Report to
The Vermont Legislature

Report of the Child Fatality Review Team
2022 Report to the Legislature

In Accordance with 18 V.S.A. § 1561

Submitted to: The Vermont General Assembly
Governor Phil Scott

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Introduction

The purpose of the Child Fatality Review Team (CFRT) is to review and analyze the deaths of Vermont children to:

1. Examine cases of child fatality in Vermont in which the fatality is either unexpected, unexplained, or preventable;
2. Identify system gaps and risk factors associated with child fatalities that are either unexpected, unexplained, or preventable;
3. Educate the public, service providers, and policymakers about unexpected, unexplained, or preventable child fatalities and strategies for intervention; and
4. Recommend legislation, rules, policies, practices, training, and coordination of services that promote interagency collaboration and prevent future unexpected, unexplained, or preventable child fatalities.

Summary of 2022 Activities

Statutory Amendment

Following a recommendation from the CFRT in the 2021 report, new legislation was signed into law in 2022, allowing for data sharing between Vermont, other states, and relevant institutions to better inform the case review process by allowing for comparative analyses using regional and national trends. The CFRT is in the process of implementing a Memorandum of Understanding (MOU) with the Michigan Public Health Institute that will allow for this data sharing beginning in 2023.

Child Fatality Case Review

The full CFRT held five meetings in 2021-2022, and reviewed six child fatality cases, identified in Table 1. Due to the Health Department's (Department) Covid-19 response, a backlog was created and the CFRT is reviewing cases from 2020-2022. The CFRT's review of case fatality data, together with Vermont Department of Health surveillance data led to the identification of three areas of particular concern: suicide, infant safe sleep and firearm safety, each discussed below.

Table 1. Child Fatality Cases Reviewed 09/2021-09/2022

	Cause of Death	**Manner of Death**
1	Gunshot	Suicide
1	Gunshot	Undetermined
1	Hanging	Suicide
1	Methadone Intoxication	Undetermined
1	Positional Asphyxia	Accident

1	Situational / Positional Asphyxia	Accident

Suicide

State data indicates that youth who identify as LGBTQ are at higher risk of suicide. According to the 2019 Youth Risk Behavior Survey, 36% of high school aged youth who identify as lesbian, gay, bisexual, or transgender have made a suicide plan in the past year, which is significantly higher compared to heterosexual cisgender youth (9%).[1] While LGBTQ status is not reliably collected for deaths in Vermont, the CFRT concluded that in two of the deaths reviewed, the decedents may have identified as LGBTQ.

The Team consulted with Outright Vermont and the Health Statistics and Informatics Division at the Department to understand suicidality among Vermont LGBTQ youth and support services available to them. Gay Straight Alliances (GSAs) have been proven to reduce suicidality among LGBTQ youth and can therefore be an important source of support for LGBTQ youth in Vermont schools.[2] However, GSAs alone do not provide an adequate resource for students in need of support. Ongoing training and professional development for teachers and administrators are critical to ensuring inclusive policies, practices, facilities, and curricula.

Infant Safe Sleep

Two of the six deaths that the CFRT reviewed were related to unsafe sleep environments among infants and occurred within the first six months of life. According to the American Academy of Pediatrics (AAP), the risk for fatality due to unsafe sleep environments is highest during the first six months of life.[3] The CFRT analysis indicated that socio-economic factors likely contributed the families' inability to adhere to safe sleep guidelines in this critical period. For example, a lack of appropriate childcare was identified as a contributing factor to the infant's unsafe sleep position in one of the cases. Social and economic supports for all families in the first six months after birth, including paid family and medical leave, whole family post-partum care, and economic support for high quality childcare can support child safety by increasing parent-child bonding, decreasing parental stress (emotional and financial), and reducing the need to rely on inadequate childcare during this high-risk period. Additionally, research in Vermont has shown that economic supports for families, particularly paid family and medical leave, can yield significant health benefits for children by increasing the likelihood and duration of breastfeeding and increasing the likelihood that infants will receive recommended immunizations.[4] Both breastfeeding and immunizations are categorized as A level recommendations from the American Academy of Pediatrics to reduce sleep related deaths.[2]

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[1] Vermont Department of Health, Youth Risk Behavior Survey Report, 2019. https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf

[2] Kaczkowski W, Li J, Cooper AC, Robin L. Examining the Relationship Between LGBTQ-Supportive School Health Policies and Practices and Psychosocial Health Outcomes of Lesbian, Gay, Bisexual, and Heterosexual Students. LGBT Health. 2022 Jan;9(1):43-53. doi: 10.1089/lgbt.2021.0133. Epub 2021 Dec 17.

[3] Moon, Rachel Y., et al. "Evidence base for 2022 updated recommendations for a safe infant sleeping environment to reduce the risk of sleep-related infant deaths." *Pediatrics* 150.1 (2022).

[4] Vermont Commission on Women. Vermont Paid Family and Medical Leave Feasibility Study. January 2017. https://women.vermont.gov/sites/women/files/doc_library/PFML_Study_Highlights_1.pdf

The AAP also identifies caregiver substance use as a factor that increases the risk of infant death from unsafe sleep.[5] The CFRT determined that substance use may have been a contributing factor in at least one of these unsafe sleep-related deaths. The CFRT further determined that while routine screening for a safe sleep environment was adequately implemented within primary care settings, the Department for Children and Families Family Services Division, and Home Visiting Programs, comprehensive *education* for those at higher risk of unsafe sleep-related fatalities due to substance use was not routine. The CFRT believes in-depth education and counseling at substance misuse treatment facilities could help reduce unsafe sleep practices among those using substances.

The CFRT has compiled a list of infant safe sleep resources and programs available through the Department, Safe Kids VT, and the American Academy of Pediatrics, which can help identify gaps in education for families about the importance of a safe sleep environment.

Safe Storage of Firearms

In the two deaths reviewed by the CFRT where a youth died by firearm, the ready access to the firearm was identified as a contributing factor. Additionally, neither youth had direct adult supervision when possessing the firearm immediately preceding death. Research shows that adolescents do not have fully developed pre-frontal cortexes and are therefore more impulsive and lack critical decision-making skills.[6] In one of the firearm deaths reviewed, the youth was experiencing a social crisis. If safe storage and/or adequate adult supervision had been practiced in these instances, the firearm deaths may have been preventable by creating time to mitigate impulsivity related to emotional distress and opportunities for intervention.

In 2021, firearms were used in 69 of 114 deaths, but there were fewer than 6 emergency department visits related to suicide that used a firearm. [7] These data suggests that most suicides using a firearm are fatal and/or do not present in the emergency department.

Planned Activities for 2023

The following CFRT activities are planned for 2023:

- Pivot from bimonthly meetings to monthly meetings for case reviews and recommendation development.
- Partner with relevant stakeholders and community partners to implement recommendations related to youth suicide prevention and infant safe sleep.
- Review cases of child homicides that have been released from States Attorney's Offices, and therefore newly available to the CFRT.
- Finalize MOU with National Center for Child Death Review/MPH for use of national database.
- Develop and implement protocols for data input to national database.
- Finalize work with VDH Health Surveillance and Informatics and VDH Legal Team to develop protocols and procedures for CFRT access to VITL records system.

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[5] Moon, Rachel Y., et al. "Evidence base for 2022 updated recommendations for a safe infant sleeping environment to reduce the risk of sleep-related infant deaths." *Pediatrics* 150.1 (2022).

[6] National Institute of Mental Health. The Teen Brain: 7 Things to Know. https://www.nimh.nih.gov/health/publications/the-teen-brain-7-things-to-know

[7] Vermont Department of Health. Firearm Storage Safety Data Brief. October 2022. https://www.healthvermont.gov/sites/default/files/documents/pdf/HSRV-Injury-Firearm-Storage-Safety-2020.pdf

Recommendations

The Child Fatality Review Team offers the following recommendations to help address and reduce preventable child fatalities in Vermont:

- Ensure the availability of social support groups and programming for LGBTQ youth in all Vermont schools. Evidenced-based strategies such as creating safe and supportive environments, like student-led organizations known as Gay Straight Alliances (GSAs), should be available to students in all middle and high schools in Vermont.

- Allocate financial resources to support families in the first six months after birth when risk for unsafe sleep-related death is highest. Financial support could include paid family and medical leave, economic supports for high quality childcare, and whole family post-partum care.

- Promote safe sleep education in organizations that serve individuals struggling with substance misuse.

- Promote safe storage of firearms including messaging about the importance of adult supervision when adolescents are in possession of a firearm.

- Develop a process for coordination of postvention services and support for siblings of children who die, who are at higher risk for death by suicide.

CFRT Members

Organization	Statute	Representative
Office of the Chief Medical Examiner	b1A	Bundock, Elizabeth MD, PhD
Office of the Chief Medical Examiner	b1A	McGivern, Laurie
VDH/MCH Vice-Chair	b1B	Fredette, Emily
VDH/Injury Prevention	b1B	Pine, Merrill
VDH/MCH	b1B	VACANT - School Nurse Liaison
Department of Children & Families	b1C	Miller, Nancy
Department of Children & Families	b1C	Radke, Aryka
Department of. Mental Health	b1I	Strange, Dr. Maya
Department of Public Safety	b1E	Hill, Cpt. Jeremy
Vermont State Police	b1E	Katz, Benjamin -
Department of Education	b1F	Evans, Rob
Department of Education	b1F	VACANT
Office of the Attorney General	b1G	Hanson, Carolyn
Child Abuse Pediatrician	b1H	Bell, Rebecca MD
Child Abuse Pediatrician	b1H	Metz, James MD
Department of Mental Health	b1D	McGowan, Haley

Department of Mental Health	b1D	Robson, Dana
VACOP	b1J	Allen, Chief Douglas
Community Mental Health	b1K	McCorkel, Charlotte LICSW Chair
VCAB	b1K	Borden, Sally
Child Abuse/ Forensic Nursing	b1K	Wagner, Tracey
Child Abuse/ Forensic Nursing	b1K	Leduc, Courtney*
Community Mental Health and Crisis Support	b1K	Tarallo, JoEllen
Community Mental Health and Crisis Support	b1K	Postlewaite, Kirk
Safe Kids, VT	b1K	Beerman, Abby