# State Child Fatality Review Team Committee Biennial Report

**As Required by**

**Texas Family Code**

**Section 264.503(f)**

**April 2024**

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# Executive Summary

The State Child Fatality Review Team (SCFRT) Committee biennial report is prepared in compliance with Texas Family Code, Section 264.503(f). The report contains aggregate child fatality data from local child fatality review teams (CFRTs) and child fatality and injury prevention recommendations.

The SCFRT works with local CFRTs to establish recommendations for injury prevention. Recommendations relate to state policies, public education, and how best to strengthen existing systems.

To support the SCFRT in developing this report, the Department of State Health Services (DSHS) calculated child fatality statistics. These statistics are based on the most current available data – calendar years 2020 final and 2021 provisional death certificate data files.

The state's child death rate decreased from 48.4 deaths per 100,000 in 2020 (3,636 child deaths) to 42.9 per 100,000 in 2021 (3,260 child deaths). Local CFRT volunteer staff reviewed 1,766 (approximately 26 percent) of the total child deaths reported in 2020 and 2021 (6,896 child deaths).

**Recommendations to the Governor, the Legislature, and the Department of Family and Protective Services (DFPS)**

- Fund additional local and state child and youth mental health resources to reduce child and youth suicides, including funding to support:
  - Residential behavioral treatment facilities;
  - Inpatient and outpatient care options;
  - Mental health providers; and
  - Increased financial incentives for mental health professionals to become licensed Texas providers.
- Increase funding to public schools to improve access to mental health resources, including mental health professionals.
- Enhance trainings for law enforcement to identify and respond to the signs of mental health crisis in children and youth.
- Support and expand state campaigns and programs that promote safe sleep practices.
- Fund local CFRTs and support the hiring of CFRT coordinators in each Texas Public Health Region.

# Introduction

Child fatality review is a public health strategy used to understand child deaths through local multi-disciplinary reviews and improve public awareness of injury prevention activities and injury risks. Local CFRTs review deaths and collect and analyze data to better understand risks to children. Child fatality review is practiced in each state and in many other countries.

Texas Family Code, Section 264.005, authorizes counties to form local and regional CFRTs. Local CFRTs are volunteer-based and organized by county or multi-county areas. Local CFRTs conduct reviews of the deaths of children that occur in their area.

Texas Family Code, Section 264.502, establishes the SCFRT. The SCFRT is a multi-disciplinary group of professionals representing law enforcement, the medical community, child advocacy organizations, the court system, the behavioral health community, and state agencies. The SCFRT meets quarterly to:

- Develop an understanding of child death causes and incidences;
- Identify procedures to reduce preventable child deaths; and
- Promote public awareness and make recommendations to reduce the number of preventable child deaths.

For a complete committee membership list, see Appendix A.

Texas Family Code, Section 264.503(f), requires the SCFRT to publish a report by April 1 of even-numbered years that contains aggregate local CFRT data and child fatality and injury prevention recommendations. This report presents:

- General child fatality statistics based on calendar years 2020 final and 2021 provisional death certificate data files;
- Committee recommendations; and
- Aggregate local CFRT child fatality data.

Statute also requires the SCFRT to perform the functions and duties required of a citizen review panel under 42 U.S. Code, Section 5106a(c)(4)(A), and provide recommendations regarding the operation of the child protective services system to DFPS. To fulfill these requirements, a subcommittee of SCFRT members sits on the

DFPS Child Safety Review Committee. This participation helps inform the SCFRT recommendations.

In 2020 and 2021, 44 local CFRTs covering 135 counties reviewed cases. This is a decrease of 18 local CFRTs from 2017 and 2019, potentially due to local CFRTs disbanding during the COVID-19 pandemic.

In 2020 and 2021, 6,896 child deaths occurred in Texas. Local CFRTs reviewed 1,766 (approximately 26 percent) of these deaths.

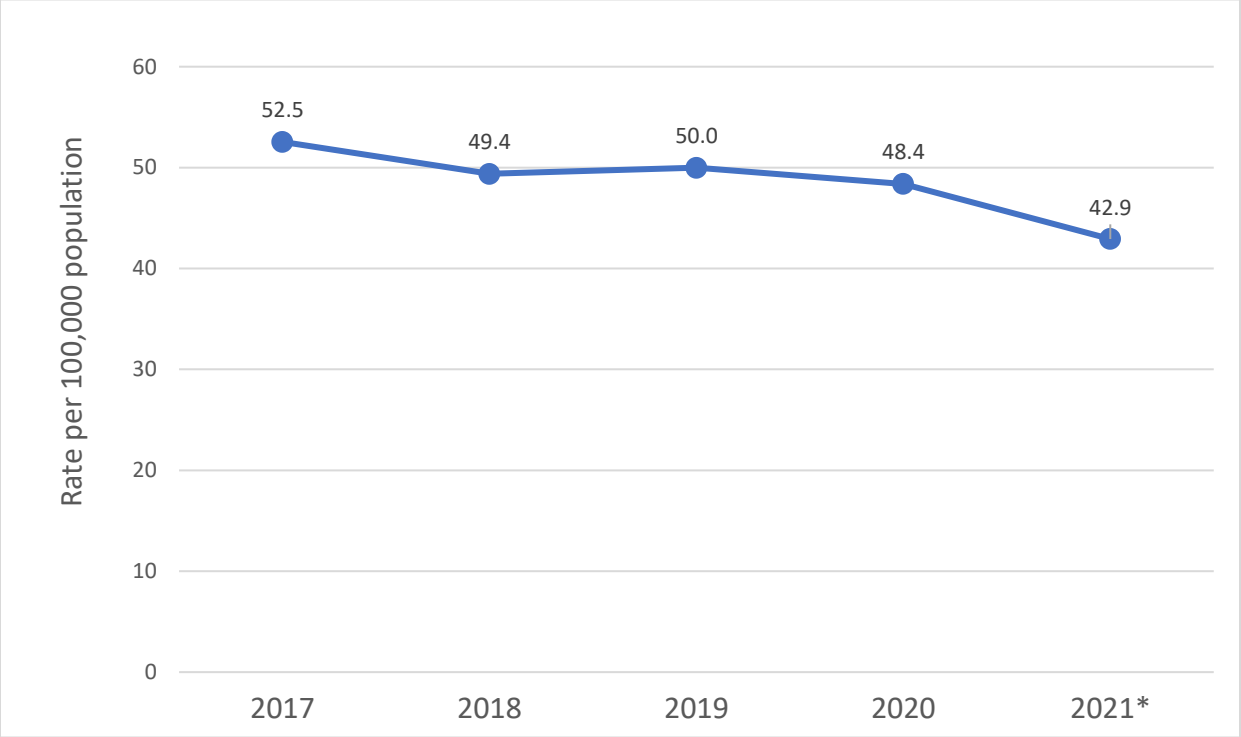
- In 2020, local CFRTs reviewed 947 cases out of 3,636 child deaths (26 percent).
- In 2021, local CFRTs reviewed 819 cases out of 3,260 child deaths (25 percent).

# Child Fatality Statistics, 2017 - 2021

To support the SCFRT in developing this report, DSHS calculated child fatality statistics. These statistics are based on the most current available data – calendar years 2020 final and 2021 provisional death certificate data files.

The Texas death rates for children ages 0-17 years declined between 2017 and 2021 (Figure 1).

**Figure 1. 2017-2021 Texas Child Death Rate, All Causes of Death, Ages 0-17 Years**

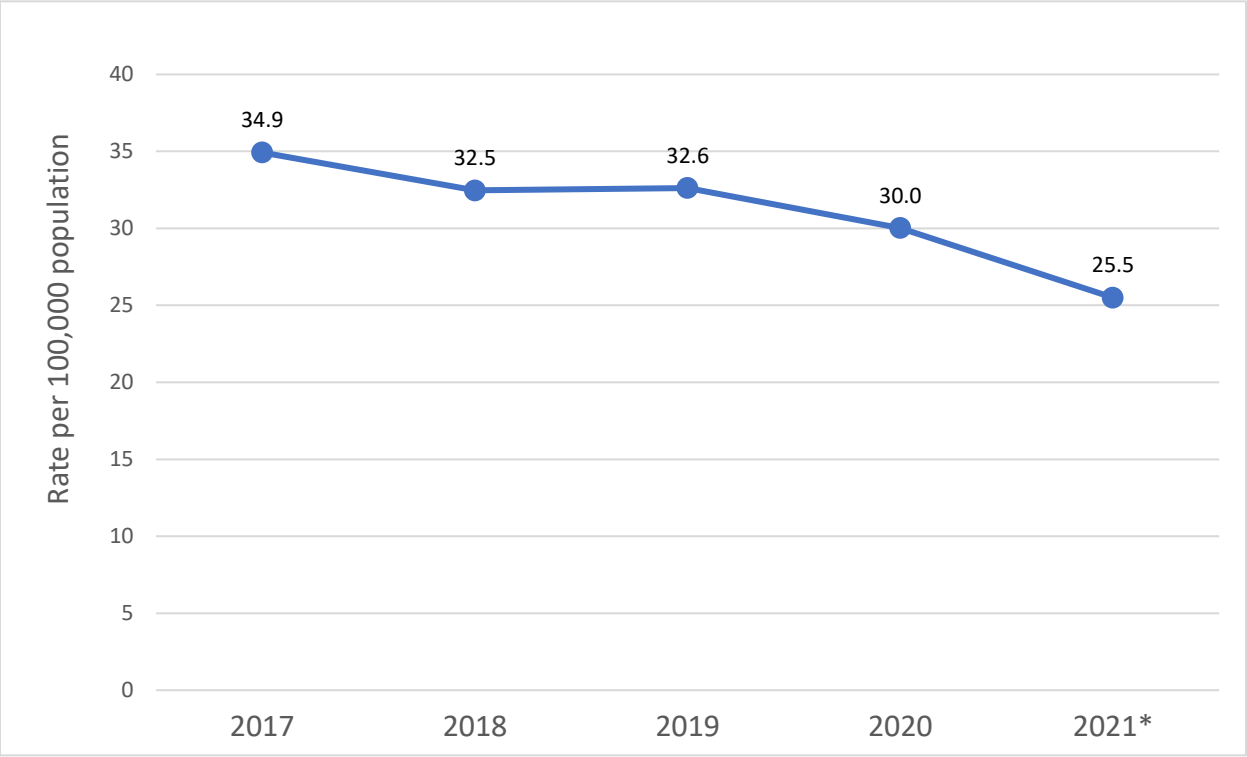



Source: 2017-2021 Death Files, DSHS Center for Health Statistics (CHS). Vintage 2018 projections, 2017-2021 population estimates, Texas Demographic Center.
Notes: 2017-2020 death data are final. 2021 death data are provisional.

Natural causes of death include deaths due to prematurity, congenital anomalies, cancer, and infectious diseases. Of the 2020 and 2021 child deaths in Texas, 4,193 child deaths were due to natural causes. The Texas natural cause child death rate decreased from 34.9 deaths per 100,000 in 2017 to 25.5 deaths per 100,000 in

2021. This represents the lowest rate in five years (25.5 deaths per 100,000). (Figure 2).

**Figure 2. 2017-2021 Texas Child Death Rate, Natural Cause of Death, Ages 0-17 Years**




Source: 2017-2021 Death Files, DSHS CHS. Vintage 2018 projections, 2017-2021 population estimates, Texas Demographic Center.
Notes: 2017-2020 death data are final. 2021 death data are provisional.

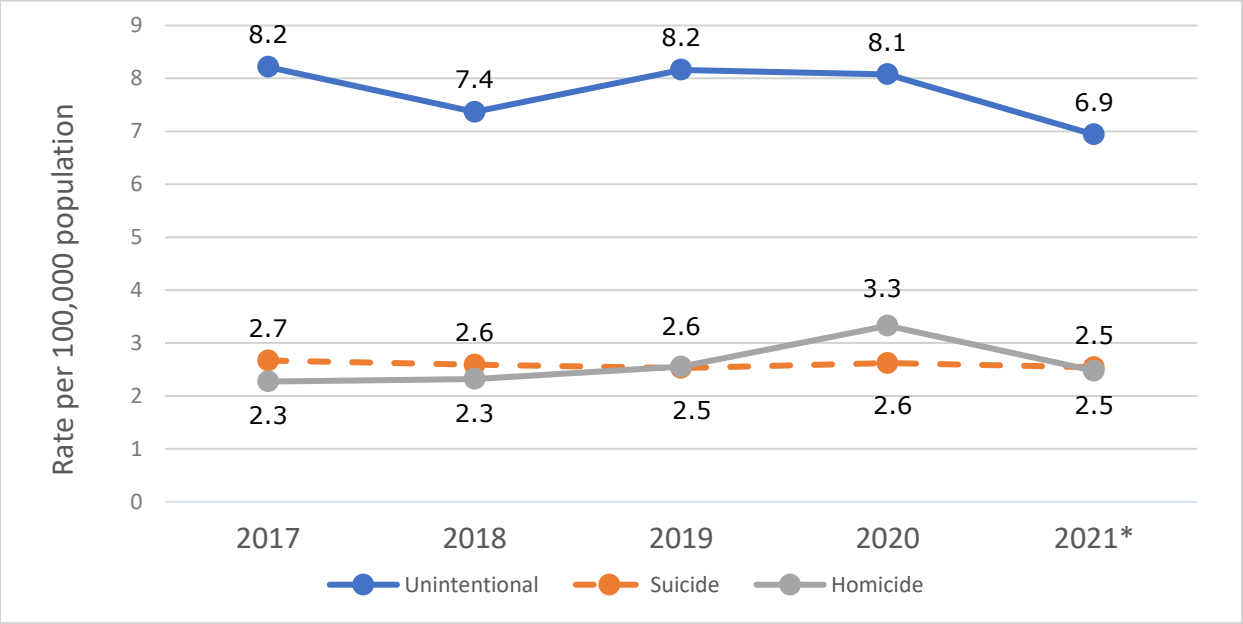
In 2020 and 2021, 2,703 child deaths were due to external causes. 741 (27.4 percent) were due to causes that are pending, undetermined, or unknown. 1,962 (72.6 percent) were due to injury with a known cause, including:

- 1,134 due to unintentional injury;
- 438 due to homicide; and
- 390 due to suicide.

From 2017 to 2021, the injury child death rate (Figure 3), including unintentional injuries, suicides, and homicides, was considerably lower than the natural child death rates (Figure 2). The child unintentional injury death rate in Texas remained close to three times higher than homicide or suicide deaths between 2017 and 2021 (Figure 3).

Unintentional injury deaths include deaths due to motor vehicle injuries, drowning, choking, and other causes. Unintentional injury deaths have remained relatively constant, with slight decreases in 2018 and 2021. Suicide deaths have also remained constant, while there was a slight increase in homicides in 2020 and then a decrease in 2021 (Figure 3).

**Figure 3. 2017-2021 Texas Injury Child Death Rates by Manner of Death, Ages 0-17 Years**




Source: 2017-2021 Death Files, DSHS CHS. Vintage 2018 projections, 2017-2021 population estimates, Texas Demographic Center.

Notes: 2017-2020 death data are final. 2021 death data are provisional.

For additional data, Appendix B presents a DSHS analysis of 2020 and 2021 death certificate data files. Appendix C presents aggregate data from local CFRTs.

# State Child Fatality Review Team Recommendations

DSHS sends each local CFRTs their area's death certificate information for children ages 17 years and younger.[1] Local CFRTs then conduct a retrospective review of these deaths and determine if the deaths were preventable. Team members collect medical records, incident reports, and other records that correspond to their disciplines. During review meetings, members share what is known about the cases being reviewed, identify risk factors, and answer specific National Center for Fatality Review and Prevention (NCFRP) database questions.

Local CFRTs enter data into the NCFRP database. The local CFRTs use this data and lessons learned to make recommendations to the SCFRT. DSHS compiles the local information for the SCFRT to review. The SCFRT uses local information and its own research to develop recommendations for this report.

Local CFRTs submitted 32 recommendations for the SCFRT to review. The SCFRT approved the following five recommendations.

**SCFRT Recommendation 1: Fund additional local and state child and youth mental health resources to reduce child and youth suicides, including funding to support residential behavioral treatment facilities, inpatient and outpatient care options, mental health providers, and increased financial incentives for mental health professionals to become licensed Texas providers.**

From 2020 to 2021, suicide was the nation's third leading cause of death for youth ages 15 years to 17 years.[2] In Texas, 390 children ages 10-17 years died by suicide during that time period. Most children and youth who attempt suicide have a significant mental health disorder.[3]

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[1] Local CFRTs are assigned death cases based on the location and cause of death: county of injury for injury-related deaths and county of residence for natural deaths.
[2] National Center for Health Statistics. Adolescent Health. Centers for Disease Control and Prevention. cdc.gov/nchs/fastats/adolescent-health.htm. Last Reviewed December 13, 2023.
[3] American Academy of Child & Adolescent Psychiatry. Suicide in Children and Teens. aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx. Updated June 2021.

Suicidal feelings and depression are treatable. Mental health wellness requires a comprehensive treatment, prevention, and awareness approach. Treatment can be provided through long-term (i.e., greater than one month) inpatient or outpatient programs based on the patient's need.

There is inadequate access to affordable mental health care for Texas children. Workforce shortages contribute to the lack of access across the state.[4] The Texas Statewide Behavioral Health Coordinating Council reported that in 2021, 147 of the 254 counties did not have any licensed psychologists.[5] 2020 projections from DSHS estimated that 30.2 percent of the demand for psychiatrists in the state will be unmet in 2024.[6]

By giving families more provider options, Texas can increase patient care opportunities. To help increase the mental health workforce in underserved areas, the state provides information on opportunities for health professionals to receive student loan relief through state programs, including:

- The DSHS listing of select Student Loan Repayment Programs that offer student loan debt relief for health professionals who agree to work in underserved areas
- The Texas Higher Education Coordinating Board's Mental Health Professionals Loan Repayment Program for mental health professionals practicing in a mental health professional shortage area

Such opportunities should be promoted, expanded, and replicated to remove barriers for more mental health professionals to enter the workforce and to increase access in underserved areas.

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[4] Texas Statewide Behavioral Health Coordinating Council. Texas Statewide Behavioral Health Strategic Plan: Progress Report FY 2023. Texas Health and Human Services Commission. hhs.texas.gov/sites/default/files/documents/texas-statewide-behavioral-health-strategic-plan-progress-report-dec-2023.pdf. Published December 2023.
[5] Texas Statewide Behavioral Health Coordinating Council. Texas Behavioral Health Workforce Shortage Snapshot. Mental Health Texas – Texas Health and Human Services Commission. mentalhealthtx.org/wp-content/uploads/2023/02/BH-WF-Shortage-Snapshot-Final_Jan-2023_1.17.23.pdf. Published January 2023.
[6] Texas Department of State Health Services. Texas Health Data – Workforce Supply and Demand Projections. healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/workforce-supply-and-demand. Updated August 2020.

**SCFRT Recommendation 2: Increase funding to public schools to improve access to mental health resources, including mental health professionals.**

Poor mental health can result in serious negative outcomes for children and youth health and development that can last into adulthood. Young people who feel hopeless about their future are more likely to engage in behaviors that put them at risk.

According to the 2021 Texas Youth Risk Behavior Survey (YRBS), the percentage of Texas students reporting their mental health as "not good" was higher at 31.45 percent when compared to 29 percent nationally.[7]

Some Texas children and youth have limited access to mental health support in schools. Schools focus on the academic needs of students and may lack a comprehensive approach that includes their mental health needs. The Texas Statewide Behavioral Health Coordinating Council reported in 2021 that 148 school districts did not have any school counselors.[8] In a 2020 report, the Texas Education Agency (TEA) stated that the ratio of students to mental health professionals for school year 2019-2020 was 413:1 for counselors and 2,751:1 for school psychologists. Both ratios are much higher than the recommended ratios of 250:1 and 1,000:1, respectively.[9]

Schools should make counseling interventions available to all students, including those whose developmental needs, personal concerns, or problems affect their continued educational, career, personal, or social development. Funding to improve access to mental health resources in public schools would positively impact student's mental health. This recommendation aligns with the work of other state agencies, specifically TEA, which highlighted the need to reduce the counselor to student ratios in the Statewide Plan for Student Mental Health.

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[7] Texas Department of State Health Services. Texas Health Data - Youth Risk Behavior Survey. healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey. Accessed February 1, 2024.
[8] Texas Statewide Behavioral Health Coordinating Council. Texas Behavioral Health Workforce Shortage Snapshot. Mental Health Texas – Texas Health and Human Services Commission. mentalhealthtx.org/wp-content/uploads/2023/02/BH-WF-Shortage-Snapshot-Final_Jan-2023_1.17.23.pdf. Published January 2023.
[9] Texas Education Agency. The Collaborative Task Force on Public School Mental Health Services. tea.texas.gov/about-tea/government-relations-and-legal/government-relations/hb-906-mental-health-task-force-year-1-report.pdf. Published November 2, 2020.

Those who provide mental health services to students should be appropriately qualified and trained per accepted professional standards.

**SCFRT Recommendation 3: Enhance trainings for law enforcement to identify and respond to the signs of mental health crisis in children and youth.**

The symptoms of children and youth in mental health crisis routinely result in interactions with law enforcement. The SCFRT recommends law enforcement trainings be enriched with information on how to identify children and youth in mental health crisis and deescalate those situations to avoid arrests. The skills acquired through such training would improve law enforcement interactions with those in mental health crisis and could lower the number of children and youth in the juvenile justice system. Long term, such intervention could prevent future adult incarcerations.

**SCFRT Recommendation 4: Support and expand state campaigns and programs that promote safe sleep practices.**

Each year, about 3,400 infants die suddenly and unexpectedly in the U.S.[10] Most of these deaths result from Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death, such as suffocation. In 2021, 3.1 Texas infants per 10,000 live births died due to SIDS. SIDS was the third leading cause of death in infants less than one year old.[11]

According to 2020 DSHS survey data, 78.1 percent of respondents put their baby to sleep on their back, 34.1 percent placed infant on an approved sleep surface, and 49.3 percent placed infant to sleep without loose bedding or soft objects.[12] Putting a baby to sleep on their back on a firm flat mattress with a well-fitted sheet reduces

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[10] Centers for Disease Control and Prevention (CDC). About SUID and SIDS. cdc.gov/sids/about/index.htm. Updated November 9, 2023.

[11] Texas Department of State Health Services. 2022/2023 DSHS Healthy Texas Mothers and Babies Data Book. dshs.texas.gov/sites/default/files/healthytexasbabies/Documents/2022%20-%202023%20Healthy%20Texas%20Mothers%20and%20Babies%20Data%20Book.pdf

[12] Texas Department of State Health Services. Pregnancy Risk Assessment Monitoring System (PRAMS) Survey 2018 Data Book: Summary Tables. dshs.texas.gov/sites/default/files/mch/pdf/2018-PRAMS-Databook.pdf. Published January 2021. PRAMS is a survey designed by the CDC to identify and track selected maternal experiences before, during, and after pregnancy. For more information about PRAMS in Texas, go to dshs.texas.gov/maternal-child-health/texas-data/pregnancy-risk-assessment-monitoring.

the likelihood of death. In the 2020 and 2021 infant death cases reviewed by local CFRTs, 202 (25.3 percent) were sleep related. Of these reviewed deaths:

- 171 (84.7 percent) were not sleeping in a crib or bassinet;
- 103 (51.0 percent) were not sleeping on their back; and
- 142 (70.2 percent) were placed to sleep with soft bedding/toys in the sleep environment.

State agencies implement programs and activities to improve safe sleep practices. For instance, DSHS leads the statewide Infant Health and Safety Campaign to promote:

- Awareness among parents and infant caregivers about safe sleep and breastfeeding through social media messaging and videos;
- Awareness among employers, hospitals, and public health partners about evidence-based strategies to increase breastfeeding support and safe infant sleep by providing resource tools and presentations for professionals; and
- DSHS as a trusted source of information that public health partners and other key audiences can use to promote infant health and safety across Texas.

This campaign also promotes participation in other state-supported infant health and safety activities. The following activities promote behaviors, such as breastfeeding, that have been shown to reduce the risk of SIDS:[13]

- DSHS Texas Mother-Friendly Worksite Program, which seeks to reduce barriers to breastfeeding by increasing the number of employers who have worksite lactation support policies and programs.
- Texas Lactation Support Centers and Afterhours Hotline, a toll-free number providing licensed lactation consultants 24 hours a day.
- Healthy Texas Mothers and Babies Community Coalitions initiative, which works with community partners and stakeholders to improve birth outcomes by reviewing community data, creating strategic plans, implementing community-based activities, and coordinating efforts to address maternal and infant health issues.

[13] Eunice Kennedy Shriver National Institute of Child Health and Human Development. Breastfeeding & Safe Sleep. National Institutes of Health. safetosleep.nichd.nih.gov/safe-sleep/breastfeeding. Accessed February 2024.

DFPS similarly provides programming to support child safety and development:

- The Room Sharing and Safe Sleep for Babies webpage provides education, awareness, and data on room sharing without bed sharing.
- The Texas Home Visiting program is a free, voluntary program through which early childhood and health professionals regularly visit the homes of pregnant women and families with children under six years of age to support positive child health and development and provide education about safe sleep.

The Texas Health and Human Services Commission (HHSC) Texas Health Steps Online Provider Education has a specific online module, "Infant Safe Sleep", that provides continuing education to providers. This module equips Texas Health Steps providers and others with the ability to recognize risk factors of SIDS and other forms of sleep-related infant death, promote protective factors, and collaborate with parents and caregivers to support safe sleep practices and environments.

Similarly, Texas A&M University provides a two-hour online course to teach viewers how to create a safe sleep environment for infants, thus reducing the risk of SIDS and other sleep-related causes of infant death.

The SCFRT supports the efforts of the above state programs and initiatives to promote safe sleep practices and child safety. The SCFRT recommends that these and similar programs be prioritized to receive additional funding and support to increase their reach and impact.

**SCFRT Recommendation 5: Fund CFRTs and support the hiring of CFRT coordinators in each Texas Public Health Region.**

Since 2016, the SCFRT has recommended funding CFRT coordinators in each DSHS Public Health Region. Local CFRTs are volunteer-based teams that rely on the support of community members to review child deaths and create prevention recommendations. Some team members take on additional responsibilities, such as a presiding officer who leads the meetings and data entry coordinators who are tasked with entering all review data in the NCFRP case reporting system.

As mentioned in the 2022 SCFRT Biennial Report, DSHS received funding in 2017 through a grant in the Administration for Children and Families Children's Bureau Children's Justice Act to support the hiring of a local CFRT coordinator at two pilot sites in Bexar and Burnet counties. Preliminary results showed both pilot sites had increased case review numbers, data entry, and quality reviews. The Bexar County

Juvenile Justice Department found having a local CFRT coordinator for their county team increased both data entry and stakeholder participation.

The committee recommends, at a minimum, funding a CFRT coordinator in each DSHS Public Health Region for a total of eight coordinators. Funding a local CFRT coordinator in each region would increase the number of deaths reviewed, improve consistency in fatality review data entry, and increase local CFRT injury prevention recommendations throughout the state.

# Conclusion

Child fatality review is a unique process that brings together multi-disciplinary professionals to discuss how and why Texas children are dying. This report is based on local CFRT data collection and recommendations as well as SCFRT research, recommendations, and advocacy. Committee members participate in their local CFRT reviews and bring the topics discussed in local reviews to the attention of the SCFRT.

For the 2024 report, the SCFRT made five recommendations to improve child safety. Recommendations include child mental health funding, crisis intervention training, safe sleep campaign funding, and funding local CFRTs.

This report would not be possible without the SCFRT members and local CFRT dedication and input, including the presiding officers and respective team members. The diverse range of professionals who volunteer as local CFRT members give the child fatality review process its multi-disciplinary perspective and add immeasurably to the goal of understanding child death and reducing risk to Texas children.

# List of Acronyms

| Acronym | Full Name |
|---|---|
| CFRT | Child Fatality Review Team |
| CHS | Center for Health Statistics |
| DFPS | Texas Department of Family and Protective Services |
| DSHS | Texas Department of State Health Services |
| HHSC | Texas Health and Human Services Commission |
| NCFRP | National Center for Fatality Review and Prevention |
| PRAMS | Pregnancy Risk Assessment Monitoring System |
| SCFRT | State Child Fatality Review Team Committee |
| SIDS | Sudden Infant Death Syndrome |
| TEA | Texas Education Agency |
| YRBS | Youth Risk Behavior Survey |

# Appendix A. Committee Members

The following table lists the members of the SCFRT as of February 2024 who were active during this reporting period.

| Name | Committee Position | Professional Affiliation and Location |
|---|---|---|
| Michael Baldwin (Chair) | Police Chief | Hudson Oaks Police Department, Hudson Oaks |
| Dr. Kenton Murthy (Vice Chair) | Public Health Professional | Assistant Medical Director and Deputy Local Health Authority, Tarrant County Public Health, Fort Worth |
| Dr. Simi Abraham | Child Abuse Prevention Specialist | McGovern Medical School UT Health Science Center, Houston |
| Judge Shane Brassell | Justice of the Peace | Justice of the Peace Precinct 2, Hillsboro |
| Dr. Kim Cheung | Pediatrician | UT Health Science Center, Department of Pediatrics Child Protective Services Clinic, Houston |
| Dr. Tara Das (Permanent Member) | Vital Statistics Representative | Texas Department of State Health Services, Austin |
| Ms. Kristi Elliott | Child Educator | Elliott Counseling and Training, Bulverde |
| Ms. Madelyn Fletcher (Permanent Member) | Governor's Office Appointee | Office of Governor Greg Abbott, Austin |

| Name | Committee Position | Professional Affiliation and Location |
|---|---|---|
| Sheriff Christopher Forbis | Sheriff | Randall County Sheriff's Office, Amarillo |
| Ms. Lori Gabbert Charney (Permanent Member) | Title V Director | Texas Department of State Health Services, Austin |
| Dr. Sanjuanita Garza-Cox | Sudden Infant Death Family Service Provider | Pediatrix Medical Group, San Antonio |
| Mr. Michael Hayes | Emergency Medical Services Provider | City of New Braunfels Fire Department, New Braunfels |
| Ms. Kerrie Judice | Child Advocate | TexProtects, Dallas |
| Dr. Owais Khan | Neonatologist | Pediatrix and Obstetrix Specialists, Houston |
| Ms. Diane MacLeod | Child Protective Services Specialist | Texas Department of Family and Protective Services, Austin |
| Ms. Letty Martinez, (Permanent Member) | Lieutenant Governor Appointee | Lieutenant Governor's Office, Fort Worth |
| Ms. LaViza Matthews | Texas Department of Transportation | Texas Department of Transportation, Amarillo |
| Ms. Angelica Powers | Criminal Prosecutor | Bexar County District Attorney's Office, San Antonio |

| Name | Committee Position | Professional Affiliation and Location |
|---|---|---|
| Dr. Jennifer Ross | Medical Examiner | Harris County Institute of Forensic Sciences, Houston |
| Ms. Kathryn Sibley (Permanent Member) | Texas Department of Family and Protective Services | Texas Department of Family and Protective Services, Austin |
| Ms. Amy Smith | Family Violence Advocate | Harris County Domestic Violence Coordinating Council, Houston |
| Captain Steven Tellez | Department of Public Safety | Department of Public Safety, San Antonio |
| Dr. Lawrence Thompson | Child Mental Health Provider | Harris County Resources for Children and Adults, Houston |
| Dr. Jeannie Von Stultz | Chief Juvenile Probation Officer | Deputy Chief Juvenile Probation Officer, Bexar County Juvenile Probation, San Antonio |
| Representative Gene Wu (Permanent Member) | Speaker of the House of Representatives Appointee | Member, Texas House of Representatives, Austin |

# Appendix B. DSHS Death Certificate Analysis

## Overview

The most recent year for which local CFRTs have completed child fatality case review is 2021. Their 2020-2021 case reviews and recommendations, in addition to other research conducted by the SCFRT, formed the basis of this report.

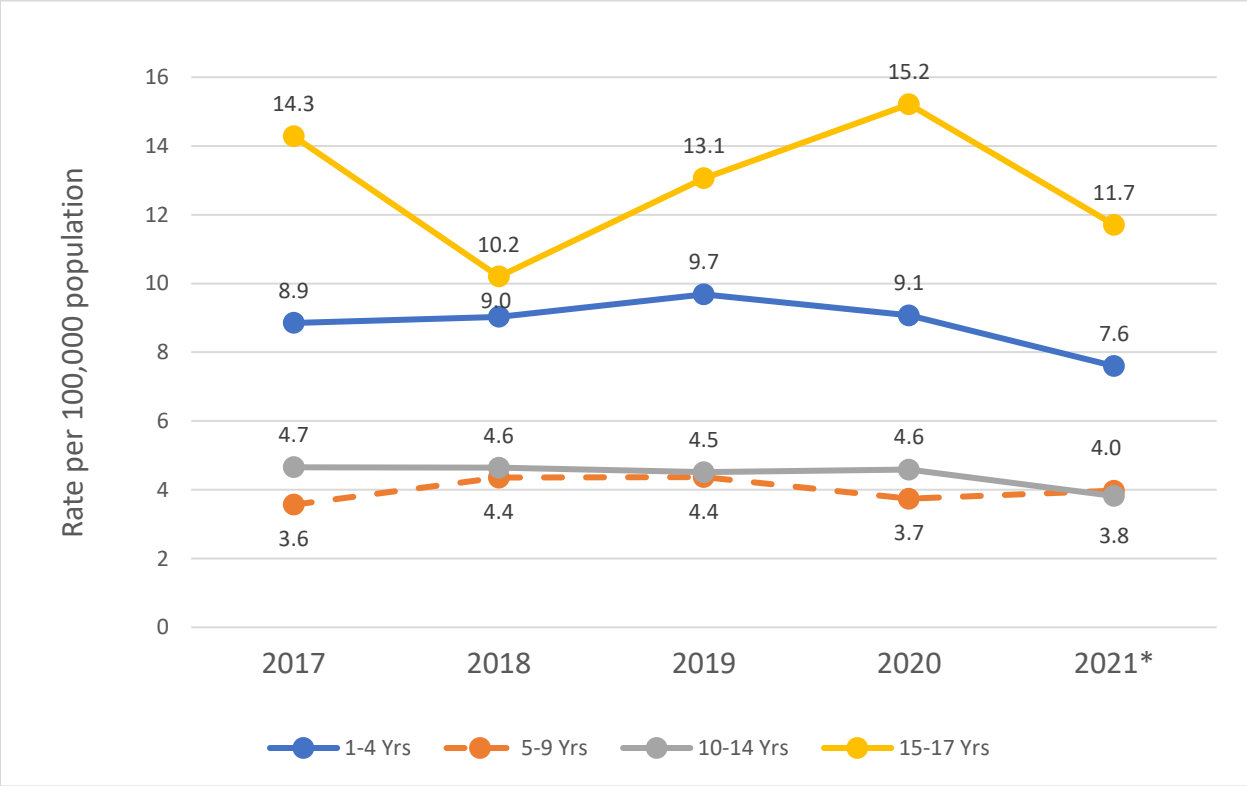
To supplement local CFRT information, DSHS analyzed death certificate data for child deaths that occurred in Texas from 2020 and 2021, regardless of the child's residence, to determine state-level trends. Where appropriate, DSHS analysis includes child death data for 2017 through 2019 for historical context. This data is also available in the 2022 SCFRT Biennial Report.

Texas death data for 2021 are provisional. Texas death data was extracted from the DSHS mortality file for 2020-2021, ages 0 to 17 years old, in December 2023. All data were previously collected with no additional data added.

## Death Certificate Analysis Data

From 2017 through 2021, the unintentional injury child death rate stayed generally the same for all age groups except for children ages 15-17 years (Figure 4). In children ages 15-17 years, the unintentional injury death rate increased from 2018 to 2020 but decreased in 2021.

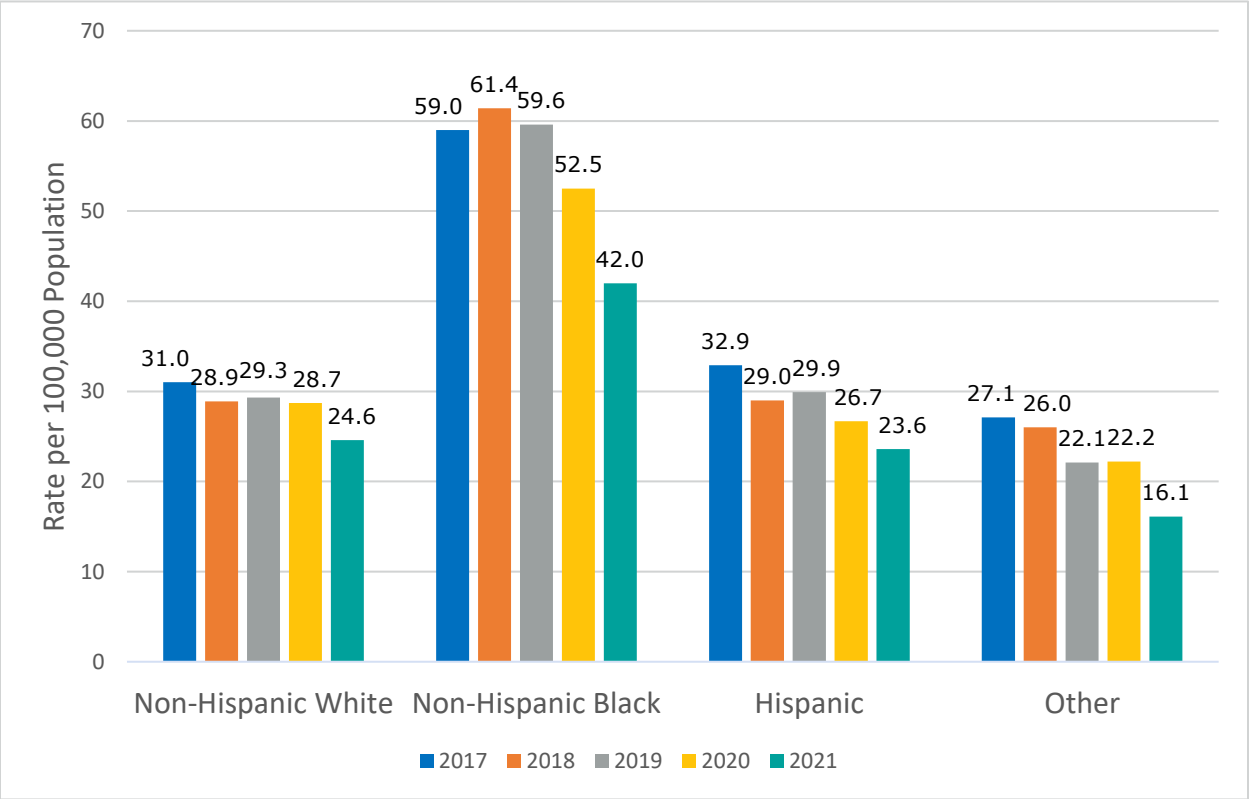
**Figure 4. 2017-2021 Texas Unintentional Injury Child Death Rates by Age Groups, Ages 1-17 Years**




Source: 2017-2021 Death Files, DSHS CHS. Vintage 2018 projections, 2017-2021 population estimates, Texas Demographic Center.
Notes: 2017-2020 death data are final. 2021 death data are provisional.

Between 2017 and 2021, non-Hispanic Black children were more than twice as likely to die of natural causes than any other race or ethnicity (Figure 5), primarily due to prematurity. The natural child death rates decreased from 2017 to 2021 in all racial groups. This decrease was the most profound in non-Hispanic Black children, which decreased from a child death rate of 59.0 children per 100,000 in 2017 to 42.0 children per 100,000 in 2021.

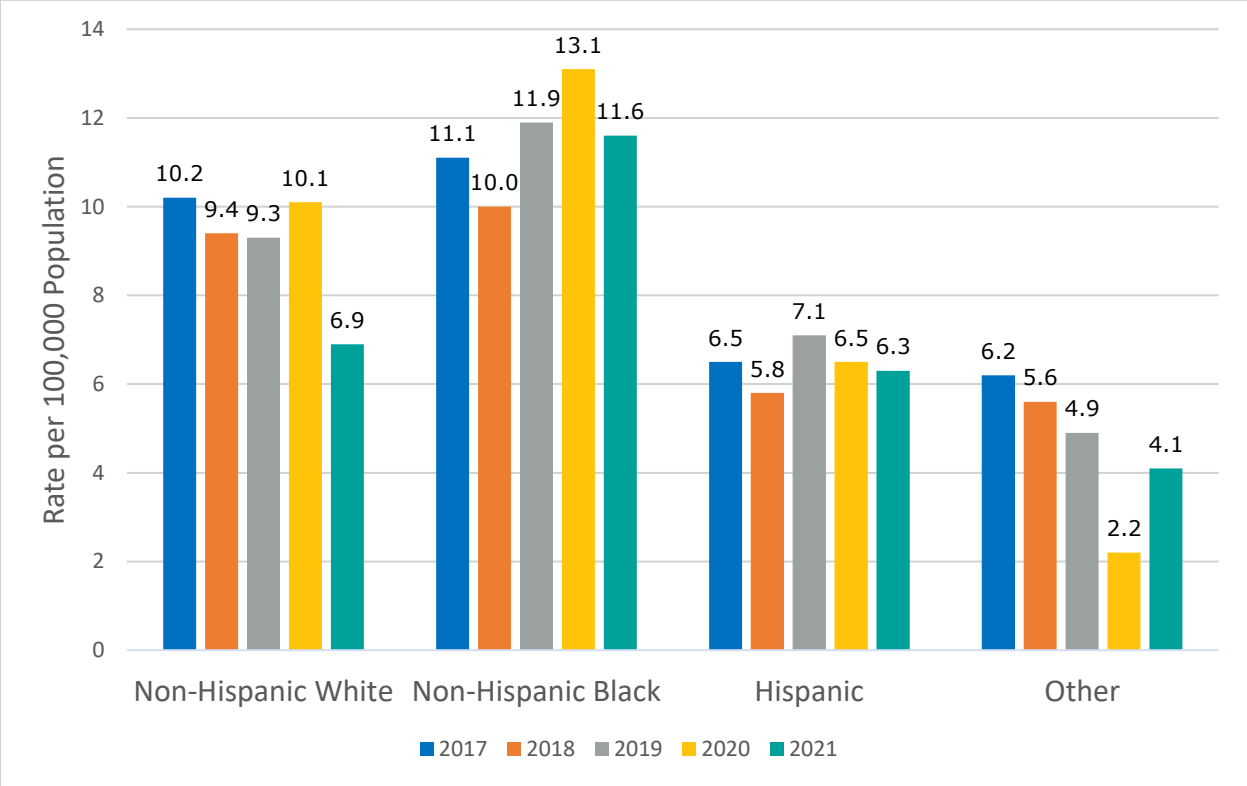
**Figure 5. 2017-2021 Texas Natural Child Death Rate by Race and Ethnicity, Ages 0-17 Years**




Source: 2017-2021 Death Files, DSHS CHS. Vintage 2018 projections, 2017-2021 population estimates, Texas Demographic Center.
Notes: 2017-2020 death data are final. 2021 death data are provisional.

From 2017 through 2021, non-Hispanic Black children died of unintentional injuries at a higher rate than any other race or ethnicity (Figure 6). Non-Hispanic White children saw small decreases and increases between 2017-2020 but saw a notable decrease between 2020 and 2021.

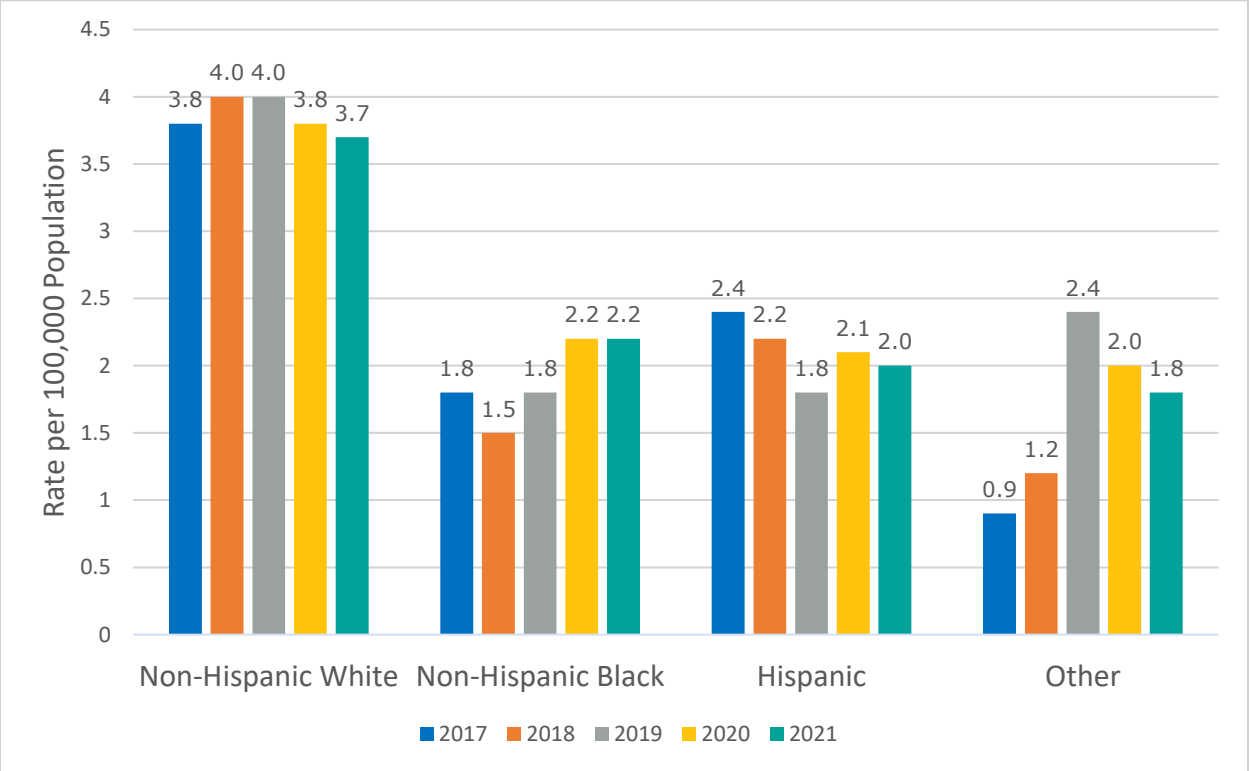
**Figure 6. 2017-2021 Texas Unintentional Injury Child Death Rate by Race and Ethnicity, Ages 0-17 Years**




Source: 2017-2021 Death Files, DSHS CHS. Vintage 2018 projections, 2017-2021 population estimates, Texas Demographic Center.
Notes: 2017-2020 death data are final. 2021 death data are provisional.

From 2017 through 2021, non-Hispanic White children died of suicide at a higher rate than any other race or ethnicity (Figure 7).

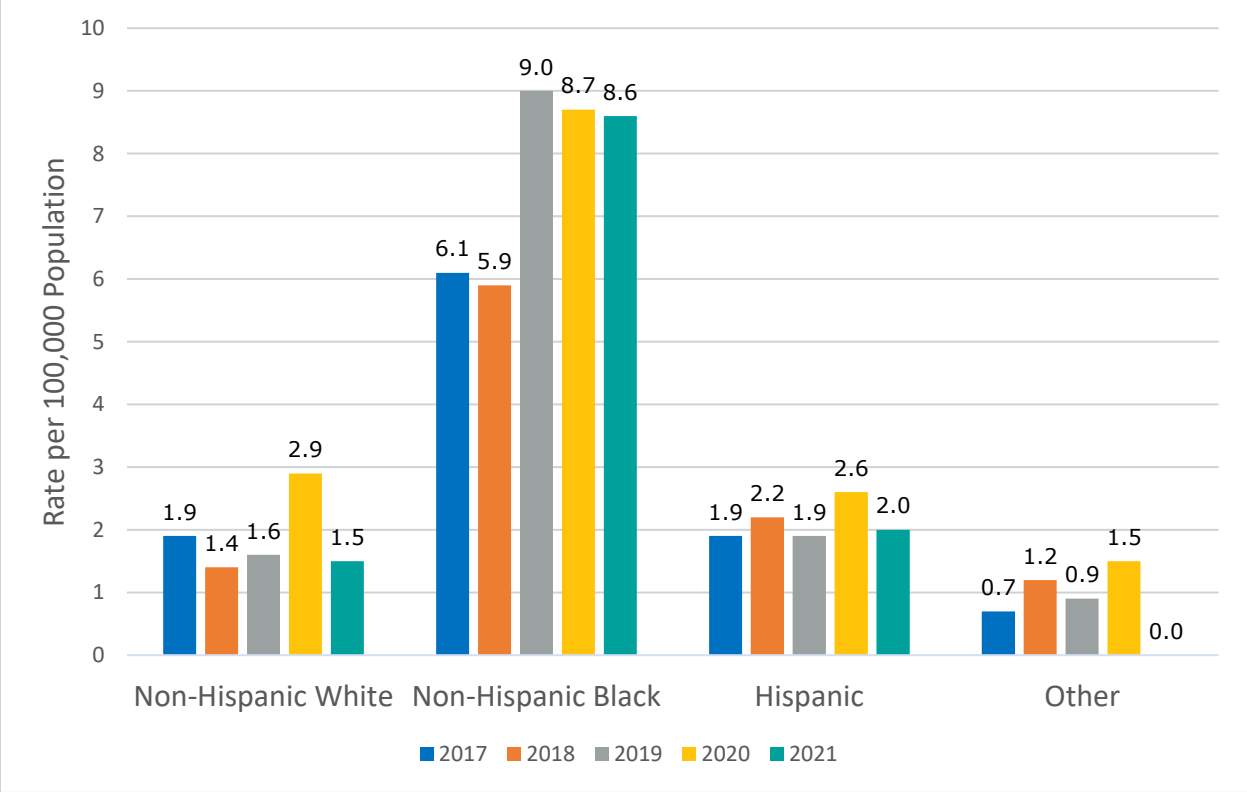
**Figure 7. 2017-2021 Texas Suicide Child Death Rate by Race and Ethnicity, Ages 0-17 Years**




Source: 2017-2021 Death Files, DSHS CHS. Vintage 2018 projections, 2017-2021 population estimates, Texas Demographic Center.
Notes: 2017-2020 death data are final. 2021 death data are provisional.

From 2017 through 2021, non-Hispanic Black children died of homicide at a higher rate than any other race or ethnicity (Figure 8). The rate of death by homicide in non-Hispanic Black children was more than three times higher than any other racial group.

**Figure 8. 2017-2021 Texas Homicide Child Death Rate by Race and Ethnicity, Ages 0-17 Years**




Source: 2017-2021 Death Files, DSHS CHS. Vintage 2018 projections, 2017-2021 population estimates, Texas Demographic Center.
Notes: 2017-2020 death data are final. 2021 death data are provisional.

# Appendix C. Local Child Fatality Review Team Data

On October 30, 2023, DSHS downloaded local CFRT data from the NCFRP case reporting system. DSHS abstracted 2020 and 2021 deaths from this dataset, checked for duplicates, and imported the information into data analysis software. All data were previously collected by local CFRTs, and no additional data were added. Tables by age group are based on age at the time of death.

**Table 1. 2020-2021 Texas Child Death Cases (Ages 0-17 Years) by Manner of Death on the Death Certificate and the Proportion Reviewed by Local CFRTs**

| Manner of Death | Number of Child Death Cases | Number of Cases Reviewed by Local CFRT | Percent of Cases Reviewed by Local CFRT |
|---|---|---|---|
| Natural | 4,193 | 716 | 17% |
| Accident | 1,134 | 485 | 43% |
| Suicide | 390 | 167 | 43% |
| Homicide | 438 | 159 | 36% |
| Other[i] | 741 | 239 | 32% |
| **Total** | 6,896 | 1,766 | 26% |

Source: 2020-2021 Child Fatality Review Team Death Certificate Data Files.
Prepared by: Injury Prevention Unit Epidemiology Team, December 2023.
[i] Includes records with manner of death coded as undetermined, unknown, or pending.

**Table 2. 2020-2021 Texas Child Suicide Death Cases (Ages 10-17 Years) by Age Group and the Proportion Reviewed by Local CFRTs**

| Age Group (Years) | Number of Child Suicide Death Cases | Number of Cases Reviewed by Local CFRTs | Percent of Cases Reviewed by Local CFRTs |
|---|---|---|---|
| Ages 10-14 | 127 | 60 | 47% |
| Ages 15-17 | 259 | 107 | 41% |
| **Total** | 386 | 167 | 43% |

Source: 2020-2021 Child Fatality Review Team Death Certificate Data Files.
Prepared by: Injury Prevention Unit Epidemiology Team, December 2023.

**Table 3. 2020-2021 Texas Child Homicide Death Cases (Ages 0-17 Years) by Age Group and the Proportion Reviewed by Local CFRTs**

| Age Group (Years) | Number of Child Homicide Cases | Number of Cases Reviewed by Local CFRTs | Percent of Cases Reviewed by Local CFRTs |
|---|---|---|---|
| Ages 0-4 | 117 | 38 | 32% |
| Ages 5-9 | 30 | 14 | 47% |
| Ages 10-14 | 38 | 13 | 34% |
| Ages 15-17 | 253 | 94 | 37% |
| **Total** | 438 | 159 | 36% |

Source: 2020-2021 Child Fatality Review Team Death Certificate Data Files.
Prepared by: Injury Prevention Unit Epidemiology Team, December 2023.

**Table 4. 2020-2021 Texas Accidental Child Death Cases (Ages 0-17 Years) in Texas by Age Group and the Proportion Reviewed by Local CFRTs**

| Age Group (Years) | Number of Accidental Child Death Cases | Number of Cases Reviewed by Local CFRTs | Percent of Cases Reviewed by Local CFRTs |
|---|---|---|---|
| Ages 0-4 | 460 | 187 | 41% |
| Ages 5-9 | 160 | 61 | 38% |
| Ages 10-14 | 176 | 77 | 44% |
| Ages 15-17 | 338 | 160 | 47% |
| **Total** | 1,134 | 485 | 43% |

Source: 2020-2021 Child Fatality Review Team Death Certificate Data Files.
Prepared by: Injury Prevention Unit Epidemiology Team, December 2023.

**Table 5. 2020-2021 Texas Child Death Cases by Other Causes (Ages 0-17 Years) by Age Group and the Proportion Reviewed by Local CFRTs**

| Age Group (Years) | Number of Child Death Cases of Other Causes | Number of Cases Reviewed by Local CFRTs | Percent of Cases Reviewed by Local CFRTs |
|---|---|---|---|
| Ages 0-9 | 660 | 214 | 32% |
| Ages 10-14 | 36 | 8 | 22% |
| Ages 15-17 | 45 | 17 | 38% |
| **Total** | 741 | 239 | 32% |

Source: 2020-2021 Child Fatality Review Team Death Certificate Data Files.
Prepared by: Injury Prevention Unit Epidemiology Team, December 2023.

**Table 6. 2020-2021 Texas Natural Child Death Cases (Ages 0-17 Years) by Age Group and the Proportion Reviewed by Local CFRTs**

| Age Group (Years) | Number of Natural Child Death Cases | Number of Cases Reviewed by Local CFRTs | Percent of Cases Reviewed by Local CFRTs |
|---|---|---|---|
| Ages 0-4 | 3,326 | 570 | 17% |
| Ages 5-9 | 264 | 41 | 16% |
| Ages 10-14 | 340 | 57 | 17% |
| Ages 15-17 | 263 | 48 | 18% |
| **Total** | 4,193 | 716 | 17% |

Source: 2020-2021 Child Fatality Review Team Death Certificate Data Files.
Prepared by: Injury Prevention Unit Epidemiology Team, December 2023.