

**MARYLAND
STATE CHILD FATALITY REVIEW TEAM**

Child Deaths in Maryland

2001 Annual Report

<http://www.mdpublichealth.org/mch/html/cfr/>

Parris N. Glendening
Governor

Kathleen Kennedy Townsend
Lieutenant Governor

Georges C. Benjamin
Secretary

Arlene H. Stephenson
Deputy Secretary
Public Health Services

Acknowledgements

On behalf of the Maryland State Child Fatality Review Team (State Team), we are pleased to present the 2001 Annual Report which sets forth the State Team's findings and recommendations as required by Health-General Article, § 5-704 (b) (12), Annotated Code of Maryland.

We are most grateful for the support of Secretary Georges Benjamin, the Department of Health and Mental Hygiene State Team advisors, and the staff at the Center for Maternal and Child Health who deserve special recognition for their work in ensuring that materials are prepared and distributed to all members.

We extend our gratitude to the dedicated members of the State Team. Without their steadfast commitment, the goals and accomplishments set forth in this report could not have been achieved.

In addition to a statement of the Vision, Mission and Guiding Principles of the State Team and a listing of its membership, this report provides:

- A synopsis of child death information for calendar year 1999, the latest year for which Vital Statistic Information is available to the State Team.
- An outline of the accomplishments of the State Team with regard to its 13 statutorily prescribed duties, challenges encountered by the State Team, and goals for the immediate future.
- A brief summary of the achievements of the Local Child Fatality Review Teams across Maryland.

We are pleased to acknowledge Governor Parris N. Glendening for his support in establishing the State Child Fatality Review Team and for his ongoing interest in our advocacy efforts to “eliminate preventable child fatalities.”

Sally B. Dolch, MSW
Community Program Solutions
Chairperson

Major Thomas Bowers
Maryland State Police
Vice Chairperson

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VISION, MISSION, AND GUIDING PRINCIPLES

Vision We envision a Maryland where preventable child fatalities are eliminated.

Mission We will review child fatalities to understand the circumstances around those fatalities and to recommend strategies to prevent future child fatalities.

Guiding Principles

1. We work cooperatively with other state and local child fatality review systems.
2. We base our recommendations on findings from child fatality reviews.
3. Our understanding of child fatalities is based on both quantitative and qualitative information from child fatality reviews and observations.
4. Child fatality review includes representatives of different community interests.
5. Child fatality review is both multi-disciplinary and multi-agency.
6. Support of and advocacy for local child fatality review is a priority function of the State Child Fatality Review Team.
7. The State Child Fatality Review Team builds on the work of the local teams in their efforts to ensure the protection of children in Maryland.
8. Reviews are conducted with respect for the child and family, and for those who served them.
9. To facilitate the sharing of information openly and honestly, confidentiality is adhered to in all reviews.

INTRODUCTION

The purpose of the Maryland State Child Fatality Review Team (State Team) established by Senate Bill 464-1999 is to prevent child deaths by:

- (1) Developing an understanding of the causes and incidence of child deaths;
- (2) Developing plans for and implementing changes within the agencies represented on the State Team to prevent child deaths; and
- (3) Advising the Governor, the General Assembly and the public on changes to law, policy, and practice to prevent child deaths.

BACKGROUND

Child Fatality Review (CFR) is a systematic, multi-agency, multi-disciplinary review of all unexpected child deaths within a jurisdiction. This review process, which began in Los Angeles County in 1978 as a mechanism to identify fatal child abuse and neglect, has grown into a national system to examine child fatalities within the context of prevention.

Detecting and preventing child abuse and neglect remain a central focus of CFR and the Department of Social Services. Whatever the cause and manner of death, the majority of childhood deaths raise questions about the general child health system and warrant thorough, systematic investigation. The overarching benefit of CFR is an examination of the system of service delivery and adequacy of services provided in order to prevent child deaths.

The State Team has 13 statutorily prescribed duties that guide its work. Early in 2001 the new Chairperson, Sally Dolch, and Vice Chairperson, Major Tom Bowers, established quarterly Executive Committee meetings with the chairpersons of the four working committees in order to maximize the accomplishments of the State Team and minimize obstacles to communication and distance. The four chairpersons: Ed Kilkullen, Data; Eileen McInerney, Public Relations; Joel Todd, Policy & Guidelines; and Antinette Williams, Training; and officers met in January, April, July and October with State advisors and the Center for Maternal and Child Health staff to share information, review objectives, make assignments, and set meeting agendas.

During calendar year 2001, the State Team met on March 19, 2001, June 12, 2001, and December 11, 2001.

ACCOMPLISHMENTS

The following outline illustrates the manner in which the State Team carried out each of its 13 statutorily prescribed duties:

- (1) UNDERTAKE ANNUAL STATISTICAL STUDIES OF THE INCIDENCE AND CAUSES OF CHILD FATALITIES IN THE STATE, INCLUDING AN ANALYSIS OF COMMUNITY AND PRIVATE AGENCY INVOLVEMENT WITH THE DECEDENTS AND THEIR FAMILIES BEFORE AND AFTER THE DEATH.

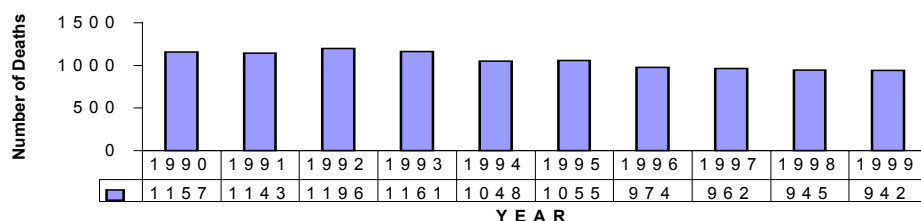
An extensive study of child death and injury statistical information was undertaken and is presented in this report as follows:

MARYLAND CHILD DEATH INFORMATION

The Vital Statistics Administration indicates a 19% decrease in the number of child deaths age 0 – 17 years from 1157 in 1990 to 942 in 1999.

Table 1. Maryland Child Deaths, 1990 -1999 for Children under the Age of 18 Years.

Source: Maryland Vital Statistics Administration, DHMH, 2001



Of the 942 child deaths for children in the State of Maryland for 1999, almost half the child deaths were in the neonatal period, birth to 27 days (44%). Some of these deaths undergo an extensive Fetal Infant Mortality Review at the local level. About one third were sudden and unexpected deaths (including 56 Sudden Infant Death Syndrome deaths (SIDS)). Sudden and unexpected deaths autopsied by the Office of the Chief Medical Examiner are the primary interest of the State Team.

Table 2. Maryland Child Deaths by Age, 1999.

Source: Maryland Vital Statistics Administration, DHMH, 2001

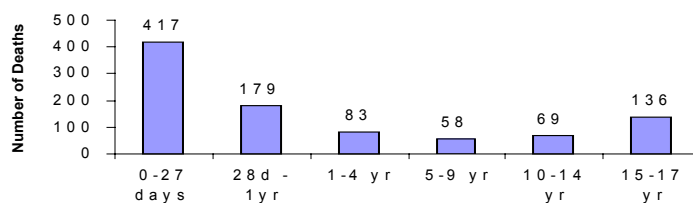


Table 3. Infant and Child Mortality Rate by Age, Maryland, 1990-1999

Age	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Under 1	988.1	913.9	988.9	973.9	885.6	869.7	845.0	861.9	877.2	836.8
1-4 yr	42.9	50.4	45.5	43.4	36.0	40.9	36.4	33.3	31.1	30.1
5-9 yr	17.2	20.5	21.8	19.7	18.4	18.2	18.3	16.4	13.6	15.4
10-14 yr	23.8	27.2	25.3	26.3	26.9	24.7	21.6	22.1	18.1	18.5

15-17 yr	76.8	69.8	76.7	75.9	68.9	79.0	62.9	62.1	60.5	63.9
Total	98.9	95.8	98.1	93.4	82.9	82.9	75.9	75.7	73.4	71.9

There are distinct differences in the distribution of child deaths by age, gender and race. More male children (61%) died than female children (39%). Furthermore, 397 Caucasian (51/100,000), 510 African American (129/100,000) and 35 other racial group (58/100,000) deaths indicates a disproportionately high rate of deaths among African American children.

Table 4. Infant and Child Deaths and Death Rate by Sex and Race, Maryland 1999

Demographic Characteristic	< 1 year	Rate*	1-17 years	Rate*
MALE	339	933.4	232	36.7
FEMALE	257	736.4	114	18.8
Total	596	836.8	346	27.9
WHITE	223	520.2	174	22.3
AFRICAN AMERICAN	349	1401.0	161	40.7
OTHER	24	697.7	11	18.1
Total	596	836.8	346	27.9

*Rate = Number of Deaths/100,000 population

Mortality by age over a ten year span indicates a trend that shows a 'latency for mortality.' This means that being a 15-17 year old is more dangerous than being any other age except for < 1 year. Therefore, this finding will help in focusing and targeting remedial efforts.

Child deaths are classified on the death certificate in four ways: natural, accidents, suicide, and homicide. Natural deaths include all diseases, pre-maturity, and SIDS. Accidents include motor vehicle crashes, falls, drowning, fires, farm and recreational related. Accidents were the leading cause of death for children aged one year and older in the State. Deaths as a result of child abuse or neglect were reviewed in seven jurisdictions.

Table 5. Ten Leading Causes of Death in Infants Ranked By Number of Deaths, Maryland, 1999

Cause of Death using ICD-10 codes	Rank
Disorders relating to short gestation and unspecified low birth weight	1
Congenital Abnormalities	2
Sudden Infant Death Syndrome	3
Newborn affected by complications of placenta, cord and membranes	4
Newborn affected by maternal complications of pregnancy	5
Respiratory distress of newborn	6
Bacterial sepsis of newborn	7
Diseases of circulatory system	8
Intrauterine Hypoxia and Birth Asphyxia	9

Influenza and Pneumonia	10
Accidents	10

Table 6. Ten Leading Causes of Death in Children Aged One Year and Older, Maryland, 1999

Cause of Death using ICD-10 codes	Rank
Accidents	1
Homicide	2
Malignant Neoplasms	3
Cardiovascular Diseases	4
Suicide	5
Congenital Malformations	5
Chronic lower respiratory diseases	7
Other diseases of respiratory system	7
Septicemia	9
Kidney Disease	10

Source for tables: Maryland Vital Statistics Administration, DHMH 2001

While statistics can provide an overall picture of fatalities, it is through the review of each individual child death that the local teams are best able to understand and take action to prevent other deaths. Although the reviews focus on the death of an individual child, the death is often a sentinel event. For each child who dies from a preventable cause, there may be other children who may be at risk of harm or death. A child's death is considered preventable if an individual or the community could reasonably have done something that would have changed the circumstances, thus keeping the child alive.

The Maryland Child Fatality Review system begins at the Office of the Chief Medical Examiner (OCME). When a child dies and the body is autopsied by the Medical Examiner, a one-page referral form with identifying information on the death is sent to the child's resident county health officer or CFR contact. The local CFR team then meets to review the case and sends back a case report form to the OCME. In the following table are the number of case referrals sent out and those returned to the OCME. In the first six months of 2001, 21% of the cases were returned, an increase from the previous year. Returns do not match referrals, as some local teams just began to meet regularly later in the year. At any given point in time, a local team that meets only quarterly may not yet have reviewed referred cases.

MARYLAND CHILD FATALITY REVIEW

OCME CASES referred to local teams, by county of residence

Jurisdiction	January - June 2001	
	Referred	Returned
Allegany	3	3
Anne Arundel	10	10
Baltimore City	48	1
Baltimore Co.	14	
Calvert	1	
Caroline		
Carroll	1	
Cecil	5	5
Charles	4	
Dorchester		
Frederick	4	3
Garrett		
Harford	6	
Howard	7	
Kent		
Montgomery	16	6
Prince George's	20	
Queen Anne's		
Saint Mary's	1	
Somerset	3	2
Talbot		
Washington		
Wicomico	1	
Worcester	1	1
TOTAL	145	31

(2) REVIEW REPORTS FROM LOCAL TEAMS.

The primary focus of efforts in 2001 was to ensure that all 24 jurisdictions had operational local CFR teams. At year's end, 19 were fully operational or underway, four were just beginning and one had not yet organized to meet.

The Wicomico County Child Fatality Review Team presented a case for the State Team at the December 11, 2001 meeting.

Additionally, a process for tracking reports from local teams was discussed. Local Child Fatality Review reports are submitted to a Department of Human Resources staff person who files the reports in the Office of the Chief Medical Examiner. A staff support

person from the Center for Maternal and Child Health tabulates CFR reports and updates the State Team quarterly.

- (3) PROVIDE TRAINING AND WRITTEN MATERIALS TO THE LOCAL TEAMS TO ASSIST THEM IN CARRYING OUT THEIR DUTIES, INCLUDING MODEL PROTOCOLS FOR THE OPERATION OF LOCAL TEAMS.

The State Team Training Committee presented a CFR training on February 28, 2001 at the Maritime Institute for approximately 80 people from 24 jurisdictions. Teri Covington, Director, Michigan CFR presented 'CFR: An Overview of a Prevention-Focused Model', 'Agency Roles and Responsibilities When a Child Dies' and 'Conducting Effective Reviews.'

The Department of Health and Mental Hygiene provided copies of all materials for each participant including the First Annual Report Child Deaths in Maryland and the new Guidelines for Local Case Review (Guidelines) developed by the State Team.

- (4) IN COOPERATION WITH LOCAL TEAMS, DEVELOP A PROTOCOL FOR CHILD FATALITY INVESTIGATIONS, INCLUDING PROCEDURES FOR LOCAL HEALTH DEPARTMENTS, LAW ENFORCEMENT AGENCIES, LOCAL MEDICAL EXAMINERS, AND LOCAL DEPARTMENTS OF SOCIAL SERVICES, USING BEST PRACTICES FROM OTHER JURISDICTIONS.

The Policy Committee worked with Dan Timmel, FIMR Consultant, to develop the protocol for child fatality reviews. The document is modeled after protocols established by Arizona and Michigan, but is a unique resource for Maryland Child Fatality Review Teams. The protocols are within Guidelines for Local Case Review, (Guidelines) which can be found on the State Team web site.

The Guidelines provide background on Child Fatality Review, the responsibilities of the State and local teams, and criteria for reviewing cases. The Guidelines, dated 2/27/01, are considered to be a working document subject to review and revision. Comments and suggestions are welcome.

- (5) DEVELOP A PROTOCOL FOR THE COLLECTION OF DATA REGARDING CHILD DEATHS AND PROVIDE TRAINING TO LOCAL TEAMS AND COUNTY HEALTH DEPARTMENTS ON THE USE OF THE PROTOCOL.

The Data Committee has determined data elements to be collected, consistency of data collection, uniform access to information, confidentiality and reporting. In 2001, the Data committee reviewed the Michigan data collection tool and worked closely with the Office of the Chief Medical Examiner (OCME) on data elements for a computerized information management system that would provide tremendous assistance to local teams and more data for the State Team, and would respect confidentiality requirements.

- (6) UNDERTAKE A STUDY OF THE OPERATIONS OF LOCAL TEAMS, INCLUDING THE STATE AND LOCAL LAWS, REGULATIONS, AND POLICIES OF THE AGENCIES REPRESENTED ON THE LOCAL TEAMS, RECOMMEND APPROPRIATE CHANGES TO ANY REGULATION OR POLICY NEEDED TO PREVENT CHILD DEATHS, AND INCLUDE PROPOSALS FOR CHANGES TO STATE AND LOCAL LAWS IN THE ANNUAL REPORT.

The enabling legislation requires a multi-disciplinary and multi-agency CFR Team in each county. Local CFR teams work to prevent child deaths by promoting cooperation among agencies, developing an understanding of the causes of child deaths, developing plans and recommendations and advising the State Team. Local CFR teams are also required to meet at least once every three months.

In Maryland, local CFR teams are staffed by health departments, law enforcement, local management boards, and the State's Attorney's Office. At the close of 2001, all of the teams were surveyed about their implementation status. By self selection, 15 jurisdictions had "fully developed" local CFR teams, four jurisdictions were "moderately developed", four jurisdictions were "just beginning," and one jurisdiction had "not yet started" the process.

In 2001, local CFR teams held from one to 12 meetings each, with many of the smaller jurisdictions meeting quarterly. The number of cases reviewed ranged from zero to approximately 29. Seven jurisdictions reported reviewing 15 deaths that involved child abuse or neglect (Zero cases - 17 jurisdictions, One case - three jurisdictions, Two cases – one jurisdiction, Three cases - two jurisdictions, Four cases - one jurisdiction).

Several significant findings and recommendations emerged from the local jurisdiction child fatality reviews. Strategies to reduce child deaths have been identified or implemented in some local jurisdictions.

- (7) CONSIDER LOCAL AND STATEWIDE TRAINING NEEDS, INCLUDING CROSS AGENCY TRAINING AND SERVICE GAPS, AND MAKE RECOMMENDATIONS TO MEMBER AGENCIES TO DEVELOP AND DELIVER THESE TRAINING NEEDS.

Additional local training needs have been identified and will be planned in regional locations to minimize travel and maximize participation. Topics to be addressed are: collaboration, data collection, and coordination of advocacy efforts to prevent child deaths.

The biggest obstacle to meeting training needs is funding for facility, presenters, food and materials. Staff coordination is an obstacle State Team members are willing to overcome with their volunteer time and the support of DHMH staff.

The State Team presented information at the Governor's Conference on Child Abuse and Neglect in April 2001.

- (8) EXAMINE CONFIDENTIALITY AND ACCESS TO INFORMATION LAWS, REGULATIONS, AND POLICIES FOR AGENCIES WITH RESPONSIBILITIES FOR CHILDREN, INCLUDING HEALTH, PUBLIC WELFARE, EDUCATION, SOCIAL SERVICES, MENTAL HEALTH, AND LAW ENFORCEMENT AGENCIES AND RECOMMEND APPROPRIATE CHANGES TO ANY REGULATIONS AND POLICIES THAT IMPEDE THE EXCHANGE OF INFORMATION NECESSARY TO PROTECT CHILDREN FROM PREVENTABLE DEATHS, AND INCLUDE PROPOSALS FOR CHANGES TO STATUTES IN THE ANNUAL REPORT.

This is a future State Team goal.

- (9) EXAMINE THE POLICIES AND PROCEDURES OF STATE AND LOCAL AGENCIES AND SPECIFIC CASES THAT THE STATE TEAM CONSIDERS NECESSARY TO PERFORM ITS DUTIES, IN ORDER TO EVALUATE THE EXTENT TO WHICH STATE AND LOCAL AGENCIES ARE EFFECTIVELY DISCHARGING THEIR CHILD PROTECTION RESPONSIBILITIES, IN ACCORDANCE WITH:
- (I) THE STATE PLAN UNDER 42 U.S.C. §5106A(B);
 - (II) THE CHILD PROTECTION STANDARDS SET FORTH IN 42 U.S.C. §5106A (B); AND
 - (III) ANY OTHER CRITERIA THAT THE STATE TEAM CONSIDERS IMPORTANT TO ENSURE THE PROTECTION OF CHILDREN.

The State Team identified Fetal and Infant Mortality Review (FIMR) policies and procedures as being relevant to the CFR process since approximately two-thirds of all child deaths are to infants less than one year of age. The first step in examining policies and procedures was to ensure full understanding of the FIMR process. Therefore, the state Coordinator of FIMR, Jeanne Brinkley, was invited to present to the State Team.

- (10) EDUCATE THE PUBLIC REGARDING THE INCIDENCE AND CAUSES OF CHILD DEATHS, THE PUBLIC ROLE IN PREVENTING CHILD DEATHS, AND SPECIFIC STEPS THE PUBLIC CAN UNDERTAKE TO PREVENT CHILD DEATHS.

The Public Relations Committee developed a brochure describing the responsibilities of the State Team and established a web page within the Department of Health and Mental Hygiene's Center for Maternal and Child Health Web site at <http://www.mdpublichealth.org/mch/html/cfr/>. In addition, a quarterly newsletter will be mailed to all members of local CFR teams and persons interested in child death review, and for posting on the web site in 2002.

According to staff from the Center for Maternal and Child Health, the implementation of risk reduction activities has markedly decreased the number of SIDS deaths. The State Team believes efforts to raise awareness of other risks for childhood death may have the same positive impact on the lives of Maryland's children.

- (11) RECOMMEND TO THE SECRETARY ANY REGULATIONS NECESSARY FOR ITS OWN OPERATION AND THE OPERATION OF THE LOCAL TEAMS.

The State Team recommends the allocation of funding for a dedicated staff person to coordinate the responsibilities of the State Team and a small budget to cover the cost of annual trainings including facility, materials, and presenters and other printed literature as may be necessary to meet the responsibilities outlined in law.

- (12) PROVIDE THE GOVERNOR, THE PUBLIC, AND THE GENERAL ASSEMBLY, WITH ANNUAL WRITTEN REPORTS, WHICH SHALL INCLUDE THE STATE TEAM'S FINDINGS AND RECOMMENDATIONS.

The First Annual Report 1999-2000, Child Deaths in Maryland, was presented to the Governor and the public in late spring 2001. The report is currently available on the State Team Web site to ensure public access.

- (13) IN CONSULTATION WITH LOCAL TEAMS:
(I) DEFINE "NEAR FATALITY;" AND
(II) DEVELOP PROCEDURES AND PROTOCOLS THAT LOCAL TEAMS AND THE STATE MAY USE TO REVIEW CASES OF NEAR FATALITY.

This is a State Team goal for 2002.

Interagency Coordination

Senate Bill 464-1999, the enabling legislation for the State Team, requires that in carrying out its statutorily prescribed duties, the State Team must coordinate its activities with the State Citizens Review Board for Children (State Board), local citizens review panels, and the State Council on Child Abuse and Neglect (State Council) in order to avoid unnecessary duplication of effort.

Three strategies were undertaken to ensure coordination with the State Board, local citizens review panels, and the State Council:

1. The Chairperson participated in quarterly telephone conference calls with Chairpersons of the State Board and State Council and their staff.
2. Three members of the State Team presented workshops about "The State Child Fatality Review Team", "The Role of the Medical Examiner in Unexpected Deaths", and "Child Death Investigations by Law Enforcement" at the April 2001 Eighth Annual Conference on Child Abuse & Neglect.
3. The Chairpersons of the State Board and the State Council were invited to make presentations to the State Team. The State Board Chairperson, La Dean Barksdale, presented at the June 2001 meeting of the State Team. State Council Chairperson, Carolyn Billingsley, presented to the State Team in June, 2002.

CHILD FATALITY REVIEW – SURVEY OF MARYLAND JURISDICTIONS

Every year a survey of local jurisdictions is conducted to assess the status of CFR at the local level. Results from the January 2002 survey are presented below. All but one jurisdiction has a CFR team. This jurisdiction uses its multi-disciplinary team to review child deaths. Of note is the number of cases reviewed involving child abuse and neglect: seven out of 24 jurisdictions reviewed at least one case involving child abuse and neglect for a total of 11 cases. A child fatality review survey of Maryland jurisdictions is shown in Appendix B.

SIGNIFICANT FINDINGS AND RECOMMENDATIONS

Seventeen jurisdictions presented findings about the nature and causes of child deaths and recommendations for changes in systems, safety measures, and public information strategies. Their findings lend themselves to eight areas where advocacy efforts can be directed. They are listed in order of frequency of identification by local teams:

INFANT DEATHS DUE TO SUDDEN INFANT DEATH SYNDROME, CO-SLEEPING, AND PLACING A BABY TO SLEEP ON THEIR STOMACH WERE IDENTIFIED BY EIGHT JURISDICTIONS. Support for the Back to Sleep campaign, more public education about all of these issues, and coordination with hospital discharges of preemies were all cited for advocacy attention.

MOTOR VEHICLE RELATED DEATH ISSUES COVERED AGRICULTURAL EQUIPMENT SAFETY, SAFETY SEATS, USE OF SEATBELTS BY TEENAGERS, BICYCLE HELMETS, AND PEDESTRIAN SAFETY EDUCATION FOR TEENAGE DRIVERS.

DEATHS ATTRIBUTED TO ADOLESCENT SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS, LACK OF PARENTAL SUPERVISION, AND TRUANCY CONCERNS GENERATED REQUESTS FOR SUPPORTIVE ADVOCACY.

CHILD ABUSE AND CHILD CARE REGULATIONS, CONFIDENTIALITY LAWS RELATED TO RISK FOR CHILD ABUSE THAT COULD LEAD TO DEATH, AND COORDINATION WITH THE OCME WERE RAISED BY SEVERAL AS AREAS REQUIRING ADVOCACY ATTENTION.

FIREARM SAFETY AND TRACKING THE SOURCE OF WEAPONS WERE IDENTIFIED FOR ATTENTION.

STRONGER LAWS ABOUT SWIMMING SAFETY AND LAKE SWIMMING ARE SUGGESTED DUE TO SEVERAL DROWNING DEATHS AROUND THE STATE.

HOUSEHOLD SAFETY ISSUES SUCH AS LACK OF SMOKE DETECTORS OR SMOKE DETECTORS WITHOUT BATTERIES, USE OF RENTAL EQUIPMENT WITHOUT SAFETY TRAINING, AND FAMILY AND CHILD SAFETY ISSUES RELATED TO DISCONNECTED UTILITIES.

REQUEST FOR STANDARD METHOD OF INVESTIGATING CHILD DEATHS.

CHALLENGES AND GOALS FOR 2002

The State Team began meeting in November 1999. Since that time, the State Team has come together to form an organization with the strength and integrity to fulfill the responsibilities outlined in Senate Bill 464-1999. However, a significant barrier is the lack of funding available to employ dedicated staff. As noted throughout this report, Department of Health and Mental Hygiene, Department of Human Resources, and OCME have provided tremendous support for the State Team. Each of the agencies have provided copying, telephone, and staff time to support the State Team in accomplishing its goals. Despite the State Team's accomplishments, much progress is still needed and staff is an essential component in enabling the State Team to make further progress.

The State Team will consider the following challenges in 2002:

- * Develop and implement a computerized uniform data collection system for use by local CFR teams in all counties.
- * Examine, in depth, factors which contribute to the disproportionate burden of child deaths in the African American community.
- * Collaborate, as required by law, with State and local panels reviewing child abuse and neglect cases to identify deaths and potential deaths associated with preventable abuse and neglect.
- * Develop, in consultation with local teams, policy recommendations to reduce child deaths in Maryland.
- * Examine confidentiality and access to information laws.
- * Define near fatality and develop protocols for review of these situations.
- * Provide training for Local CFR Teams.
- * Establish criteria for when child abuse/neglect can be identified as a contributing factor to a child's death.

APPENDIX A

MEMBERSHIP 2001

HEALTH-GENERAL ARTICLE, § 5-703 (A), ANNOTATED CODE OF MARYLAND, PROVIDES THAT THE STATE TEAM SHALL BE A MULTI-DISCIPLINARY AND MULTI-AGENCY REVIEW TEAM COMPOSED OF AT LEAST 25 MEMBGRS, INCLUDING:

- (1) THE ATTORNEY GENERAL - Eileen McInerney, designee
- (2) THE CHIEF MEDICAL EXAMINER - David Fowler, MD
- (3) THE SECRETARY OF HUMAN RESOURCES - Tom Grazio, designee
- (4) THE SECRETARY OF HEALTH AND MENTAL HYGIENE - Carol Garvey, MD, designee
- (5) THE STATE SUPERINTENDENT OF SCHOOLS - Richard Steinke, designee
- (6) THE SECRETARY OF JUVENILE JUSTICE - Lee Towers, designee
- (7) THE SPECIAL SECRETARY FOR CHILDREN, YOUTH AND FAMILIES - Donna Behrens, designee
- (8) THE SECRETARY OF THE STATE POLICE - Thomas Bowers, designee, **Vice Chairperson**
- (9) THE PRESIDENT OF THE STATE'S ATTORNEY'S ASSOCIATION - Joel Todd, designee
- (10) THE CHIEF OF THE DIVISION OF VITAL RECORDS - Geneva Sparks, designee
- (11) A REPRESENTATIVE OF THE STATE SIDS INFORMATION AND COUNSELING PROGRAM
Donna Becker, Director, Center for Infant & Child Loss
- (12) THE DIRECTOR OF THE ALCOHOL AND DRUG ABUSE ADMINISTRATION – David Putsche, designee
- (13) TWO PEDIATRICIANS WITH EXPERIENCE IN DIAGNOSING AND TREATING INJURIES AND CHILD ABUSE AND NEGLECT, APPOINTED BY THE GOVERNOR FROM A LIST SUBMITTED BY THE STATE CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS -
Nerita Ulep Estampador, MD
Scott Krugman, MD
- (14) ELEVEN MEMBERS OF THE GENERAL PUBLIC WITH INTEREST OR EXPERTISE IN CHILD SAFETY AND WELFARE, APPOINTED BY THE GOVERNOR, INCLUDING CHILD ADVOCATES, CASA VOLUNTEERS, HEALTH AND MENTAL HEALTH PROFESSIONALS, AND ATTORNEYS WHO REPRESENT CHILDREN -
Sally Dolch, MSW, Community Program Solutions, Chairperson
Diane Banchiere, Advocates For Children and Youth
Jennifer Bodine
Gregory Fernandopoulle, MD
Carolyn Fowler, Baltimore County Health Department
Sarah Kaplan
Edward Kilcullen, Maryland CASA Association
Pierre Mooney
Barbara Roque, Allegany College of Maryland
Anntinette Williams

APPENDIX B

**CHILD FATALITY REVIEW
SURVEY OF MARYLAND JURISDICTIONS
JANUARY 2002**

1. Describe the status of Child Fatality Review (CFR) in your jurisdiction.

Fully developed	<u>15</u>	_____
Moderately developed	<u>4</u>	_____
Just beginning	<u>4</u>	_____
Not yet started	<u>1</u>	_____

Comments:

Carroll -Difficulty with implementing recommendations, lack of volunteers for this part of the process i.e. action team;

Howard - Consistency and attendance of membership is variable.

Cecil has an action team which is working on safe sleeping.

Queen Anne's has Multi-Disciplinary Team and Citizens Review Board.

2. Who are the members of your CFR team and, if applicable, what agency do they represent? Please attach list.

Health Department, Director Child Health, Department of Social Services, Sheriff, Child Protective Services supervisor, Assistant State's Attorney.

3. Who leads the team?

Health Officer, Assistant State's Attorney, Child Fatality Review Coordinator, Injury Prevention Coordinator, Medical Director, Program Manager, Physician

4. Who facilitates the meetings?

Health Officer, Deputy Health Officer, Assistant State's Attorney, Child Fatality Review Coordinator, Hospital Representative, Director of Maternal & Child Health.

5. How many Child Fatality Review meetings have you held in 2001?

Zero-1, One – 4, Two – 7, Three – 3, Four – 8, Twelve – 1

6. How many case reviews were conducted by your team during calendar year 2001 (regardless of year of death)?

Zero –6, One – 4, Two – 2, Five – 3, Six – 2, Twelve – 1, Sixteen – 1, Seventeen – 1, Twenty – 1, Twenty three – 1, Twenty nine – 2,

7. How many of the cases reviewed involved child abuse or neglect?

Zero – 17, One – 3, Two – 1, Three – 2, Four – 1

8. In your review of cases, have you made any significant findings or recommendations?

See summary on page 14.

9. Have you identified specific training needs for your team?

Annual report requirements, "Prevention of Death", CFR functioning well & review of cases, State definition of Near Fatality, CFR team member agency roles and responsibilities, measures to pursue agencies reluctant to release important information pertaining to cases citing confidentiality issues.

APPENDIX C

LOCAL CHILD FATALITY REVIEW TEAM MEMBERSHIP 2001

ALLEGANY:

Dr. Sue Raver, Allegany County Health Department
Jim Brenneman, ACHD Outpatient Addictions
Deloris Gingerich, Mental Health Systems Office, CSA, ACHD
Janie Hutcherson, ACHD Prevention
Diane Rice, ACHD Child Health
Lisa Swauger, ACHD Mental Health
Harry Grove, Department of Juvenile Justice
Bill Hardy, EMS, Western Maryland Health System
Lawrence Kelly, State's Attorney
Jim Koon, EMS, Alternative School
Ruth Lafferty, Child Care Administration
Dr. Michael Levitas, Children's Medical Group
Tim Miller, Board of Education
Carol Sangiovanni, Child Abuse Task Force
John Sangiovanni, Department of Social Services
Dr. Paul Snow, Medical Examiner
Dr. Jack Zealand, Zealand Psychological Associates
Other agencies represented when appropriate: police and C31 officers, pediatricians, fire and ambulance responders.

ANNE ARUNDEL:

Susan Crosby, Anne Arundel Co. Dept. of Health, Special Populations
Linda Y. Fassett, Anne Arundel Co. Mental Health and Addictions
Frances Feldman, Child Care Administration
C. Earl Hill, Retired Physician
William Jones, Deputy Medical Examiner
Laura Kiessling, Office of the State Attorney
Barbara Kozlowski, Local Management Board
David Ladd, Anne Arundel Co. Social Services
Alice Murray, RN, MPH
Frank Pecukonis, Anne Arundel Co. Mental Health and Addictions
Barbara Schwartz, Anne Arundel Co. Public Schools
Reverend Angela Shepard, St. Philips Episcopal Church
Frank Stamm, Anne Arundel Co. Fire Department
Jo Straub, Anne Arundel County Juvenile Justice

David Waltemeyer, Anne Arundel County Police
Mary Anne Woodzelle, Anne Arundel Co. Dept. of Health, Community Outreach

BALTIMORE CITY:

William Adih, Baltimore City Health Department (BCHD), Child Health
Peter Beilenson, Commissioner of Health, BCHD
Michael Bogrov, Sheppard Pratt Hospital
Raymond Crowel, Baltimore Mental Health Systems
Julie Drake, Child Abuse Unit, State's Attorney's Office
Karen Evans, Will and Jada Smith Foundation
Lisa Firth, BCHD, Maternal and Child Health
Richard Fahlteich, Baltimore City Police Central District
David Fowler, Chief Medical Examiner
Marcia Green, Baltimore Substance Abuse Systems
Regina Harrington, Regional Child Care Administration
Claudietta Johnson, Baltimore City Dept. of Social Services
Peggy Mainor, Baltimore Child Abuse Center
Darcy Massof, Baltimore City Dept. of Social Services
Jamaal Moses, Mayor's Office for Children, Youth and Families
Charles Shubin, Children's Health Center, Mercy Family Care
Tina Spears, Baltimore City Public School System
Fred Taber, Baltimore City Police
Allen Walker, Johns Hopkins Hospital
Donna Becker, Center for Infant and Child Loss

BALTIMORE COUNTY:

Glenn Blackwell, Baltimore County Fire Department
Nira Bonner, Baltimore County Health Department (BCHD), Maternal and Child Health
Craig Bowers, Baltimore County Police Department
John Cox, Baltimore County Office of the State's Attorney
Carolyn Fowler, BCHD, Injury Prevention
David Fowler, Chief Medical Examiner
Colleen Freeman, BCHD, Child Advocacy Center
Sheila Johnson, BCHD, Nursing
Jim Korn, Baltimore County Fire Department
Scott Krugman, Franklin Square Hospital
Jackie Milani, BCHD, Substance Abuse
John Stallard, BCHD, Developmental Disabilities
Anne Strasdauskas, Baltimore County Sheriff's Office
Jane Talbott, Citizen Member
Louis Valenti, Child Care Administration
Mark Vidor, Family Services
Dawn Zulauf, Baltimore County Forensic Investigator

CALVERT COUNTY:

Brian Lynch, Substance Abuse Program
Ray D'Arienzo, Calvert County Public Schools

Laura Martin, Calvert County State's Attorney's Office
Susan Copsey, Child Care Administration
Douglas Weems, Calvert County Health Department (CCHD), Core Service Agency
Carlos Astrada, CCHD, Mental Health Department
Barbara Buchheister, CCHD, Community Health
Kathy All, Fire and Rescue EMS
DeeDee Hoofnagle
John Barlett, Calvert County Sheriff's Office
Tom Buckler, Calvert County Sheriff's Office
David McDowell, Calvert County Sheriff's Office
Homer Rich, Maryland State Police
Amye Schrivener, Department of Social Services
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Troy Smith, Forensic Investigator
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Christian Jensen, Medical Examiner
Jane Conlin, Department of social Services
Robert Greenleaf, State's Attorney
Larry Lorton, Caroline County Public Schools
Tina Henry, Caroline County Public Schools
Phil Brown, Law Enforcement
Betty Malkus, Substance Abuse
Millicent Maloney, Department of Social Services
Price Shuler, Child Care
Mike Campbell, Mental Health
Denise Kyle, Pediatrician
Annlee Olson, Public Representative
Jennie Glime, CCHD, Child Health

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Dianna Davis, Carroll County Health Department
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Howard Held, Carroll County Health Department, Addictions
Terri Jones, County Attorney's Office
Bill Knight, Carroll County Department of Social Services
Cyndy Little, Carroll County Public Schools
Janet Nelsen, Carroll County Health Department
Dean Richardson, State Police Barracks
Barbara Rogers, Carroll County Health Department, Health Education
Elizabeth Ruff, Carroll County Health Department, Clinical Services

Bill Woodward, Carroll County Health Department

CECIL COUNTY:

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Cheryl Vogel, Union Hospital
Susan Smith, Maryland State Police
Sue Bailey, Department of Social Services
Kathleen Ford, Elkton Police
Ron Plummer, Sheriff's Office
Mike Brown, Emergency Medical Services
Bill Stryker, State's Attorney's Office
Jacqueline S. McMichael, Core Service Agency
Nancy Hardy, Local Management Board
Virginia Bailey, Health Officer
Andrea Hedden, Community Health Services
Angie Robertson, Bereavement Counselor
Doug Dunston, Public Schools
Carol King, Health Department

CHARLES COUNTY:

Charles County Health Department
Charles County Public Schools
Charles County Department of Social Services
Charles County Sheriff's Department
Legal Aid
Center for Abused Persons
Angel's Watch Shelter
State Police
Tri County Youth Services
Center for Children
Links for Youth

FREDERICK COUNTY:

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Jesse Goode, Police Department
Robin Brady, Brunswick Police
Charles Smith, State's Attorney's Office
Mary Howser, Heartly House
David Reichenbaugh, Maryland State Police
Dave Bowers, Maryland State Police
Tom Graf, Substance Abuse
Martha Sprow, Mental Health Clinic
Madeline Morey, Office of Children and Family
Lynn Frost, MHMA
Bob Pitcher, MHMA
Allen Hermann, Sheriff's Department

Mike Haris, Department of Juvenile Justice
Cam Smith, Department of Juvenile Justice
Franklin Stillrich, Office of Public Defender
Pat Rosensteel, Frederick County Head Start
Brenda Williamson, Developmental Disabilities Administration
Ken Saad, Frederick County Developmental Center
Lauren Carbo, Brooklane Health Services
Ellen Ristorcelli, Nursing Division
Katherine Shriver, Frederick County Health Department, Substance Abuse Services
Warren Davis, Frederick County Department of Social Services
Anne Walker, Department of Social Services
Lee Goldman, Institute for Family Centered Services

GARRETT COUNTY:

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Karl Schwalm, Garrett Medical Group
Jay Resh, Maryland State Police
Phil Lauver, Garrett County Board of Education
Lisa Thayer Welch, State's Attorney's Office
Rodney Glotfelty, Health Officer
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Larry Bruch, Garrett County Department of Social Services

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Cydney Wentzel, Harford County Public Schools
Rick Williams, Sheriff's Office
Joseph Strovel, Health Department, Drug Abuse Services
Wilbur Bolton, Attorney
Gary Kosyjana, Child Care Administration
Gregory Smith, Core Service Agency
Paul Lazor, Bay Region Psychiatric Services
Paul Lomonico, Pediatric Partners
Mary Claire Brett, Health Department, Alcohol Services
John Rusinko, Villa Maria
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Judy Churn, Health Department
Linda Bishop, Edgewood Health Center

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Janice Burris, Child Care Administration
Catherine Busch, Clinic Director

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Pat Flanigan, Department of Juvenile Justice
Deborah Fleischmann, Howard County General Hospital
Joseph Herr, Fire and Rescue
Chris Keane, Office of Law
Wayne Livesay, Howard County Police
Marilyn Manson, Bureau of Addictions
Samuel Marshall, Howard County Department of Social Services
Penny Borenstein, Health Officer
Melissa McDermott Lane, Howard County Child Advocacy Center
Marna McLendon, Howard County State's Attorney
David Monroe, Howard County General Hospital
Manus O'Donnell, Howard County Department Citizen Services
Adrienne Suggs, Howard County Child Advocacy Center
Donna Wells, Howard County Mental Health Authority
David Fowler, Chief Medical Examiner

KENT COUNTY:

Mental Health
Health Department
Department of Juvenile Justice
Department of Social Services
Child Care Administration
Kent County Board of Education
EMS
Maryland State Police
Pediatrician
Kent and Queen Anne's Hospital
Fire Company

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Barbara Bonnin, Health Department, Child Welfare Services
Laura Chase, State's Attorney's Office
Sheila Dennis, Health Department, Child Welfare Services
Victor Esch, Deputy Medical Examiner
Narita Estampador-Ulep, Child Protection Services
Barney Forsythe, Montgomery County Police Department
Carol Garvey, Health Officer
Anne Harrison, Fire and Rescue Services
Winnie Johnson, Montgomery County Police Department
Min Leong, Montgomery County Public Schools
Beverly Byron, Public Health Services

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Brenda Petersen, Health Department, Health Care Coordinator
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Julie Des Jardins, Child Care Administration
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Tonia Belton-Gofreed, State's Attorney's Office
Hank Stawinski, Prince George's County Police Department
Antinette Williams, State Child Fatality Review Team
Albert Rolle, Office of the Chief Medical Examiner
Kermit Moore, Prince George's Department of Juvenile Justice
Florence Foreman, Prince George's County Public Schools
William Manico, State's Attorney's Office
Robert Dean, State's Attorney's Office

QUEEN ANNE'S COUNTY:

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Sue Davis, Queen Anne's County Mental Health
Mike Clark, Community Partnerships for Children
Katherine Wright, Queen Anne's County Alcohol and Drug Services
Lynn Martin, Department of Social Services
James Holley
Carol Dadds, Health Department
April Wilson, Maryland State Police
Frank Kratovil, State's Attorney's Office
Dominic Romano, Queen Anne's County Board of Education
Denise Whitely, Juvenile Justice
Martha Amos
John Branham
Lynn Putman
Gale Tucker
Paul Long
Alex Sweetak
Ann Bishop
Carol Carson

ST. MARY'S COUNTY:

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Patricia Richardson, St. Mary's County Public Schools
T. Wilkins, Maryland State Police
Richard Voorharr, St. Mary's County Sheriff's Office
Kathy O'Brien, Substance Abuse
Daniel Armitage, Department of Social Services
Alexis Zoss, Mental Health Authority
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Robert Konkol, St. Mary's Hospital Center
Elizabeth Osborne, Community Representative
Ira Melman, St. Mary's Hospital Center

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Vanessa Pinder, Maryland State Police
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Ephrem Daniel, TLC Pediatrics
Lisa Hartman, Core Service Agency
Chris Bozick, TLC Pediatrics
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Marie Hill, State's Attorney's Office
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Jim Martyn, Maryland State Police
Lauren Carter, Addictions
Patrick Palmer, Department of Social Services
Price Shuler, Child Care Administration

WASHINGTON COUNTY:

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John Budesky, Washington County Local Management Board
William Christoffel, Health Officer
Edward Ditto, Private Citizen
Tammy Gangstead, Private Citizen
Timothy Gordon, Department of Social Services
Dolores Harmon, Private Citizen
Susan Lochbaum, State's Prosecutor's Office
Millie Lowman, Parents and Children Center
Markella Maschas, Healthy Families
Spence Perry, Private Citizen

Martha Roulette, Department of Education
William Rourke, Sheriff's Office
Paul Shuster, Private Citizen
Carol Springer, Department of Social Services
Gloria Weisz, Private Citizen
Joyce Williams, Private Citizen

WICOMICO COUNTY:

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Kimberly Dumpson, Life Crisis Center
Bill Harden, Maryland State Police
Ethel Hines, Board of Education
Liz Ireland, State's Attorney's Office
Paul Jackson, Police Department
Ray Jarvis, Department of Social Services
Rose Johnson, Health Department, Maternal and Child Health
Jeffery Livingston, Salisbury Police Department
Stephen Matthews, Wicomico County Sheriff's Office
William Middleton, Board of Education
Hunter Nelms, Sheriff's Office
Marva Purnell-Greene, Department of Juvenile Justice
Joe Rando, Department of Social Services
Suzanne Ruark, Child Care Administration
Davis Ruark, State's Attorney's Office
Hal Saylor, Delmar Police Department
Susan Seling, Child Advocacy Center
Judith Sensenbrenner, Health Officer
Rebecca Taylor-White, Wicomico County Council
Allan Webster, Salisbury Police Department
Deborah Winder, Parole and Probation

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Paula Erdie, Social Services
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Charles Martin, Sheriff's Office
Jeff Cropper, Social Services
Peter Buesgens, Social Services
Doris Moxley, Addictions Program
Lynne Boyd, Mental Health Program
Linda Busick
Jon Andes, Board of Education
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