NATIONAL CFRP

Center for Fatality Review & Prevention

CATALYZING PREVENTION:
THROUGH CDR DATA COLLECTION

SAVING LIVES BY TELLING STORIES

Technical Assistance and Training

On-site, virtual and/or recorded assistance, customized for each jurisdiction, is provided to CDR and FIMR teams.

National Fatality Review-Case Reporting System

Support the NFR-CRS which is used in 48 states and provides jurisdictions with real-time access to their fatality review data.

Resources

Training modules, webinars, written products, newsletters, list-serv, website and more.

Communication with Fatality Review Teams

Regular communication via listserv, newsletters and regional coalitions.

Connection with National Partners

Develop or enhance connections with national organizations, including federal and non-federal partners.

ABOUT THE NATIONAL CENTER

CDR Programs in the US

Based on State Updates from January 2021

Sites	Lead Agency	Legislation	Funding	Case Selection
• 50 states and DC • Tribes • More than 1400 teams have entered at least one case in NFR-CRS	• State Health Department • State Social Service Agency • Medical Examiner Offices	• 71 % mandate a state team • 16% permit a state team • 37% mandate local teams • 26% permit local teams	• Title V Funds • SUID/SDY Case Registry • CAPTA • State Funds	• SUID • Unintentional injuries • Undetermined • Child abuse and neglect • Homicide • Suicide • Medical deaths

CDR Process

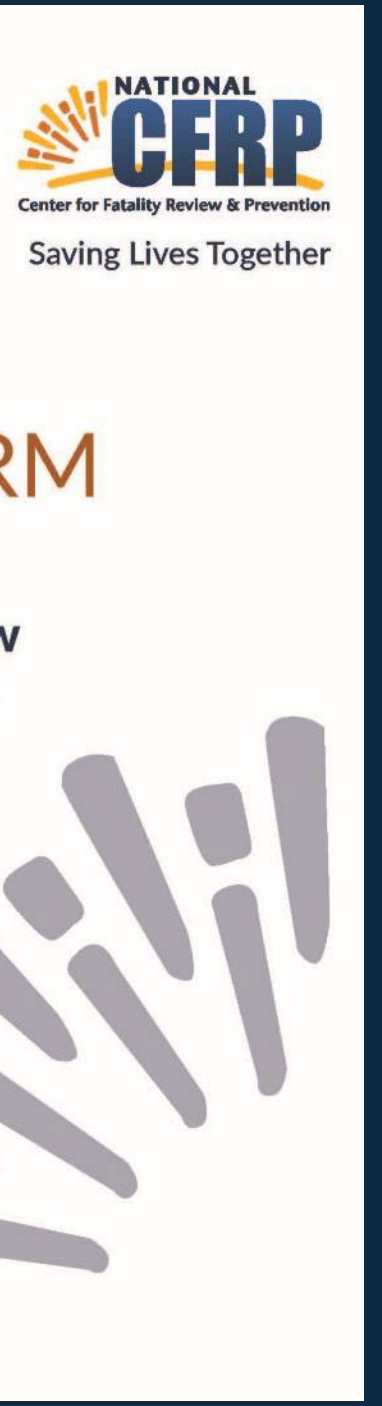
Best Practices in Reviews

National Fatality Review-Case Reporting System

A National Tool for CDR and FIMR Teams

The purpose of NFR-CRS is to systematically collect, analyze, and report comprehensive fatality review data that includes:

- Information about the fetal, infant or child and their family, supervisor at the time of the incident and person responsible (when applicable)
- Services needed, provided, or referred
- Risk and protective factors
- Findings and recommendations
- Factors affecting the quality of the review meeting



NFR-CRS Utilization

There are currently 47 states using NFR-CRS

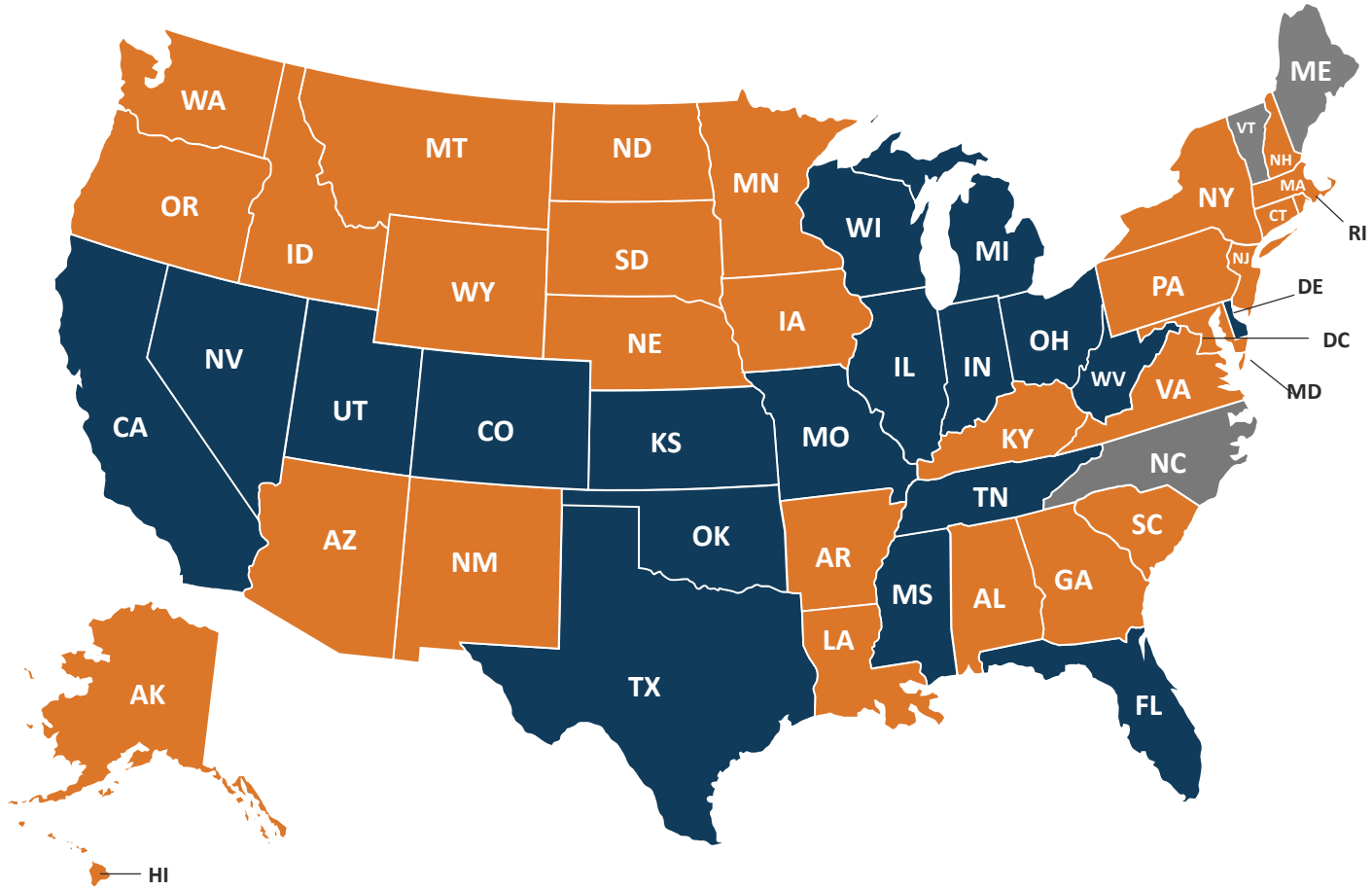
- 47 use NFR-CRS for CDR

Each state uses NFR-CRS differently. Some have comprehensive reviews whereas others may only use NFR-CRS in one jurisdiction.

States Using NFR-CRS for CDR

States Using NFR-CRS for CDR and FIMR

States Not Using NFR-CRS



Oral Presentations

12 presentations at conferences such as PrevCon, Cribs for Kids, American Academy of Pediatrics (AAP), CityMatCH, AMCHP, and the Healthy Start virtual grantee meeting.

International Presentations

3 presentations at conferences such as Australian and New Zealand CDR Conference and the International Society for the Study and Prevention of Perinatal and Infant Death

Posters and Exhibits

5 exhibits at conferences such as PrevCon, AMCHP, Safe States, Cribs for Kids, and CityMatCH

Peer Reviewed Publications

3 staff coauthored/led submissions to peer-reviewed journals

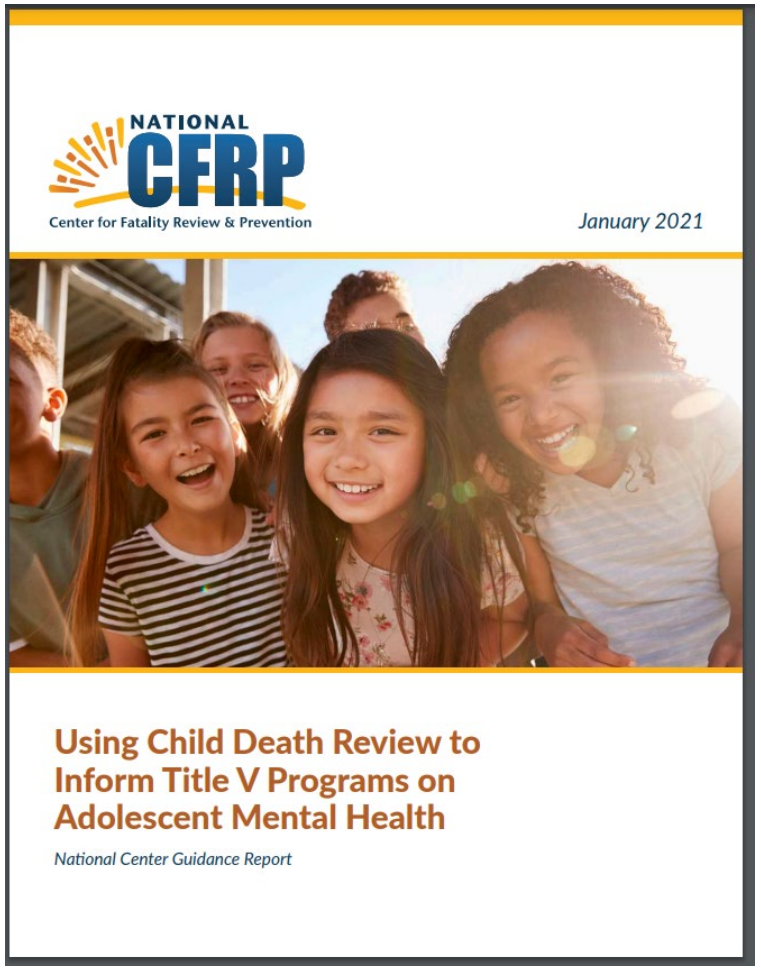
Data Collaborations

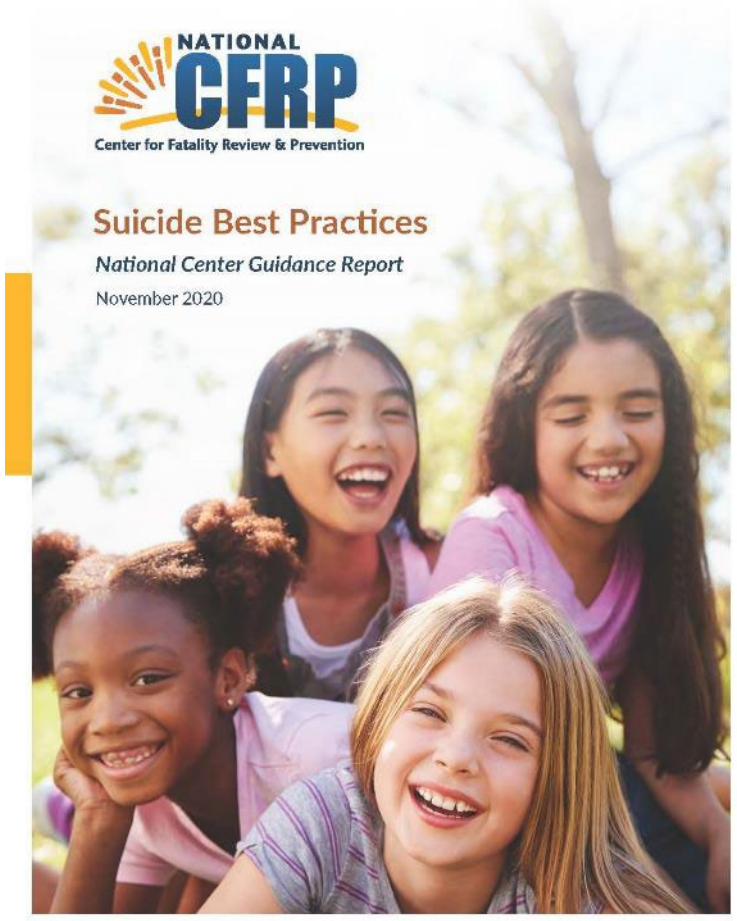
Data collaborations with organizations such as AAP, Safe Kids, school associations, and federal workgroups

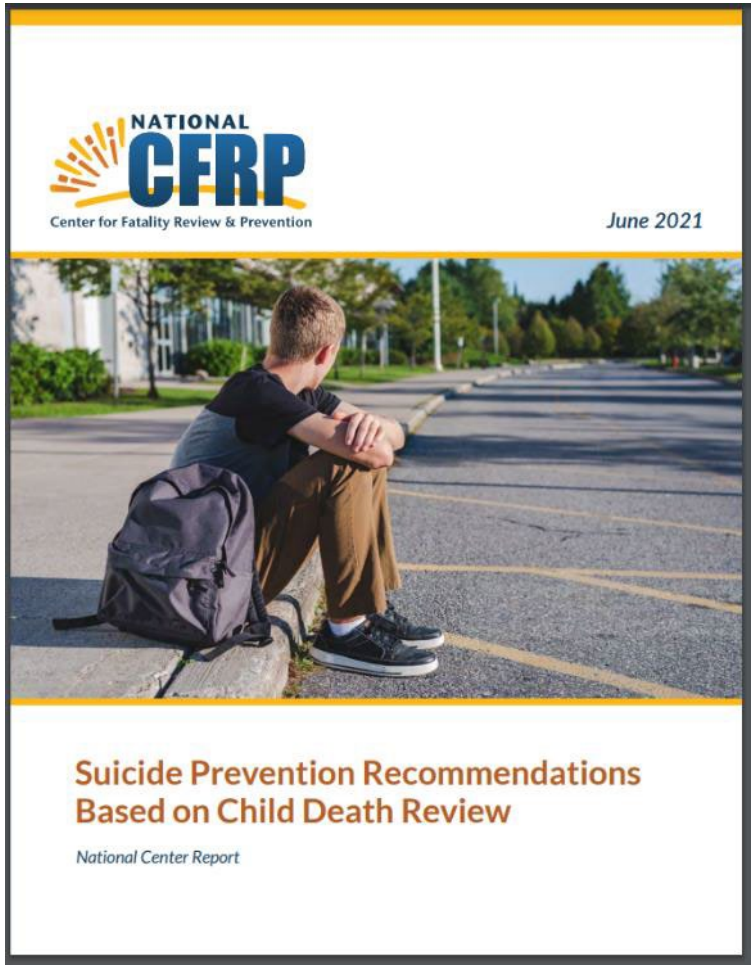
JULY 2021-JUNE 2022 DISSEMINATION

Examples of Data and Program Reports

Youth Suicide and Mental Health







DEI in All Aspects of Fatality Review

Assist CDR teams in working to incorporate DEI into all aspects of fatality review. Team members should be willing to do the work necessary to uncover bias in review meeting discussions.

Comprehensive Funding for Suicide Reviews

Provide education on the importance of comprehensive funding for CDR. Experience with the CDC Case Registries demonstrates how a small amount of funding can positively impact fatality reviews, particularly data collection, analysis, and dissemination.

Consistent Access to Records

Improve access to records needed for review including records from: Education, child welfare, medical, mental health, law enforcement, substance use, and public health.

DSI Standards for Suicide

Create, disseminate, and provide training for a standardized death scene investigation tool for suicides.

Support for Professionals Participating in CDR

Ensure professionals have access to appropriate bereavement support, critical incident debriefing, and other needed services to mitigate the impact of fatalities.

Recommendations for Suicide Prevention

NATIONAL CFRP

Center for Fatality Review & Prevention

Child Dynamic Analysis and Statistics Hub (Child DASH): National

The Child Dynamic Analysis and Statistics Hub (Child DASH.) summarizes information from CDR case reviews entered in the National Fatality Review-Case Reporting System (NFR-CRS) from 47 states. The NFR-CRS collects standardized data focused on cause-specific fatalities and individual and environmental risk and protective factors. States and jurisdictions select cases for reviews in different ways. **The data in the NFR-CRS are not population-level statistics.** Rather, they represent detailed information from cases selected for case reviews.

View a short video on using Child DASH https://vimeo.com/693624101
The Password is **DASH**

Equity Statement

Fatality review teams obtain information to provide context on the death of an infant, child, or adolescent. Social factors such as geography, access to education, experience with discrimination, trauma (including historical trauma), and access to physical and behavioral healthcare can contribute to premature mortality. Residential, educational, and occupational segregation impacts access to high- quality education, employment opportunities, healthy foods and physical and behavioral health care. Combined, these structural inequities have long lasting health impacts including adverse birth outcomes, infant mortality, as well as high rates of homicide, gun violence, and motor vehicle deaths. Learn more about fatality review and health equity.
https://www.ncfrp.org/resource-tag/health-equity/

This dashboard was made possible in part by Cooperative Agreement Numbers UG7MC28482 from the US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) as part of an award totaling $944,745 annually with 0 percent financed with non-governmental sources. Its contents are solely the responsibility of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Overview
Suicide
Fire
Child Abuse
Drowning
Child Neglect
Motor Vehicle
Infant - All Causes
Firearm
Infant - Sleep-Related
Poisoning
SUID
SDY

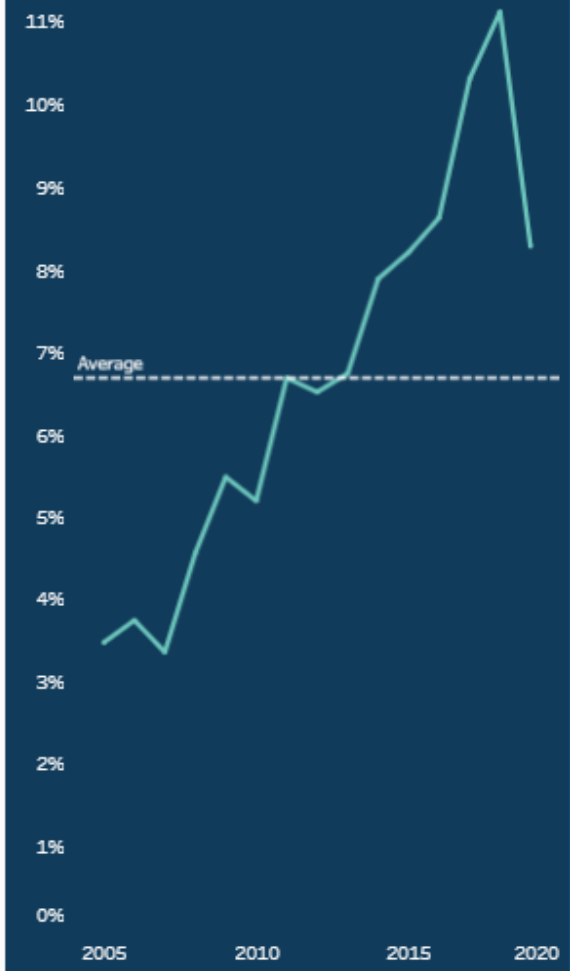
Suicide

Year of Death 2005 – 2019

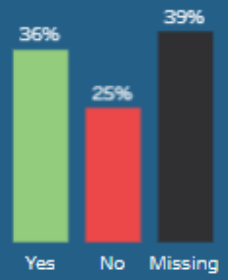
Manner

Suicide 100%

Percent of All Deaths Reviewed



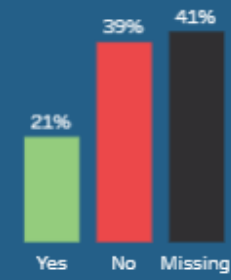
Had Received Mental Health Services



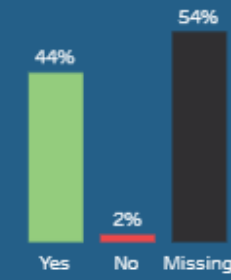
Was Receiving Mental Health Services

On Mental Health Medications

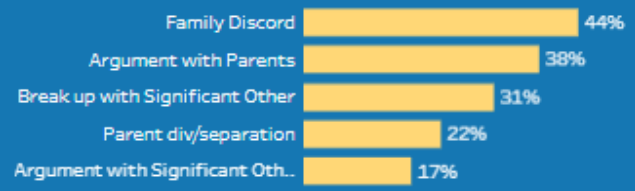
History of Substance Use



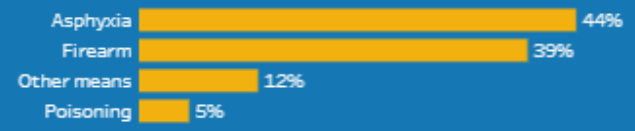
Communicated Thoughts of Suicide



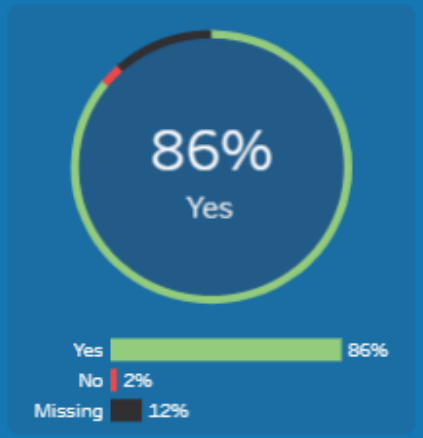
Life Stressors



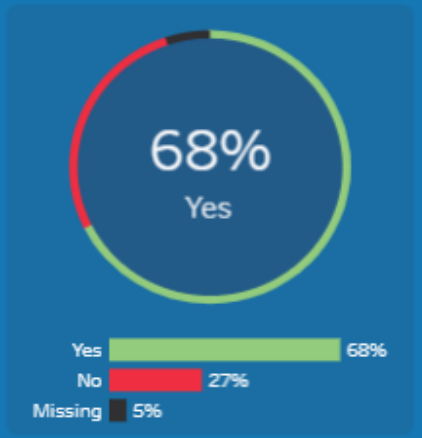
Means of Suicide



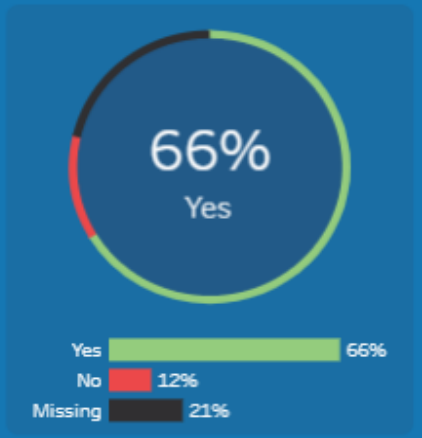
Investigation Conducted



Autopsy Performed

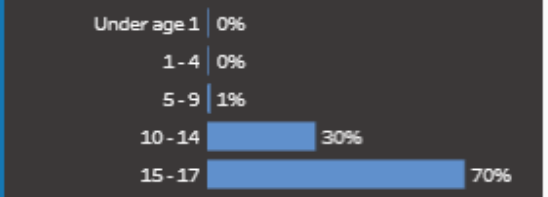


Toxicology Performed

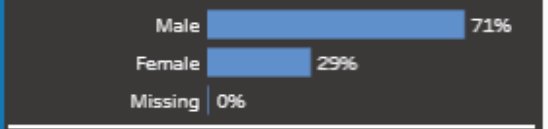


Demographics

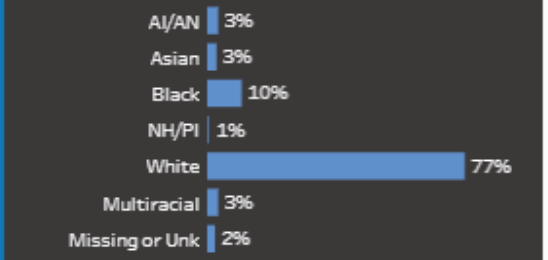
Age



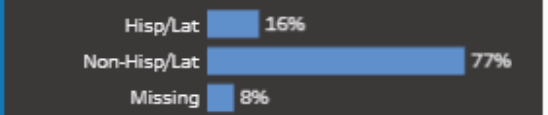
Sex



Race



Ethnicity



Last Data Update: 12/30/2021

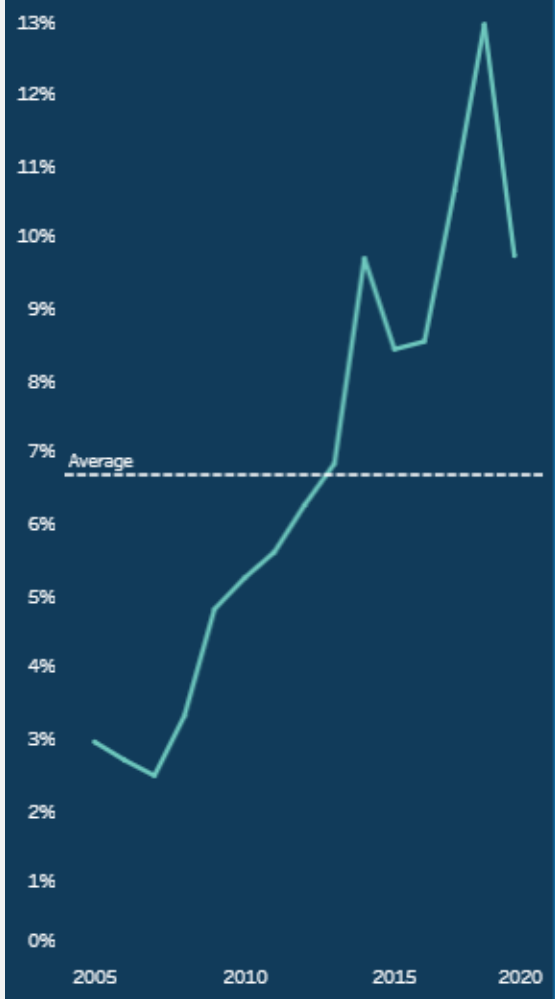
Suicide

Year of Death: 2005 – 2019

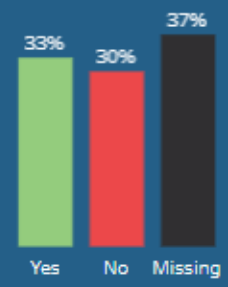
Manner

Suicide 100%

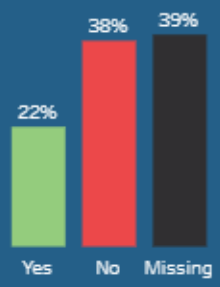
Percent of All Deaths Reviewed



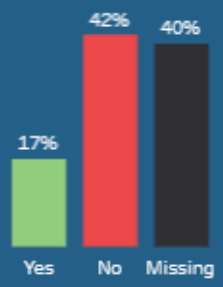
Had Received Mental Health Services



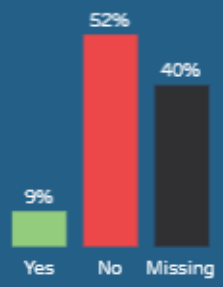
Was Receiving Mental Health Services



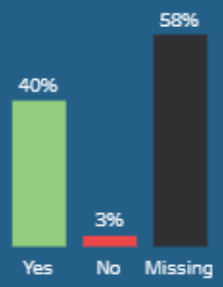
On Mental Health Medications



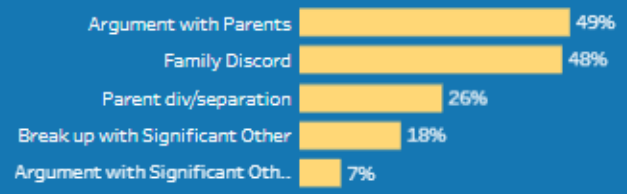
History of Substance Use



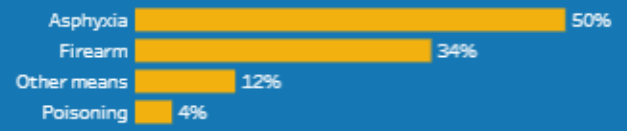
Communicated Thoughts of Suicide



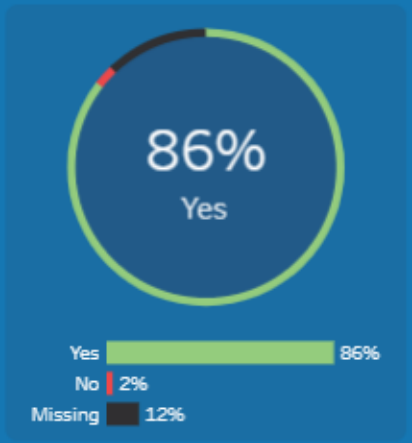
Life Stressors



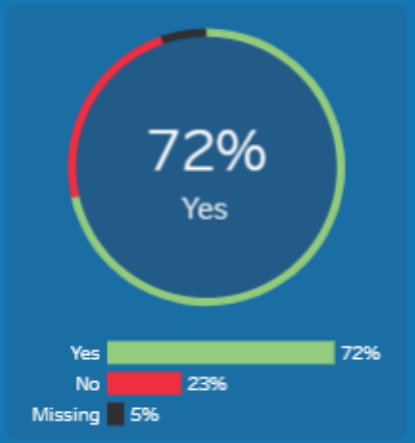
Means of Suicide



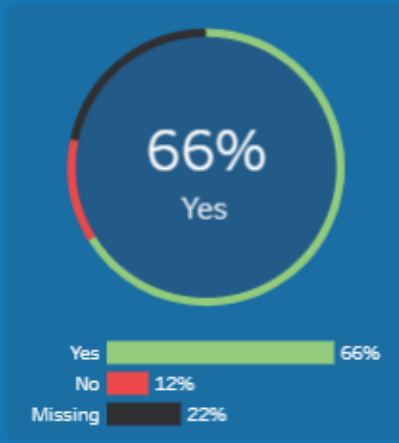
Investigation Conducted



Autopsy Performed

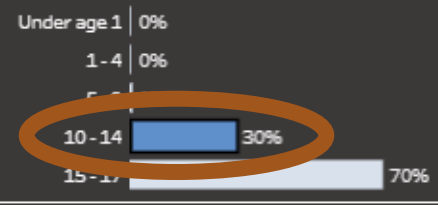


Toxicology Performed

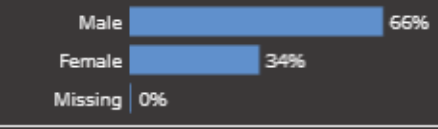


Demographics

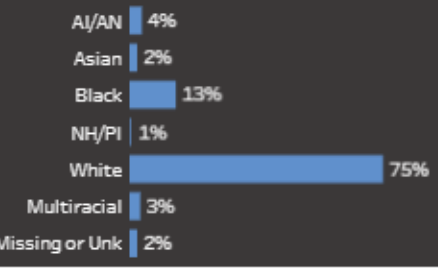
Age



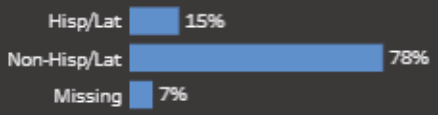
Sex



Race



Ethnicity



Last Data Update: 12/30/2021

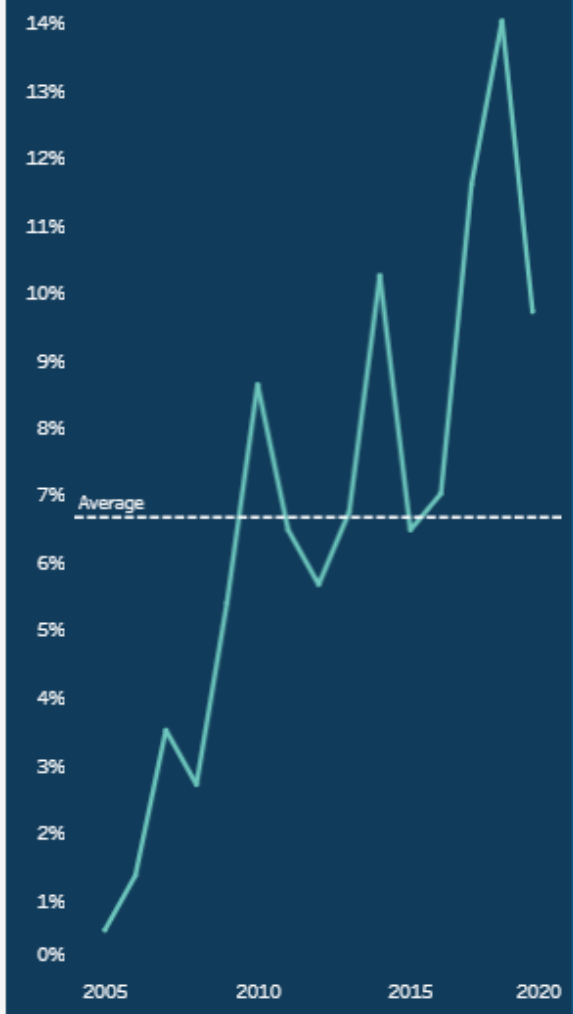
Suicide

Year of Death: 2005 – 2019

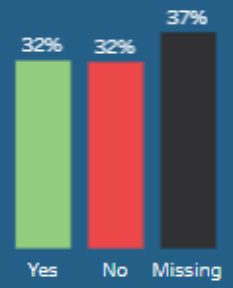
Manner

Suicide 100%

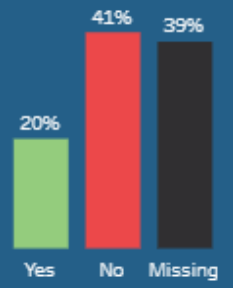
Percent of All Deaths Reviewed



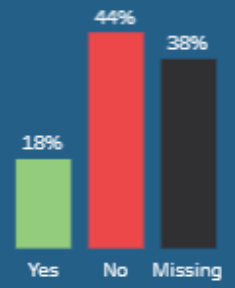
Had Received Mental Health Services



Was Receiving Mental Health Services

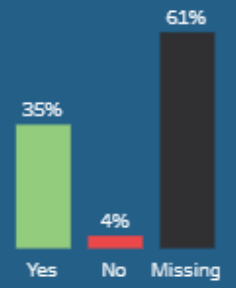


On Mental Health Medications

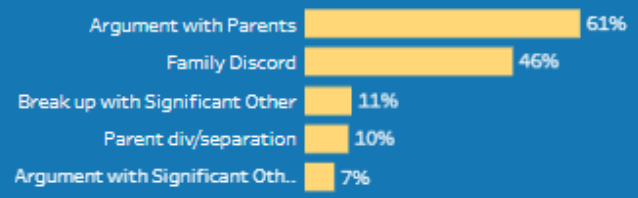


History of Substance Use

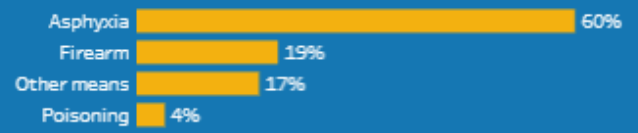
Communicated Thoughts of Suicide



Life Stressors



Means of Suicide



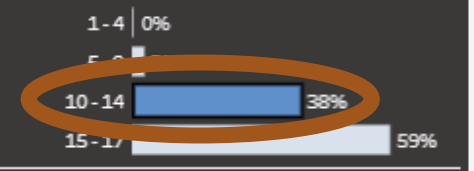
Investigation Conducted

Autopsy Performed

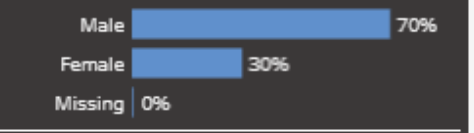
Toxicology Performed

Demographics

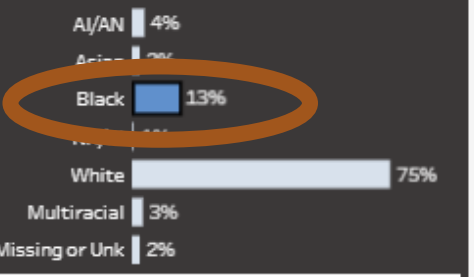
Age



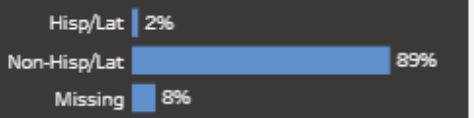
Sex



Race



Ethnicity



Last Data Update: 12/30/2021

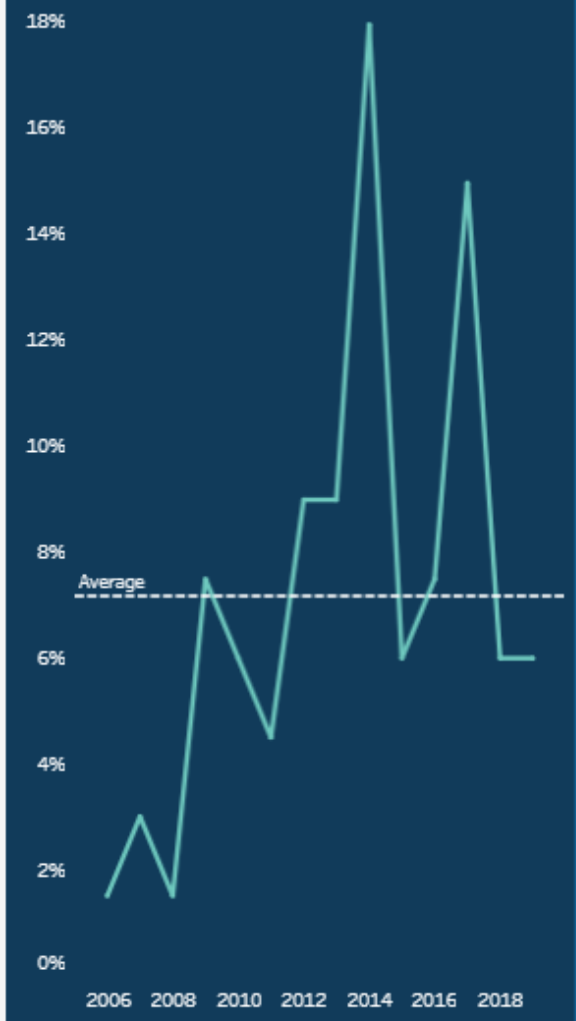
Suicide

Year of Death
2005 — 2019

Manner

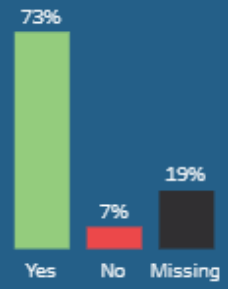
Suicide 100%

Percent of All Deaths Reviewed

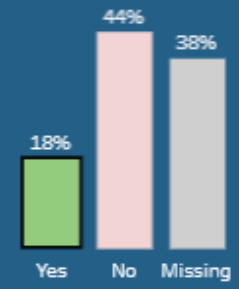


Had Received Mental Health Services

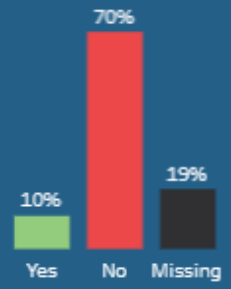
Was Receiving Mental Health Services



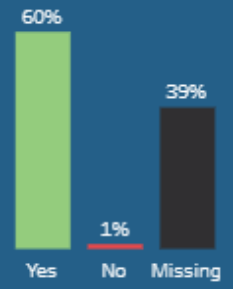
On Mental Health Medications



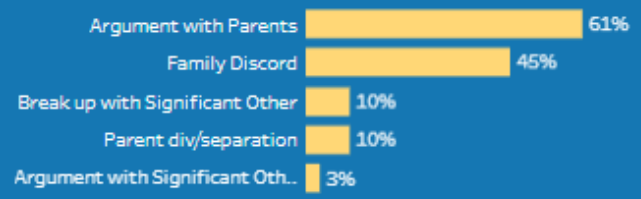
History of Substance Use



Communicated Thoughts of Suicide



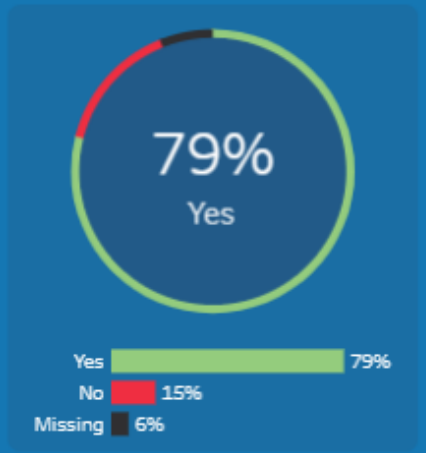
Life Stressors



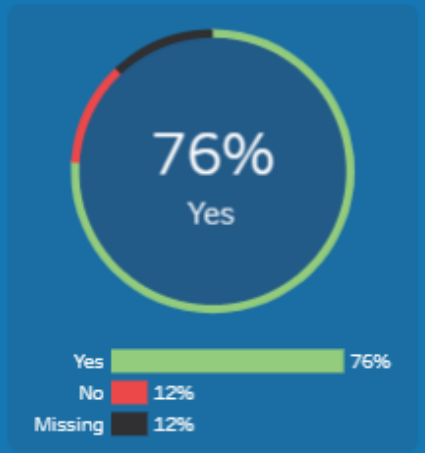
Means of Suicide

Investigation Conducted

Autopsy Performed



Toxicology Performed

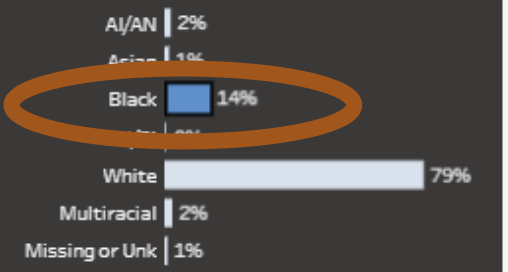


Demographics

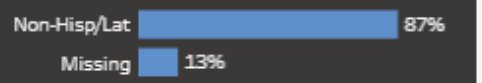
Age

Sex

Race



Ethnicity



Last Data Update: 12/30/2021

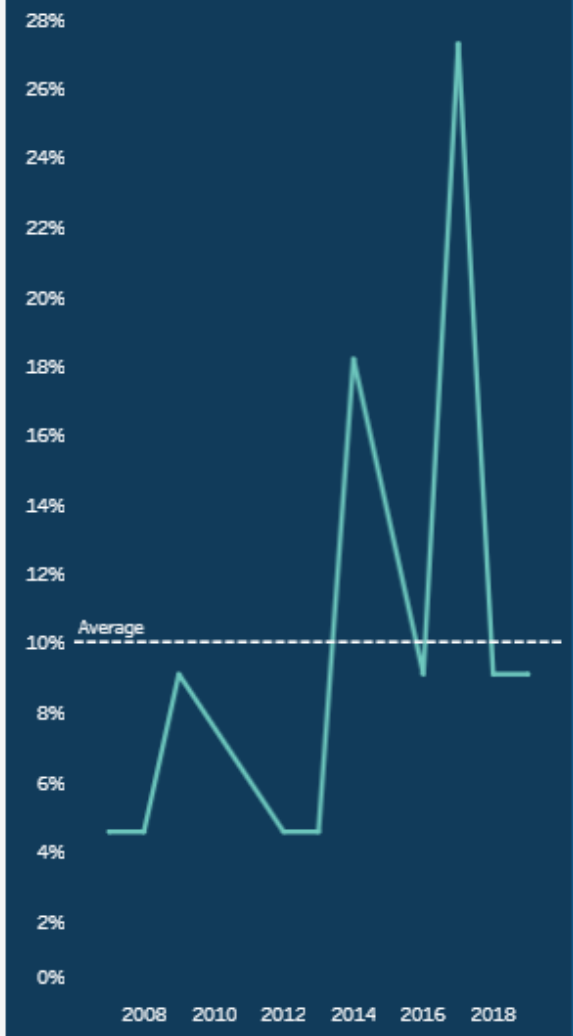
Suicide

Year of Death 2005 – 2019

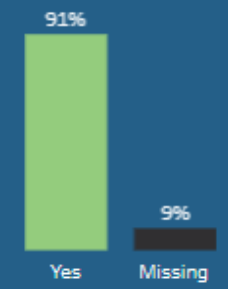
Manner

Suicide 100%

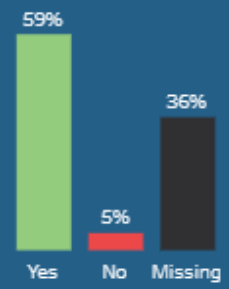
Percent of All Deaths Reviewed



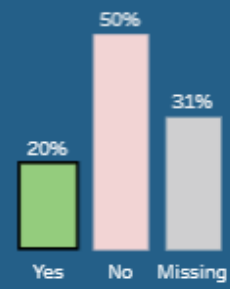
Had Received Mental Health Services



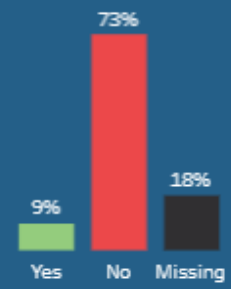
Was Receiving Mental Health Services



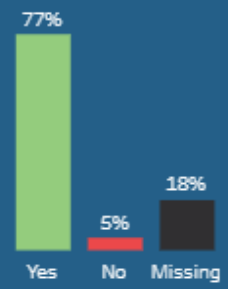
On Mental Health Medications



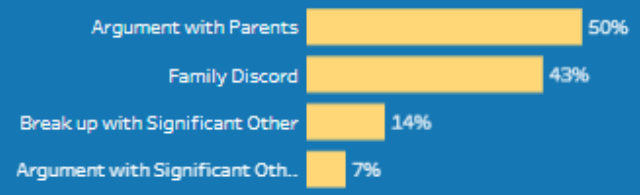
History of Substance Use



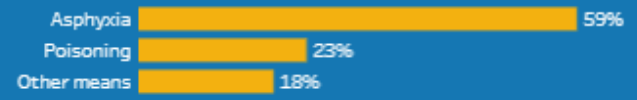
Communicated Thoughts of Suicide



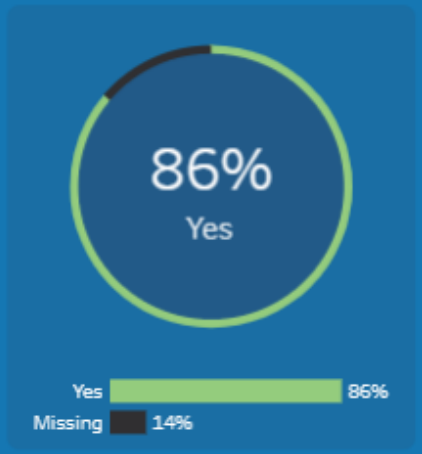
Life Stressors



Means of Suicide

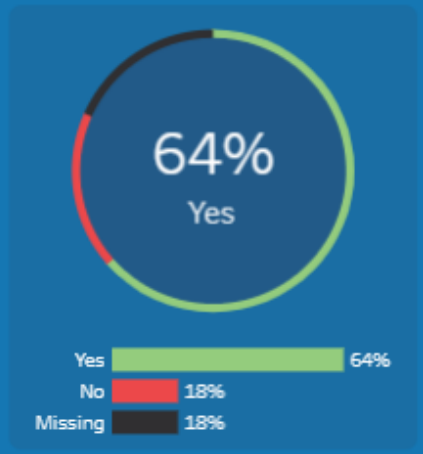


Investigation Conducted



Autopsy Performed

Toxicology Performed

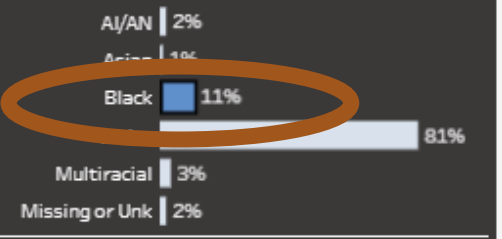


Demographics

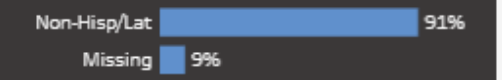
Age

Sex

Race



Ethnicity



Last Data Update: 12/30/2021

Future Activities to Support Suicide Prevention

COLLABORATING FOR A HEALTHIER TOMORROW

Publish and Disseminate Data

- Peer reviewed publications, e.g., Suicides During the COVID-19 Pandemic
- Share data via conferences, e.g., Safe States

Create Tools

- Partner to create standardized tool
- Develop a DSI learning module
- Collaborate with federal, state, and local partners to address emerging needs

CONTACT INFORMATION

2395 Jolly Rd., Suite 120
Okemos, MI 48864

Phone: 800-656-2434

info@ncfrp.org

www.ncfrp.org

KEY FUNDING PARTNER

FEDERAL ACKNOWLEDGEMENT

The National Center is funded in part by Cooperative Agreement Numbers UG7MC28482 and UG7MC31831 from the US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) as part of an award totaling $1,099,997 annually with 0 percent financed with non-governmental sources. Its contents are solely the responsibility of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.