

**INDIANA STATE DEPARTMENT OF HEALTH
DIVISION OF FATALITY REVIEW & PREVENTION**

**Appendix C
Child Fatality Review
Service Standard**

Program Description

On July 1, 2013, Indiana law (IC 16-49 <http://iga.in.gov/legislative/laws/2016/ic/titles/016/>) went into effect, requiring child fatality review teams in each county, with coordination and support for these teams to be provided by the Indiana State Department of Health (ISDH). The Indiana Child Fatality Review Program attempts to better understand how and why children die, take action to prevent future deaths, and improve the health and safety of Indiana's children. Child Fatality Review (CFR) is a collaborative process that can help Indiana communities better understand why child fatalities occur within the community, and develop strategies to prevent future deaths. CFR teams are multidisciplinary, professional teams which will conduct a comprehensive, in-depth review of a child's death and the circumstances and risk factors involved, and then seek to understand how and why the child died so that future injury and death can be prevented.

Who participates in CFR?

IC 16-49 mandates that CFR team members include: the county prosecuting attorney or representative; the county coroner; a Department of Child Services representative; a representative from the local health department; a representative from law enforcement; a representative from a local school district; a pediatrician; a representative from an emergency services provider; a representative from a local fire department or volunteer fire department; a forensic pathologist; a mental health provider and others as determined by the local CFR.

How does the review work?

This multi-disciplinary team gathers information from their specified agencies regarding the identified child to present at the review. The team is able to share, question, and clarify any information or conflicting statements concerning the case using the complete investigation narrative, medical records, school records, law enforcement and coroner reports, and witness statements. Any contributing and/or protective factors can be discussed to identify system improvements and community action. All data from this review is entered into the National Center for Fatality Review and Prevention- Case Reporting System (NCFRP-CRS) for further analysis and dissemination.

How are CFR data used?

CFR data inform a continuous quality improvement process and injury prevention recommendations. The case review data are used to identify issues and gaps in service systems and risk factors that may contribute to infant and child deaths. Actions taken based on recommendations from these case reviews are monitored and their effectiveness tracked.

The Indiana State Department of Health (ISDH) Division of Fatality Review and Prevention (FRP) is requesting applications from local health departments, local maternal and child health

coalitions, local prosecuting attorneys' offices, local hospitals, etc. to continue or re-establish a CFR process in their community. The purpose of reviewing the causes and factors causing or contributing to the deaths is to serve as a tool that helps local communities implement safeguards against future losses. The information derived from these reviews is used to identify injury and death trends in children ages 0-18 years, as well as preventable contributing factors and/or protective factors. Potential grantees must demonstrate the need for the proposed staff support, and/or injury prevention activities, and provide documentation that all proposed activities are supported by the local CFR team.

Provider/Staff Qualifications

To ensure best-practice for the local CFR team, this Request for Applications (RFA) requires intensive collaborations with many individuals, agencies and groups in the targeted community(ies). It is imperative that successful CFR Chairpersons meet all the requirements of the RFA in order for the application to be considered for review and selection process.

From the beginning of the planning process, successful applicants **must** contact and partner with the local CFR team(s) in the community(ies) that are proposed to provide the service. CFR teams are required to collaborate to develop the proposal and budget in response to this RFA. Contact Gretchen Martin, at gmartin1@isdh.in.gov, for a list of all local CFR teams and chairpersons.

Required Components

Successful applicants will be required to adhere to the following required program components:

- The goal of the Child Fatality Review (CFR) team is to enhance the credibility and visibility of issues related to infant and children within the broader community by informing the community about the need for these actions through presentations, media events and written reports.
- Present data and make recommendations to ISDH regarding the population or condition to address, utilizing the CFR process.
- Review all CFR cases annually, in accordance with mandated legislation. This includes case abstraction of all available records, case presentation and team review, along with quarterly progress reports to ISDH. Multidisciplinary team membership is mandatory.
- The CFR team shall reflect the racial, cultural and ethnic diversity of the community.
- Maintain minutes for CFR team meetings. Maintain a roster of CFR members to include names, disciplines, and agencies represented. Establish the protocols to maintain confidentiality and anonymity. The protocol shall comply with professional standards of practice with respect to confidentiality and ensure that standards are maintained throughout the CFR process.
- Partner with Sudden Unexpected Infant Death (SUID) Prevention grantees and Fetal-Infant Mortality Review (FIMR) grantees in efforts related to infant mortality reduction in your jurisdiction. Contact Gretchen Martin, at gmartin1@isdh.in.gov, for a list of all local CFR/FIMR teams and chairpersons.
- Formalize policies and procedures.
- Attend in-person events at ISDH, training sessions offered by the State CFR Coordinator and networking calls and meetings, as required.

Data Collection Methods/Reporting

Providers are required to implement a standardized process for data collection that meets the requirements for data reporting.

Quarterly Reports and an Annual Performance Report shall be prepared and submitted by the Grantee detailing program activities and impact. Report narrative shall include the following information:

- Cases identified for review—number; distribution by any targeted or specified categories; number and percentage of initiated cases with complete data; number and percentage of initiated cases summarized for case review; reasons for difficulties obtaining data or incomplete case data
- Number of CFR meetings held; reasons for additional meetings or cancellations of scheduled meetings
- Number and types of recommendations proposed by the CFR team
- Trends in recommendations identified through case review
- Characteristics that enhanced or interfered with CRT process
- Number and types of actions planned by/through the CFR team; percentage of recommendations reviewed for which actions were planned; number of particular actions of interest to program (e.g., actions that increase cultural competence in services or health education messages; actions that address health disparities)
- Number and types of actions being implemented by/through CFR team; percentage of actions being implemented of those planned.
- Number and types of actions fully implemented by/through the CFR team; percentage of actions fully implemented of those planned
- Trends in planned actions—content themes, intent of system change; community agency or sector involved
- Trends in fully implemented actions—content themes, intent of system change; community agency or sector involved
- Expansion of needed services available in community— ex.) number and type of new services instituted during a selected time period (e.g., past three years); increase in utilization of these services over time; percentage of previously instituted services that are still sustained.
- Positive shifts in community issues—ex.) declines in sudden unexplained infant deaths in which back sleeping was not employed; declines in fatal house fires in which kerosene heaters were used.

Additional Requirements

Additional Required Sections to Application Narrative, Proposed Services and Activities section: In addition to required narrative sections as outlined in RFA, CFR applicants must describe the following:

- Determine the type and approximate number of cases to be reviewed
- Identify and address potential legal and institutional issues related to the review
- Establish a system to identify cases
- Build in opportunities for initial and ongoing training

- Plan for partnering with FIMR teams and SUID Prevention partners
- Plan for collaboration among case review and other processes established to improve aspects of health and/or safety for children and their families at the community or state level
- Establish a plan to follow the reporting requirements of the SUID and Sudden Death in the Young (SDY) Case Registry Grant:
 - Identify all SUID/SDY cases to the CFR and SUID/SDY Coordinator within 30 days of the death.
 - Review SUID/SDY cases within 90 days of identification.
 - Categorize all SUID cases using the CDC SUID algorithm during review.
 - Complete all data entry into the National Center for Fatality Review and Prevention- Case Registry System 30 days after the complete review. For guidance on these timelines and categorization systems, contact Olyvia Hoff at ohoff@isdh.in.gov.

Required Components of Service or Program

Funds must be used, but are not limited, to implement one (or more) of the following best practice CFR activities:

- 1) Provide standard messaging around injury prevention topics and connection to services/resources.
- 2) Provide guidance/training to organizations on developing/implementing injury prevention programs/policies.
- 3) Promote safe messaging and media guidelines related to injury prevention events/programs.
- 4) Promote and distribute existing safe messaging Public Service Announcements and media campaigns related to injury prevention topics.
- 5) Increase communities' capacity to promote resilience and wellness and other protective factors to reduce youth risk behaviors. Possible recommended strategies include, but are not limited to:
 - a. Support the formation of a local coalition or workgroup to identify injury prevention needs and develop a coordinated approach to build capacity and collaboration.
 - b. Provide training on coping, problem-solving skills and help-seeking behaviors among children and adolescents.
 - c. Increase community programming that promotes safety and social connectedness.
- 6) Promote policies and procedures for safe and supportive school and community environments.
- 7) Provide training on how to prevent and respond to injury events/fatalities to community partners that have a role in the prevention of pediatric injury and related behaviors.
- 8) Develop and distribute a local community action toolkit, based on what has been successful in other communities in the country.
- 9) Efforts to address disparate populations and equitable access to services/resources must be part of the service delivery program

Additional Required Sections to Application Narrative, Proposed Services and Activities section:
In addition to required narrative sections as outlined in RFA, CIP applicants must describe the need for injury prevention programs/activities in the community of choice using data/information provided by the local CFR team and/or local/state mortality/morbidity data and other relevant sources. Data and information provided by the local CFR team must not contain any identifiable information regarding a deceased child or incident. Applicants may attach provide charts, graphs and/or photographs to illustrate the data/need as attachments.