbeing of families and children and make communities healthier and safer by providing support, screenings and connections to resources for families experiencing high levels of stress. Home visiting programs contribute to reductions in child maltreatment, positive health outcomes, improvements in child health and development, improvements in school readiness, increased parenting skills, reductions in family violence or crime, improvements in family economic self-sufficiency and coordination of services and referrals.[26]

In addition, community-based home visiting programs support the Strengthening Families' Protective Factors Framework.[27] Strengthening Families is an approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. The goal is to engage families, programs and communities in building five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence.

Currently, there is not a single county in Colorado that has home visiting programs to meet the overall needs of families in the county. It is important for counties to have a variety of home visiting program options because families have different needs and each program has specific eligibility requirements. Scaling up community-based home visiting programs in Colorado is necessary so that all families with new infants can benefit from participation in the programs.

[26]U.S. Department of Health & Human Services. (2017). Home visiting evidence of effectiveness. Retrieved from https://homvee.acf.hhs.gov/Models.aspx

[27]Center for the Study of Social Policy. (2017). Strengthening families: A protective factors framework. Retrieved from http://www.cssp.org/reform/strengtheningfamilies/about

Child Fatality Prevention System Recommendations to Improve Data Quality

Pursuant to Colorado Revised Statutes (C.R.S.) 25-20.5-407 (1)(g), the CFPS is required to report on system strengths and weaknesses identified during the child fatality review process. For the purpose of the report, "system" is defined as state and local agencies or Colorado laws that potentially impact the health and well-being of children, and "systematic child-related issues" means any issues involving one or more agencies. System strengths are embedded in the Prevention Activities of the Child Fatality Prevention System section of this report (see Table 2, page 30). The weaknesses identified by the CFPS are primarily related to how data is collected, shared, analyzed and used by different systems. The CFPS prioritized four recommendations to strengthen the quality and utility of child fatality data. These recommendations include ideas to improve how child fatalities are examined by investigative agencies as well as ideas to improve systems to track and analyze data. Improving data quality has the potential to enhance the utility of the data to inform decisions about which prevention programs and policies to recommend and implement in Colorado.

Implement policies and protocols at law enforcement agencies and coroner offices to require use the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) during infant death scene investigations.

Infant death scene investigations are critical to fully understand the circumstances and factors contributing to unexplained infant deaths. A full infant death scene investigation includes a thorough examination of the death scene, a review of clinical history and the performance of an autopsy. The CFPS has limited ability to determine the circumstances related to infant deaths when a full infant death scene investigation and the SUIDIRF are not completed. Having this information can help the system identify risk factors associated with infant deaths and improve future prevention recommendations.

CFPS State Review Team Recommendation

The Centers for Disease Control and Prevention designed the SUIDIRF to assist investigative agencies in understanding the circumstances and factors contributing to unexplained infant deaths, as well as to establish a standardized death scene investigation protocol for the investigation of all sudden unexpected infant deaths (SUID).[28] The SUIDIRF improves classification of infant deaths that occur in a sleep environment by standardizing data collection, guides investigators through the steps involved in an investigation and produces information that researchers can use to recognize new threats and risk factors for SUIDs. Although the SUIDIRF is a useful tool for death scene investigators, Colorado has among the lowest rates of all states for filling out the SUIDIRF.[29] Currently, 12 states require special training about SUIDs for infant death scene investigators.[30] Due to the CFPS promoting the use of the SUIDIRF over the past several years, Colorado data indicated an increase in the proportion of SUID investigations where the SUIDIRF was utilized from 12.5 percent in 2011 to 48.7 percent in 2015. Implementing policies and protocols at law enforcement agencies and coroner offices to require the use of the SUIDIRF in Colorado has the potential to improve the information collected about unexplained infant deaths as well as enhance prevention recommendations for SUIDs across the state.

[28]Centers for Disease Control and Prevention (CDC). (2012, January 12). Sudden unexpected infant death and sudden infant death syndrome: Infant death scene investigation. Retrieved from http://www.cdc.gov/sids/SceneInvestigation.htm

[29]Erck Lambert, A. B., Parks, S. E., Camperlengo, L., Cottengim, C., Anderson, R. L., Covington, T. M., & Shapiro-Mendoza, C. K. (2016). Death scene investigation and autopsy practices in sudden unexpected infant deaths. *Journal of Pediatrics*, 174, 84-90. Doi: 10.1016/j.jped.2016.03.057

[30]National Conference of State Legislatures (NCSL). (2015, March). Sudden unexpected infant death legislation. Retrieved from http://www.ncsl.org/research/health/sudden-infant-death-syndrome-laws.aspx

Implement policies and protocols at law enforcement agencies and coroner offices to require the use of a suicide death scene investigation form when investigating suicide deaths.

Data systems in Colorado, including the CFPS data system and the Colorado Violent Death Reporting System, often have missing and unknown data for several variables related to suicide circumstances. For example, there is often limited information about a decedent's mental health history and about lethal means, especially regarding firearm storage and ownership. In order to improve the case review process and conduct quality case-specific reviews, the CFPS recommends that law enforcement agencies and coroner offices develop protocols and implement standardized use of a suicide death scene investigation form so that law enforcement officers and coroners consistently collect circumstance data when investigating a suspected suicide death. The CFPS Investigative and Data Quality Subcommittee, in partnership with the Suicide Prevention Commission, began drafting a suicide death scene investigation form in Fiscal Year 2017. Content experts from numerous organizations and agencies with vested interests in preventing deaths by suicide in Colorado worked collaboratively to produce this comprehensive investigation tool that will help improve Colorado's understanding of suicide deaths and may aid in the identification of new prevention strategies.

Joint Suicide Prevention Commission and CFPS State Review Team recommendation

During the first half of Fiscal Year 2017, the initial draft of this form was piloted in 10 counties across Colorado. The CFPS Investigative and Data Quality Subcommittee gathered feedback from death scene investigators who piloted the suicide death scene investigation form and made improvements based on their suggestions. In Fiscal Year 2018, the CFPS will distribute the form in electronically-fillable and traditional paper-and-pencil formats for widespread utilization among both medicolegal death investigators and law enforcement investigators across the state. Implementing policies and protocols within agencies investigating potential deaths by suicide will improve the quality of data received by CFPS, increase understanding of the circumstance of suicide deaths in Colorado and help to identify common risks and points for intervention.

Strengthen practices related to sharing child maltreatment data across local agencies in Colorado.

Joint Colorado Department of Human Services (CDHS) Child Fatality Review Team and CFPS State Review Team recommendation

Pursuant to C.R.S. 25-20.5-407 (1) (i), the Child Fatality Prevention System (CFPS) State Review Team is required to collaborate with the Colorado Department of Human Services (CDHS) Child Fatality Review Team to make joint recommendations for the prevention of child fatalities due to child maltreatment. Both teams endorse the recommendation to strengthen policies related to sharing child maltreatment data across agencies in Colorado. Most importantly, improved data will inform decisions regarding best practices and policies to prevent child maltreatment. In addition, per statute, CFPS reconciled child maltreatment data from both systems. More information can be found in the child maltreatment data brief: http://www.cochildfatalityprevention.com/p/reports.html.

One of the core components of the child welfare system is to make decisions based on the most accurate and current data possible. Sharing data electronically in real time can provide a more complete picture of family circumstances and have an immediate impact on improving child protection decision-making by state and local entities.[31] Although children and families often interact with multiple public agencies, such as local departments of human services, law enforcement agencies, hospitals and substance abuse treatment centers, these agencies do not always have access to data and information across agencies that would best serve children at risk for abuse or neglect fatalities.

Enhancing the ability of local agencies in Colorado to share data is a key component of preventing child abuse and neglect fatalities. Improving data sharing and analyses over time will strengthen prevention and intervention work by helping those who work with families (departments of human services, medical providers, law enforcement courts and others) and families themselves to make better decisions about child safety. One option to improve systems is to ensure access to the data in real time and through electronic cross-notification among agencies.

Current efforts are underway to better understand other state models of this work, such as California's Los Angeles County Electronic Suspected Child Abuse Report System (E-SCARS). This system is designed to improve communication between law enforcement and child protective services agencies by sharing access to data across agencies.[31] Colorado agencies could consider a similar approach in order to overcome data-sharing challenges such as high costs, confidentiality concerns and lack of collaboration. Additionally, one way to strengthen practices related to sharing of child maltreatment data may be to create a data sharing profile in Colorado Trails, which would require specific parameters to ensure confidentiality and minimize misuse. Colorado Trails modernization is in development within the Colorado Department of Human Services (CDHS) Division of Child Welfare and exploration will continue to determine if resources will support a data sharing profile. Discussions during local CFPS team and CFPS State Review Team meetings also consistently highlight the potential

[31]Commission to Eliminate Child Abuse and Neglect Fatalities. (2016). *Within our reach: A national strategy to eliminate child abuse and neglect fatalities*. Washington, DC: Government Printing Office.

benefit of providing access for caseworkers to municipal court records and medical databases. For example, caseworkers currently do not have access to municipal court records, which is a barrier to accessing information that could highlight issues frequently co-occurring with child maltreatment such as access to a caregiver's domestic violence history during current or prior relationships. An assessment of barriers, current laws and existing electronic systems will be a part of ongoing research to strengthen practices related to data sharing across agencies.

Current work on this recommendation includes a needs assessment of several Denver metro area CFPS teams regarding information sharing, background research on other state processes to share information and key informant interviews with partners at various state and local agencies. Additionally, efforts to coordinate various statewide projects to increase information sharing related to child maltreatment will begin during summer 2017 with an in-person convening of interested agencies and partners, including Colorado Department of Human Services, Child Protection Ombudsman of Colorado, and Colorado Department of Public Health and Environment.

Improve substance use data quality by exploring additional data sources to supplement CFPS data.

The CFPS regularly collects information on substance use, substance abuse disorders and mental health histories through law enforcement and coroners reports; however, the data collected on these topics is often incomplete. Much of this information originates from interviews with family members or others on scene at the time of the investigations. Additionally, while the CFPS provides clear guidance on how to enter mental health and substance abuse information into case reporting system, the data entered by local review teams does not reflect a strict adherence to the data entry guidance offered through the National Center for Fatality Review and Prevention. As of the time of this report, information on substance abuse history was missing or unknown in 39.3 percent (n=75) of deaths by suicide and mental health history was missing for approximately 33.5 (n=64) to 56.5 percent (n=108) of deaths by suicide, depending on the question under consideration.

The CFPS is committed to understanding the contribution of substances, including alcohol, tobacco, marijuana and prescription drugs, to the fatal circumstances leading to death among children and youth under 18 years of age occurring in Colorado. For example, research indicates maternal smoking during pregnancy, smoke in the environment of an infant and third-hand smoke (residual contamination of the environment after a cigarette has been extinguished) may affect infant arousal and preterm birth, both of which contribute an increased risk of SUID and sudden infant death syndrome (SIDS).[32] Understanding and improving the quality of data captured regarding smoking during pregnancy and in the infant's environment, will help to identify points of intervention to reduce the risk of SUID in Colorado. CFPS data on maternal smoking behaviors prior to and during pregnancy comes from birth certificate information collected through the Vital Statistics Program at CDPHE. Information on secondhand smoke exposure in the environment following birth, however, relies

[32]Moon, R., Y., and AAP Task Force on Sudden Infant Death Syndrome. (2016). *SIDS and other sleep-related infant deaths: Evidence base for 2016 updated recommendations for a safe infant sleeping environment*. *Pediatrics, 138*(5). doi: e20162940.

heavily on reports received during the review of a fatality. Information on maternal smoking during pregnancy from 2011-2015 was missing or unknown for 11.6 percent (n=26) of all SUIDs reviewed, while information on secondhand smoke exposure, exposure in the child's environment following birth, was missing or unknown 40.6 percent (n=91) of the time. Improved scene investigation and continued utilization of the SUIDIRF when investigating these deaths will improve our understanding of the contribution of smoke exposure to SUIDs in Colorado.

Based on local child fatality prevention review team recommendations and CFPS State Review Team recommendations

Alcohol, marijuana and other licit and illicit substances can impact the causes of death CFPS reviews. The Centers for Disease Control and Prevention identifies history of mental disorders and alcohol and substance abuse as significant risk factors for suicide.[33] Similarly, substance use and/or a history of mental health concerns within a family are known risk factors for perpetration of child maltreatment. Substance use, specifically alcohol use and drunk driving, were responsible for approximately one in five child passenger fatalities from 2001–2010.[34] Child passengers of drunk drivers are reported to be improperly restrained approximately 40.0 percent of the time.[35] Among all poisoning or overdose deaths reviewed by CFPS, none of the circumstance information collected indicated a locked, secured storage location for substances involved in these deaths including for many addictive and potentially lethal substances and medications.

One way to improve data regarding mental health and substance use disorder histories would be to link the Office of Behavioral Health (OBH) data system with the CFPS data system. This has the potential to improve the understanding of the impacts of mental health and substance use on child fatalities where the perpetrator or decedent was accessing community-based, publically-funded mental health or substance abuse treatment. CFPS is currently exploring a data sharing agreement with the Office of Behavioral Health at the Colorado Department of Human Services, which has numerous robust data sets containing histories of treatments and diagnoses. Developing a data sharing agreement with the Office of Behavioral Health could provide a more accurate view of the burden of substance use disorders and mental health diagnoses associated with the kinds of fatalities that meet CFPS criteria.

Strategies like collecting better death scene information through the use of the recently developed suicide death scene investigation form and linking records and improving data sharing practices with the Office of Behavioral Health will help to inform substance use and abuse and mental health history and will enhance the data published by the system. Throughout the course of the next year, the CFPS Investigative and Data Quality Subcommittee, with support of partner state agencies, will explore additional sources of mental health and substance use and abuse data to better understand the contribution of these risk factors to the deaths of infants, children and youth occurring in Colorado.

[33]Centers for Disease Control and Prevention (CDC). (2016, August 15). *Suicide: Risk and protective factors*. Retrieved from https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html

[34]Quinlan K., Shults R. A., Rudd R. A. (2014). Child passenger deaths involving alcohol-impaired drivers. *Pediatrics, 133(*6). doi:10.1542/peds.2013-2318.

[35]Cody B. E., Mickalide A. D., Paul H.P., Colella J. M. (2002). *Child passengers at risk in America: A national study of restraint use*. Washington (DC): National SAFE KIDS Campaign.

Analysis and Updates on CFPS Prevention Recommendations

Since 2006, the CFPS has made annual prevention recommendations to policymakers to prevent child fatalities in Colorado. State agencies and other partners made significant progress towards accomplishing the majority of the recommendations. An analysis and summary of the recommendations from the previous three years is described in Table 2 below. Details of past CFPS recommendations are located in previous CFPS annual reports: www.cochildfatalityprevention.com/p/reports.html.

Table 2. Analysis and Updates on Child Fatality Prevention System (CFPS) Prevention Recommendations

Recommendation Year	Legislative Recommendation	Progress towards Recommendation
Completed		
2014	Modify child care licensing requirements and regulations regarding infant safe sleep to better align with American Academy of Pediatrics (AAP) safe sleep recommendations.	Effective April 1, 2015, Colorado Department of Human Services (CDHS) Office of Early Childhood amended rules that regulate licensed child care centers and homes to incorporate best practices for infant safe sleep environments. In spring 2017, Qualistar Colorado released a web-based, mandatory safe sleep training for licensed child care providers: Prevention of Sudden Infant Death Syndrome (SIDS) and Use of Safe Sleep Practices.
2014	Increase funding for the Colorado Department of Public Health and Environment to expand the Colorado Household Medication Take-Back Program at pharmacies across the state.	The Colorado Department of Public Health and Environment receives an annual appropriation of $300,000 in general funds to implement the Colorado Household Medication Take-Back Program for medication take-back activities.

Recommendation Year	Legislative Recommendation	Progress towards Recommendation
2014	Incorporate safe sleep education and how to address safety concerns related to infant safe sleep practices as part of the Colorado Department of Human Services Child Welfare Training System for child welfare professionals.	In 2015, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, which coordinates the Child Welfare Training System on behalf of the Colorado Department of Human Service, developed a training curriculum for child welfare professionals to improve their knowledge and skills regarding infant safe sleep. The training was incorporated into the Child Welfare Training System in September 2015 to improve the ability of child welfare professionals to provide information to parents and other caregivers about infant sleep related risks and how to ensure safe sleeping environments. As of May 2017, 707 learners have successfully completed the training since it was launched in 2015.
2015	Continue to provide dedicated resources for the implementation of Colorado's Child Welfare Plan, "Keeping Kids Safe and Families Healthy 2.0," to make prevention programs for families with young children available in every county in Colorado.	The Colorado Department of Human Services continues to dedicate resources and efforts to implement Colorado's Child Welfare Plan, "Keeping Kids Safe and Families Healthy 2.0." In early 2015, CDHS launched a statewide hotline to facilitate reporting of suspected cases of child abuse and neglect, which was one of the components of the Child Welfare Plan. The hotline (1-844-CO-4-KIDS) operates out of a centralized location and is Colorado's first child-abuse hotline of its kind. In 2017, CDHS unveiled the Colorado Child Maltreatment Prevention Framework for Action. The purpose of the framework is to help local communities and state agencies create a more focused and integrated approach to prevent child maltreatment and promote child well-being.
2015	Modify Colorado Department of Human Services' rules regulating family foster care homes to better align with the American Academy of Pediatrics (AAP) infant safe sleep recommendations, including training for foster families regarding infant safe sleep.	The CFPS reviewed the current rules regulating family foster care homes to assess alignment with the Academy of Pediatrics infant safe sleep recommendations. The CFPS Support Team discussed the recommendations with the Colorado Department of Human Services, but it was determined that this recommendation was not feasible to implement.
2016	Improve Colorado's Traffic Accident Report to include more specific information about motor vehicle crashes.	The Colorado Department of Transportation, Colorado Department of Revenue, Colorado State Patrol, local law enforcement and other members of the Statewide Traffic Records Advisory Committee (STRAC) created a committee to update the crash form. Members of the STRAC, law enforcement, public works, and other crash data users met over the past year to identify necessary changes to the form. The new form will improve Colorado's data driven decision making with better initial data collection by officers in the field and may be deployed as soon as January 2018. For additional updates, visit the STRAC website: https://www.codot.gov/about/committees/strac.

Recommendation Year	Legislative Recommendation	Progress towards Recommendation
Ongoing		
2014, 2015, 2016	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible for a driver to be stopped and issued a citation if anyone (the driver and all passengers in all seating positions) in the vehicle is not properly restrained.	While primary seat belt legislation was not proposed during the 2015, 2016, or 2017 legislative sessions, state agencies and hundreds of motor vehicle safety partners from across the state collaborated to develop the 2015 Strategic Highway Safety Plan, which includes a strategy to support policies and activities that promote seat belt use, such as primary seat belt laws. Due to the effectiveness and strong evidence-base of primary enforcement of the seat belt law, the CFPS has included this recommendation in its annual legislative report for over 10 years. The Seat Belt Task Force will begin reconvening the summer of 2017 to identify additional strategies to support local and statewide adoption of primary seat belt legislation.
2016	Enhance the Graduated Drivers Licensing (GDL) law to increase the minimum age for a learner's permit to 16 years and expand restricted driving hours to 10:00pm-5:00am.	A statewide survey of law enforcement officials indicated that few officers knew all the GDL restrictions and penalties by age and licensing status so the Colorado Young Drivers Alliance (CYDA), formerly Colorado Teen Driving Alliance, developed a portable fact card to improve officers' understanding and enforcement abilities. Additionally, a CDPHE survey of almost 750 parents of youth in Colorado showed that only 6.4 percent of parents knew all the components of GDL laws, so the CYDA launched an online class to help parents teach and supervise their young drivers particularly around curfews, passenger restrictions, and seat belt requirements. The CYDA continues to provide support to local and statewide groups moving Colorado closer to GDL best practices.
2014	Require newly licensed K-12 educators and special service providers (nurses, school psychologists, school counselors and social workers) to complete suicide prevention trainings.	In 2016, the Suicide Prevention Commission conducted a statewide survey of mental health providers, including those within school settings, to help identify preferences and barriers to accessing clinical suicide prevention training. Survey results indicate a need for additional training and to address barriers to existing training. An overwhelming majority of respondents had either professional or personal experiences with suicide, although a quarter of respondents reported that they had not attended any suicide prevention training within the past five years.

Recommendation Year	Legislative Recommendation	Progress towards Recommendation
2014, 2015	Increase funding for the Office of Suicide Prevention (OSP) to implement the following activities: 1) expand the Office of Suicide Prevention statewide community grant program to more counties and at higher funding levels; 2) expand the implementation and evaluation of means restriction education training (Emergency Department-Counseling on Access to Lethal Means (ED-CALM)) at hospitals statewide; 3) expand implementation and evaluation of school-based suicide prevention programs that promote resilience and positive youth development as protective factors from suicide; and 4) expand the Gun Shop Project to more counties in Colorado.	During the 2016 legislative session, the Office of Suicide Prevention (OSP) received an additional appropriation of $100,000 beginning in Fiscal Year 2017. The OSP has dedicated the funding to expand and increase the community grant program as well as foster implementation of the Zero Suicide framework for health systems. The Zero Suicide framework (http://zerosuicide.sprc.org/about) is a system-level approach that improves the quality of care in health systems to include suicide prevention as a core organizational mission. The OSP continues to implement and evaluate Emergency Department-Counseling on Access to Lethal Means (ED-CALM), which provides training about means restriction to ED staff (http://www.sprc.org/library_resources/items/calm-counseling-access-lethal-means). In 2016, Colorado received a grant from the American Foundation for Suicide Prevention to expand the implementation and evaluation of ED-CALM to six additional hospitals throughout Colorado. The research project will run from October 2016 to September 2019. In 2016, the CFPS partnered with the OSP and the Interpersonal Violence Prevention Unit at CDPHE to fund training for certified Sources of Strength trainers and two years of implementation of Sources of Strength (an evidence-based suicide prevention program) at seven high schools in Colorado. In 2017, building on the initial pilot study, the Interpersonal Violence Prevention Unit received Centers of Disease Control and Prevention funding for a four-year research grant to evaluate Sources of Strength in 24 schools across Colorado to measure the effectiveness of using a shared risk and protective factor approach on multiple violence outcomes, including youth sexual violence, bullying and suicide. In Fiscal Year 2017, the OSP expanded the Gun Shop Project (https://www.hsph.harvard.edu/means-matter/gun-shop-project/) to over twenty counties in Colorado. This project provides educational information and suicide resources to gun shop owners to display within retail stores. Despite these suicide prevention initiatives, the burden of suicide in Colorado is disproportionate to the available resources. While the Office of Suicide Prevention works diligently to maximize current resources and leverage strong partnerships and additional funding, more resources are needed to move statewide suicide prevention efforts forward.

Recommendation Year	Legislative Recommendation	Progress towards Recommendation
2015, 2016	Mandate the use of the Centers for Disease Control and Prevention's Sudden Unexplained Infant Death Investigation Reporting Form for law enforcement agencies and coroner offices during infant death scene investigations.	The CFPS Investigative and Data Quality Subcommittee of the CFPS State Review Team prioritized the development and facilitation of training for law enforcement agencies and coroner offices to improve skills and knowledge of the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) to be used during infant death scene investigations. In December 2015, coroners were trained about the importance of infant death scene investigation, SUIDIRF and doll reenactments as part of a Sudden Unexpected Infant Death Training. In Fiscal Year 2017, CFPS provided funds to the Jefferson/Gilpin County Child Fatality Prevention Team to host an infant death scene investigation training for coroners and law enforcement officers. In addition, this activity is a priority of the Sudden Unexpected Infant Death (SUID) Case Registry Grant, a CDC-funded project to improve surveillance (incidence, risk factors and trends) of SUIDs. From 2014 to 2015, Colorado saw an increase of 55.0 percent for use of the SUIDIRF by local agencies for SUIDs (31.4 percent in 2014; 48.7 percent in 2015).
2015 2016	Mandate that hospitals develop and implement policies to provide education and information about infant safe sleep promotion and to require the practice and modeling of safe sleep behaviors in labor/delivery and neonatal intensive care unit (NICU) hospital settings. Mandate that all healthcare settings develop and implement policies to provide education and information about infant safe sleep promotion.	In Fiscal Year 2017, the Infant Safe Sleep Partnership began work on a toolkit for providers to use when educating families and caregivers about safe sleep practices. In Fiscal Year 2018, the partnership will continue this work to engage hospitals and healthcare settings to provide them with model safe sleep policies and provider training opportunities to improve skills and knowledge of infant safe sleep. The partnership will also explore working with Colorado's birthing hospitals to implement the Cribs for Kids® National Infant Safe Sleep Hospital Certification program.

Recommendation Year	Legislative Recommendation	Progress towards Recommendation
2015	Support policies that impact the priorities of the Colorado Essentials for Childhood project: 1) increase family-friendly business practices across Colorado; 2) increase access to child care and after school care; 3) increase access to preschool and full-day kindergarten; and 4) improve social and emotional health of mothers, fathers, caregivers and children	Essentials for Childhood (http://www.coessentials.org/) is a child maltreatment prevention initiative that supports the creation of safe, stable and nurturing relationships and environments for children and families in Colorado. The Essentials for Childhood program and Executives Partnering to Invest in Children (EPIC) have partnered to host business forums designed to educate business owners and employers about family-friendly employer practices and policies to implement at their places of employment. Essentials for Childhood staff and EPIC have hosted five business forums since 2016. In addition, staff created an employer toolkit with these same practices and policies for distribution across the state. Essentials for Childhood staff partnered with Health Links to develop a family-friendly assessment focused on identifying employers' needs and opportunities to create environments that are supportive of families. The Essentials for Childhood program and the Early Childhood Colorado Partnership (ECCP) developed and disseminated messages about reducing toxic stress for families and promoting resilience and support for families and communities. These messages can be used by early childhood partner organizations across Colorado: http://www.earlychildhoodcoloradopartnership.org/wp-content/uploads/2015/08/ECCP_MessagingPlatform_v13-2-4-16.pdf. Essentials for Childhood also partnered with the Family, Friend, and Neighbor (FFN) Learning Community, which provides training, strategic and networking opportunities to FFN providers across the state. The FFN learning community recommended expanding the definition of license exempt care during the 2017 legislative session. During the 2017 legislative session, Colorado legislators introduced several state bills that supported Essentials for Childhood priorities. The following bills passed: House Bill 17-1002 (Child Care Expenses Income Tax Credit Extension), House Bill 17-1106 (Extend Early Childhood Leadership Commission), House Bill 17-1355 (County Block Grant Money to Child Care Quality Programs), Senate Bill 17-103 (Early Learning Strategies in Educational Accountability), State Bill 17-110 (Accessibility of Exempt Family Child Care) and Senate Bill 17-280 (Extending the Economic Development Commission). The following bills did not pass: House Bill 17-1001 (Employee Leave Attend Child's Academic Activities), House Bill 17-1042 (Increasing Funding for Full-day Kindergarten), House Bill 17-1195 (Create State Sales Tax Exemption for Diapers), House Bill 17-1307 (Family and Medical Leave Insurance Program Wage Replacement), Senate Bill 17-004 (Access to Providers for Medicaid Recipients), Senate Bill 17-022 (Rural Economic Advancement of Colorado Towns), Senate Bill 17-029 (Funding for Full-day Kindergarten) and Senate Bill 17-085 (Increase Documentary Fee & Fun Attainable Housing). In fiscal year 2017, local child fatality prevention review teams began working towards implementation of organizational and county level policies aligned with the Essentials for Childhood four priority areas. The goal of this work is to expand the focus of the project from state level policies and coalitions to the local level.

Recommendation Year	Legislative Recommendation	Progress towards Recommendation
2016	Support policies that ensure paid parental leave for families.	The Family and Medical Insurance Leave Act (FAMLI), which would have guaranteed all Colorado workers up to 12 weeks of paid leave to care for themselves and their families, was introduced in the 2017 legislative session (House Bill 17-1307). The bill passed in the Colorado House of Representatives, but not in the Senate.
2016	Support policies that ensure the long-term financial stability of free full-day preschool and free full-day kindergarten.	During the 2017 legislative session, the following bills were presented and did not pass: House Bill 17-1042 (Increasing Funding for Full-day Kindergarten) and Senate Bill 17-029 (Funding for Full Day Kindergarten).
2015	Provide funding for the Colorado Consortium for Prescription Drug Abuse Prevention to promote uptake of the Quad-Regulator Policy for Prescribing and Dispensing Opioids through increased training and education of prescribers.	In Fiscal Year 2016, CDPHE was successful in obtaining approximately $4.7 million dollars in grant funding from the Bureau of Justice Assistance and the Centers for Disease Control and Prevention (CDC) to prevent prescription drug overdoses. As part of this work, CDPHE will continue to partner with the Colorado Consortium for Prescription Drug Abuse Prevention to promote provider uptake of opioid prescribing guidelines. In Fiscal Year 2017, CDPHE provided $250,000 to local public health agencies in high-burden communities to implement evidence-based opioid prescriber education strategies and increase local provider uptake of opioid prescribing guidelines.
2015 2016	Increase funding to Child Fatality Prevention System (CFPS) to support the implementation and evaluation of youth programs that promote pro-social activities, resilience and positive youth development as protective factors against child fatalities statewide. Mandate all schools in Colorado implement a full spectrum of suicide prevention programming, including programs that promote resilience and positive youth development as protective factors for suicide.	CFPS continues to partner with state agencies to implement and evaluate youth programs that promote protective factors against child fatalities statewide. In Fiscal Year 2016, the Maternal and Child Health (MCH) program at CDPHE selected the prevention of youth suicide and bullying as one of its state-level priorities. As part of this priority, state and local MCH programs will implement programs such as Sources of Strength and LifeSkills Curriculum in schools to promote the protective factors of school connectedness and resilience. In the 2016-2017 school year, the MCH program funded Sources of Strength in four schools. Additionally, MCH staff provided technical assistance around strategies for preventing bullying and youth suicide to three local CFPS coordinators and local teams. In Fiscal Year 2017, CFPS provided supplemental funding to local teams to enhance prevention efforts. Local team prevention activities include suicide prevention messaging campaigns developed by youth engaged in Sources of Strength, hosting Youth Mental Health First Aid training courses for adults and youth and conducting focus groups with community high school and middle school aged youth to better understand opportunities for youth suicide prevention and mental health promotion in partnership with community organizations.

Recommendation Year	Legislative Recommendation	Progress towards Recommendation
2016	Strengthen practices related to sharing child maltreatment data across local agencies in Colorado.	Current work on this project includes a needs assessment of several Denver metro area CFPS teams regarding information sharing, background research on other state processes to share information and key informant interviews with partners at various state and local agencies. Additionally, efforts to coordinate various statewide projects to increase information sharing related to child maltreatment will begin during summer 2017 with an in-person convening of interested agencies and partners, including Colorado Department of Human Services, Child Protection Ombudsman of Colorado and Colorado Department of Public Health and Environment.
2016	Mandate the use of a suicide investigation form for law enforcement and coroners when investigating suicide deaths.	The CFPS Investigative and Data Quality Subcommittee, in partnership with the Suicide Prevention Commission, began drafting a suicide death scene investigation form in Fiscal Year 2017. During the first half of Fiscal Year 2017, the initial draft of this form was piloted in 10 counties in Colorado. Feedback on the form was requested, collected and reviewed, and updates and improvements were implemented. In Fiscal Year 2018, the form will be distributed broadly for widespread utilization within offices of county coroners and law enforcement agencies around the state.

Conclusion

The Child Fatality Prevention System (CFPS) is a statewide, multidisciplinary, multi-agency effort to prevent child deaths. Since 1989, the CFPS has been conducting retrospective reviews of child deaths in Colorado to describe trends and patterns of child deaths and to identify prevention strategies. The local child fatality prevention review teams and the CFPS State Review Team bring significant medical, psychosocial, public health, legal and law enforcement expertise to the process of child fatality review. The recommendations outlined in this report represent a synthesis of prevention strategies gathered from the analysis of child fatalities in Colorado over the years and are based on best practices. Based on 2011-2015 child fatality data, the system recommend the following strategies be implemented to reduce child fatalities in Colorado:

 Youth Suicide Prevention	Increase funding for the Office of Suicide Prevention to implement and evaluate youth suicide prevention efforts.
 Behavioral Health Promotion	Support policies to improve behavioral health for children, youth and families in Colorado.
 Primary Seat Belt Law	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of seating position) in the vehicle is not properly restrained.
 Quality, Affordable Child Care	Support policies that ensure access to quality, affordable child care for families.
 Paid Parental Leave	Support policies that ensure paid parental leave for families.
 Evidence-Based Home Visitation	Support policies that expand access to community-based home visiting programs for all families with new infants.

Policy Implications

The CFPS is confident that child fatalities can be reduced if these recommendations are adopted by policymakers in Colorado. These deaths can be prevented, and research on evidenced-based strategies for preventing injury- and violence-related deaths shows that changes in policy and enforcement of existing laws are effective prevention strategies for a myriad of child deaths. Finally, the transition of child fatality reviews to the local level brought together multidisciplinary partners across the state to improve the child fatality data collection process and the development of strong prevention recommendations for implementation at state and community levels. A connected system at both the state and local levels presents a significant opportunity in Colorado to drive child fatality prevention strategies and systems improvements with the ultimate goal of promoting protective factors and preventing future child deaths from occurring.