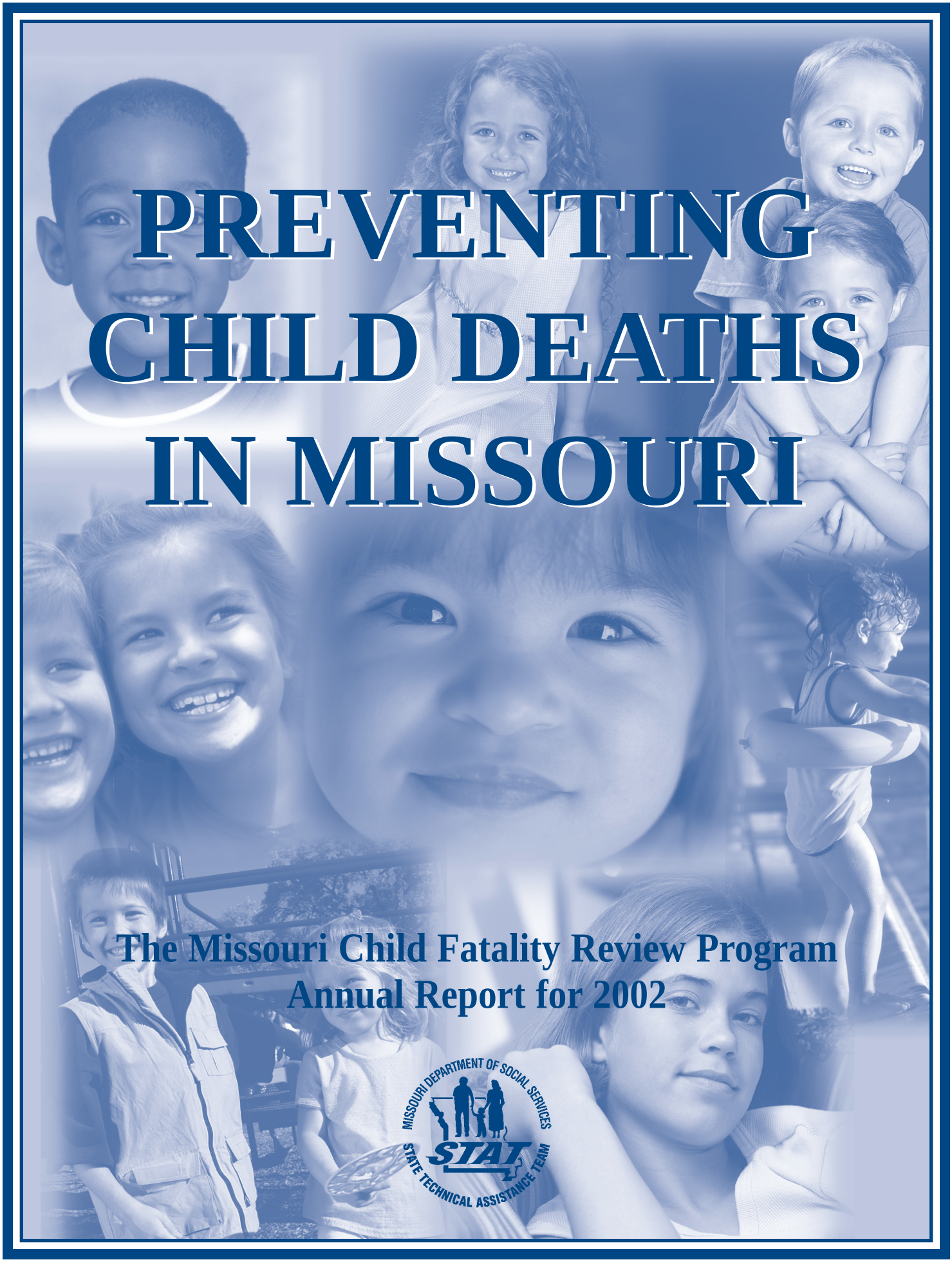

PREVENTING CHILD DEATHS IN MISSOURI

The Missouri Child Fatality Review Program Annual Report for 2002

MISSOURI DEPARTMENT OF SOCIAL SERVICES
STAT
STATE TECHNICAL ASSISTANCE TEAM

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State of Missouri

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November 15, 2003

Dear Friends:

Based on the need to better understand how and why children die, Missouri's Child Fatality Review Program (CFRP) was implemented on January 1, 1992. Although the program has evolved and adapted to meet new challenges, the objectives have remained the same — identifying potentially fatal risks to infants and children, and responding with multi-level prevention strategies. While many factors can be attributed to the decrease in the death rate of Missouri children over the past decade, we believe the CFRP has made a significant contribution to this decrease.

Most states now have some form of child fatality review; however, Missouri's approach remains unique in that it is community driven with a statewide scope. The State Technical Assistance Team (STAT) manages the CFRP and also provides a comprehensive and integrated system of services and support to the entire child protection community. The 115 county-based, multidisciplinary CFRP panels can respond immediately to risks in their communities identified during the review process. What they learn is collected on standardized data collection forms and submitted to a database that identifies statewide trends and patterns, which may require policy and legislative considerations. Beyond Missouri, our program has become a national and international model.

The 2002 Child Fatality Review Program Annual Report is the result of work and contributions by the hundreds of CFRP panel members and their supporting agencies. Their work is a true expression of advocacy for Missouri's children and families.

Sincerely,

Harry D. Williams
Director

Table of Contents

Dedication

This report reflects the work of many dedicated professionals throughout the state of Missouri. Through better understanding of how and why children die, we strive to improve and protect the lives of Missouri's youngest citizens. We will always remember that each number represents a precious life lost. We dedicate this report to these children and their families.

MISSOURI CHILD FATALITY REVIEW PROGRAM

Child Fatality Review in Missouri

Death rates for infants, children, and teens are widely recognized as valuable measures of child well-being, particularly when viewed within the context of a decade of demographic changes in our state. However, it is the accuracy of key factors associated with child deaths that provides the basis for identifying vulnerable children and responding in ways that will protect and improve their lives. In 1995, the U.S. Advisory Board on Child Abuse and Neglect concluded that child abuse and neglect fatalities, and other serious and fatal injuries to children could not be significantly reduced or prevented without more complete information about why these deaths occur and how such tragedies might be avoided. It was widely acknowledged that many child abuse and neglect deaths were underreported and/or misclassified. Scholars, professionals, and officials around the nation had agreed that a system of comprehensive Child Death Review Teams could make a major difference. In 1991, Missouri had initiated the most comprehensive child fatality review system in the nation, designed to produce an accurate picture of each child death, as well as a database providing ongoing surveillance of all childhood fatalities. The Missouri Child Fatality Review Program (CFRP) was presented in the Advisory Board's report as a state of the art model. While the program has evolved and adapted to meet new challenges, the objectives have remained the same-identifying potentially fatal risks to infants and children, and responding with multi-level prevention strategies.

In Missouri, all fatality data is collected by means of standardized forms and entered into a database. What is learned can be used immediately by the community where the death occurred. The sum of statewide data is used to identify trends and patterns requiring systemic solutions. The Missouri Child Fatality Review Program has succeeded in remaining effective, relevant and sustainable over 10 years. The success of the program is due in large part to the support of panel members, administrators and other professionals who do this difficult work voluntarily, because they understand its importance. This work is a true expression of advocacy for children and families in our state.

Missouri legislation requires that every county in our state (including the City of St. Louis) establish a multidisciplinary panel to examine the deaths of all children under the age of 18. If the death meets specific criteria, or if requested by the coroner/medical examiner, it is referred to the county's multidisciplinary CFRP panel. The minimum core panel for each county includes: Coroner/Medical Examiner, Law Enforcement, Family Court, Emergency Medical Services, Prosecutor, Public Health and Children's Division. Optional members may be added at the discretion of the panel. The panels do **not** act as investigative bodies. Their purpose is to enhance the knowledge base of the mandated investigators and to evaluate the potential service and prevention interventions for the family and community.

Of all child deaths in Missouri, about 1200 deaths annually, approximately one-third merit review. To come under review, the cause of the child's death must be unclear, unexplained, or of a suspicious circumstance. All sudden, unexplained deaths of infants one week to one year of age, are required to be reviewed by the CFRP panel. (This is the only age group for which an autopsy is mandatory.)

STATE TECHNICAL ASSISTANCE TEAM AND CHILD FATALITY REVIEW PROGRAM

Missouri State Statutes

- Section 210.150 and 210.152 (Confidentiality and Reporting of Child Fatalities)
- Section 210.192 and 210.194 (Child Fatality Review Panels)
- Section 210.195 (State Technical Assistance Team - duties)
- Section 210.196 (Child Death Pathologists)
- Section 211.321; 219.061 (Accessibility of juvenile records for child fatality review)
- Section 194.117 (Sudden Infant Death); infant autopsies
- Section 58.452 and 58.722 (Coroner/Medical Examiners responsibilities regarding child fatality review)

Confidentiality Issues (RSMo 210.192 to 210.196)

A proper Child Fatality Review Program (CFRP) review of a child death requires a thorough examination of all relevant data, including historical information concerning the deceased child and his/her family. Much of this information is protected from disclosure by law, especially medical and child abuse/neglect information. Therefore, CFRP panel meetings are always closed to the public and cannot be lawfully conducted unless the public is excluded. Each CFRP panel member should confine his or her public statements only to the fact that the panel met and that each panel member was charged to implement their own statutory mandates.

In no case, should any other information about the case or CFRP panel discussions be disclosed. All CFRP panel members who are asked to make a public statement should refer such inquiries to the panel spokesperson. Failure to observe this procedure may violate Children's Division regulations, as well as state and federal confidentiality statutes that contain penalties.

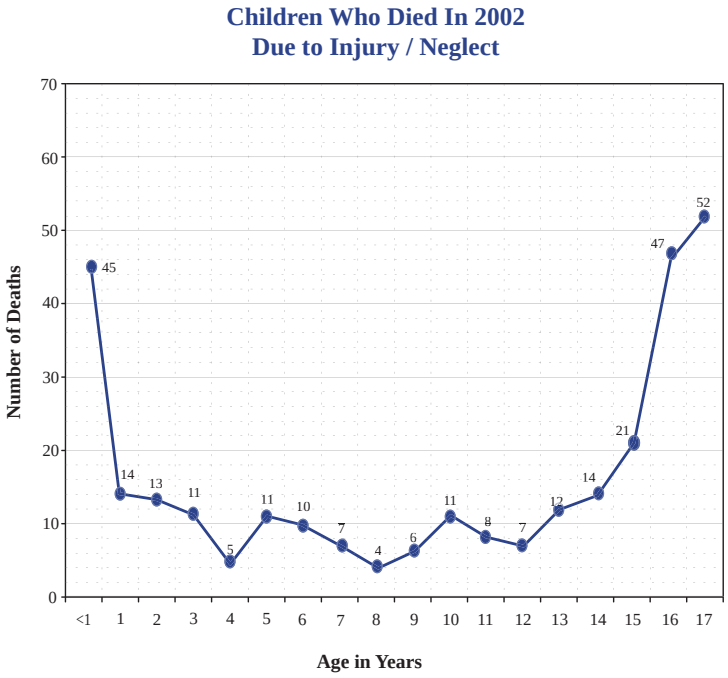
Individual disciplines (coroner/medical examiners, sheriff departments, prosecuting attorneys, etc.) can still make public statements consistent with their individual agency's participation in the investigation, as long as they do not refer to the specific details discussed at the CFRP panel meeting.

No CFRP panel member is prohibited from making public statements about the general purpose, nature or effects of the CFRP process. Panel members should also be aware that the legislation which established the CFRP panels provides official immunity to all panel participants.

Child Fatalities in Missouri

Child fatalities represent the extreme of all issues that have a negative impact on children. While the number of deaths of children reported to the Child Fatality Review Program (CFRP) remained relatively stable over the past decade, the rate of child deaths has decreased. According to the Missouri Department of Health and Senior Services, the death rate for children ages 1-14 has dropped from 32.7 per 100,000 to 26.5 per 100,000 (based on five-year aggregate data, to allow for more stable rates). While there are many reasons for these decreases, certainly Missouri's Child Fatality Review Program has been a major contributing factor.

The rate of death among infants, less than one year of age, has also shown a steady decline during the last decade, from 9.6 to 7.5 per 1,000 live births, according to the Department of Health and Senior Services (also based on five-year aggregate data). Most infant deaths are related to prematurity, congenital anomalies, infection and other conditions, most of which occur within the first three days of life. Beyond illness/natural cause, infants and toddlers are especially vulnerable to fatal injury and neglect, particularly due to child abuse, unintentional suffocation, and lack of supervision.



This "inverted bell" graph demonstrates the relationship between age and death among children due to injury. Infants and young children are more vulnerable to serious and fatal injury, whether intentional or unintentional, because of physical and behavioral characteristics related to growth and development. Teens, on the other hand, are prone to engage in risk-taking behaviors that contribute to death and serious injury, primarily from motor vehicle crashes. The rate of violent deaths among teens rose for a period of time in the early 1990's, from 81.3 to 90.8 per 100,000 (ages 15-19), but declined dramatically in recent years to 58.6 per 100,000 (Missouri Department of Health and Senior Services). New state legislation requiring graduated licensing for teens took effect in January 2001. It is anticipated that this law will significantly reduce fatal injuries among teen drivers and their passengers in Missouri, as it has in other states.