



Texas Child Fatality Data and Recommendations

**As Required by
Texas Family Code §264.503(f)**

State Child Fatality Review

Team Committee

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TEXAS
**Health and Human
Services**

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Executive Summary

The State Child Fatality Review Team (SCFRT) Committee biennial report is prepared in compliance with Texas Family Code, Title 5, [Chapter 264, Subchapter F, Section 264.503\(f\)](#) and contains aggregate child fatality data collected by local child fatality review teams (CFRTs) and recommendations to prevent child fatalities and injuries. The report also provides recommendations to the Department of Family and Protective Services operations, based on input from the child safety review subcommittee.

The SCFRT Committee works with local CFRTs who provide recommendations about injury prevention activities, such as drowning prevention, motor vehicle safety and gun safety. These recommendations relate to modifying current legislation, increasing public education, and determining feasibility of strengthening systems.

In 2015, the Texas child death rate was at an all-time low (51 per 100,000 children). This child fatality data report focuses on motor vehicle, drowning, homicide, suicide, and sleep-related deaths and found that:

- The top four causes of child motor vehicle fatalities in both 2014 and 2015 were speed, unsafe, reckless driving, and drugs/alcohol, which is similar to previous years. CFRTs estimated most motor vehicle child fatalities reviewed could have been prevented.
- Drowning was the second most prevalent cause of accidental deaths among children and of the child drowning deaths reviewed, CFRTs determined that 80 percent in both 2014 and 2015 were preventable.
- Assault, which does not include child abuse, was the primary leading contributing cause to child homicides in 2014 and the second leading cause in 2015.
- Of the reviewed cases related to suicide, CFRTs determined that 55 percent in 2014 and 48 percent in 2015 could have been prevented. Two of the top psychosocial factors CFRTs identified that contributed to child suicides are family and peer relationships.
- CFRTs identified 135 sleep-related deaths in children younger than 1 year of age in 2014, and 139 in 2015, and determined that 65 percent of these deaths could have been prevented in both 2014 and 2015.

Recommendations to the Governor and Legislature

1. Repeal Texas Transportation Code, Section 521.205, which allows a parent, step-parent, legal guardian, step-grandparent or grandparent to provide a driver education course to eligible minors 16-18 year of age.
2. Pass legislation that requires new residential swimming pools have a circumferential isolation pool fence installed that completely separates the house and play area of the yard from the pool.
3. Promote a statewide Safe Storage Campaign for gun safety.
4. Pass legislation that makes it an offense if a person operates a motor vehicle on a public highway while having any detectable amount of alcohol in the person's system while transporting a minor (under the age of 17).
5. Pass legislation to amend the Code of Criminal Procedure, Article 45.0215, to include defendants younger than 18 years of age and their parent, guardian or managing conservator to appear in court on hearings of moving violation.
6. Fund Child Fatality Review Team Coordinators in each of the public health service regions as recommended by the Protect Our Kids Commission.
7. Amend Texas Transportation Code, Section 545.412, Child Passenger Safety Seat Systems Offense, to require the use of rear-facing child seats for children under two years of age until the child outgrows the maximum weight and height limits designated by the manufacturer.
8. Promote and support implementation of safe sleep policies at birthing hospitals.
9. Amend the Texas Family Code, Section 261.102, Matters to be Reported, to report all children less than six years old that have died due to unexplained or non-natural causes, excluding motor-vehicle occupant deaths unless there is suspicion of alcohol or substance use to DFPS.

Recommendations to the Department of Family and Protective Services

1. Determine the feasibility of a dedicated Child Protective Service hotline for emergency room personnel, similar to existing dedicated line for law enforcement.
2. Determine the feasibility of changing the Helping through Intervention and Prevention (HIP) program requirements to include eligible families that have had parental rights terminated due to child abuse and neglect within the past two years to the past five years.

1. Introduction

In 1995, Texas enacted legislation establishing the State Child Fatality Review Team (SCFRT) Committee and authorized counties to form local and regional Child Fatality Review Teams (CFRT). Not later than April 1 of each even-numbered year, the SCFRT Committee reports to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives the aggregate child fatality data collected by local child fatality review teams (CFRTs) and recommendations to prevent child fatalities and injuries. The report is also required to provide recommendations to the Department of Family and Protective Services operations based on input from the child safety review subcommittee. The SCFRT Committee has 25 members and meets quarterly to:

- Develop an understanding of the causes and incidences of child death in Texas;
- Identify procedures within agencies represented on the SCFRT Committee to reduce the number of preventable child deaths; and,
- Promote public awareness and make recommendations to the governor and legislature for changes in law, policy, and practice to reduce the number of preventable child deaths.

The SCFRT Committee works with local CFRTs, which are responsible for:

- Providing assistance, direction, and coordination in child death investigations;
- Promoting cooperation, communication, and coordination among agencies involved in responding to child fatalities;
- Developing an understanding of the causes and incidence of child death in a designated county or counties where the local CFRT is located; and,
- Advising SCFRT Committee on changes in law, policy, or practice that will assist the local CFRTs and the member agencies represented on the team to best fulfill their duties.

Local CFRTs monitor child death trends in the community, share the lessons learned with the SCFRT Committee and stakeholders, and spearhead or participate in local prevention activities.

The following analysis covers overall child death statistics, as well as specific modes and causes of death. This analysis leads to specific recommendations for the Governor, legislature, and DFPS.

2. Background

Child Fatality Review (CFR) is a public health strategy used to understand child deaths through multidisciplinary review at the local level. Data are collected and analyzed to best understand risks to children. The lessons learned from the reviews inform local and statewide prevention activities and reduce preventable child deaths. CFR is practiced in every U.S state and in other countries.

The Texas State Child Fatality Review Team (SCFRT) Committee is a statutorily-defined multidisciplinary group of professionals who serve three-year terms and are subject matter experts in fields of law enforcement, the medical community, child advocacy organizations, the court system, the behavioral health community, and other state agencies. Committee members are required to be members of their local CFRT. For a complete list of SCFRT Committee membership, see [Appendix A](#).

Local CFRTs are volunteer-based and organized by county or multi-county geographic areas, and mirror that of the SCFRT Committee. Local CFRTs conduct retrospective reviews of deaths of children 17 years of age or younger in their geographic areas. Team members collect information that corresponds to their disciplines and specific questions in the National Center for Fatality Review and Prevention (NCFRP) database. Local CFRTs meet to share what each member knows about the specific child deaths being reviewed and identify risk factors specific to their communities. All reviews conclude with the question: was this death preventable? Per the NCFRP database, a child's death is considered to be preventable if an individual or the community could reasonably have done something that would have changed the circumstances that led to the child's death. This information is used by local CFRTs to discuss prevention initiatives.

In 2016 and 2017, there were 83 active local CFRTs covering 211 of the 254 Texas counties resulting in 94 percent of Texas children residing in a county where child deaths are reviewed. Local CFRTs reviewed child deaths that occurred in 2014 and 2015. There were 3,787 child deaths in Texas in 2014 and 3,739 child deaths in Texas in 2015. Active local CFRTs reviewed 1380 (36 percent deaths) of the total child deaths in 2014 and 1,209 (32 percent) of the total child deaths in 2015. Local CFRTs provide the SCFRT Committee with aggregate data, collected during the review process, to make recommendations for the biennial report.

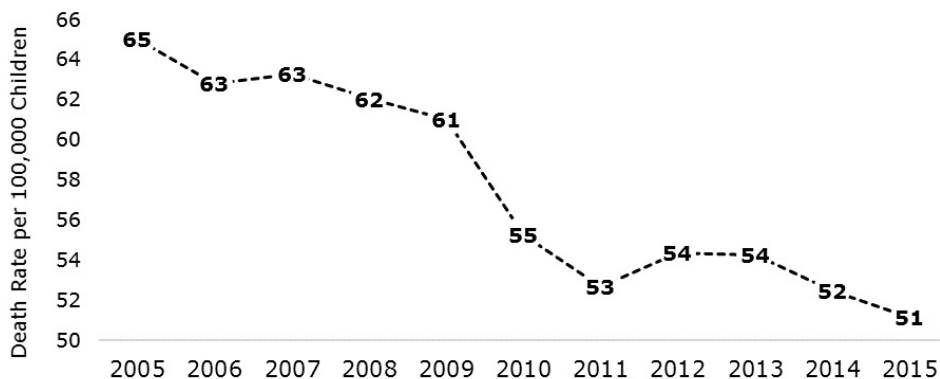
3. Child Fatality Review Team (CFRT) Data

Data presented in this report are a combination of state-level trends from death certificate data, and the more detailed sample data collected by the CFRTs during the review process. The data included in this report are child deaths that occurred in Texas in 2014 and 2015, regardless of the child’s residence. Deaths are reviewed based on where they occurred.

It is important to understand that CFRT data are only a sample of all child deaths. Unlike death certificate data that provide exact numbers and rates for fatalities, CFRT data provide a more thorough understanding for a portion of these deaths. Therefore, throughout this data section, percentages or rates for CFRT data will be reported instead of exact numbers. The unknown categories throughout this report include missing data, which indicates data quality improvements are needed, a skipped response due to a lack of information, or an actual unknown.

Overview of the Child Death Rate in Texas

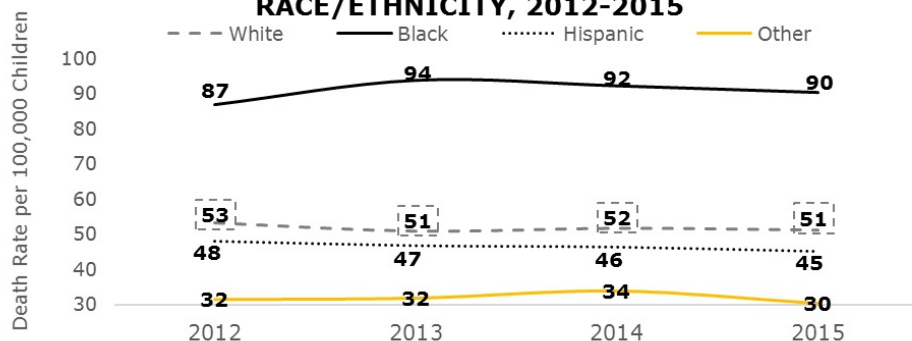
FIGURE 1: TEXAS CHILD DEATH RATE - ALL DEATHS, 2005-2015



Source: Office of the State Demographer, Texas state Data Center, Texas Population Projections
Center for Health Statistics, DSHS Death Data Files 2005-2015
Prepared by: MCH Epidemiology 6/27/2017

- The number of child deaths in Texas increased from 3,742 in 2013 to 3,787 in 2014, but decreased to 3,739 in 2015.
- Over the past decade, the Texas child death rate decreased to 52 per 100,000 children in 2014 and 51 per 100,000 children in 2015 – an all-time low (Figure 1).

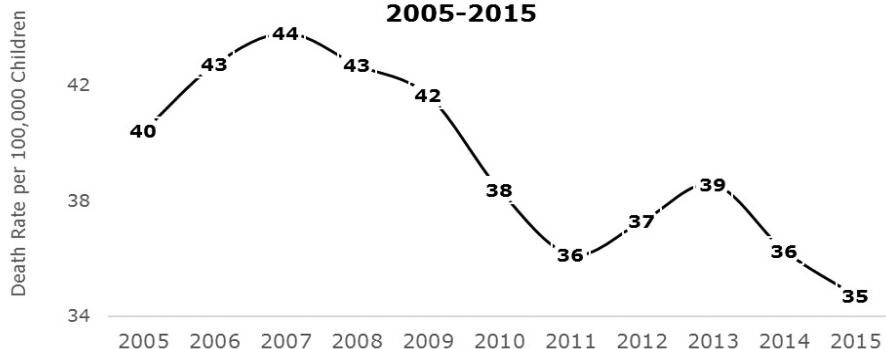
FIGURE 2: TRENDS IN CHILD DEATH RATE BY RACE/ETHNICITY, 2012-2015



Source: Office of the State Demographer, Texas State Data Center, Texas Population Projections Center for Health Statistics, DSHS Death Data Files 2012-2015
Prepared by: MCH Epidemiology 6/27/2017

- While the child death rate has decreased overall among every race/ethnicity, it has been consistently higher for Black children when compared with other races/ethnicities, almost twice as high as those among White children (Figure 2).
- The child death rate for natural deaths decreased to an all-time low of 35 per 100,000 children in 2015, despite an increase from 2011 to 2013 (Figure 3).
- Approximately 75 percent of all natural deaths occur among children younger than 1 year of age. A decrease in natural child deaths can also be explained by the infant mortality rate, which was the lowest since 2006 in both 2011 and 2015 (5.7 per 1,000 live births)¹.

FIGURE 3: TREND IN NATURAL CHILD DEATH RATE, 2005-2015



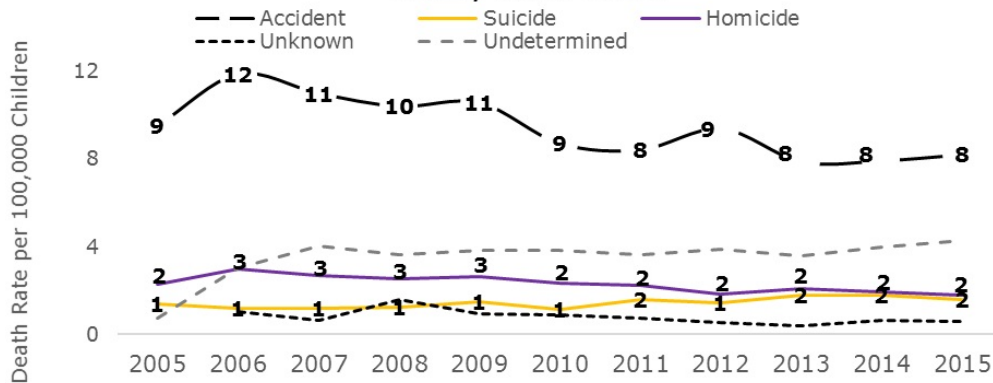
Source: Office of the State Demographer, Texas State Data Center, Texas Population Projections Center for Health Statistics, DSHS Death Data Files 2005-2015
Prepared by: MCH Epidemiology 6/27/2017

¹ Kormondy, M. and Archer, N. 2016 Healthy Texas Babies Data Book. Austin, TX: Division for Family and Community Health Services, Texas Department of State Health Services, 2016.

For more information on infant mortality, please refer to the latest [Healthy Texas Babies Data Book](#).

- The non-natural child death rates are considerably lower than the natural child death rate and primarily consist of accidents and homicides, and include unknown and undetermined manners of death (Figure 4).

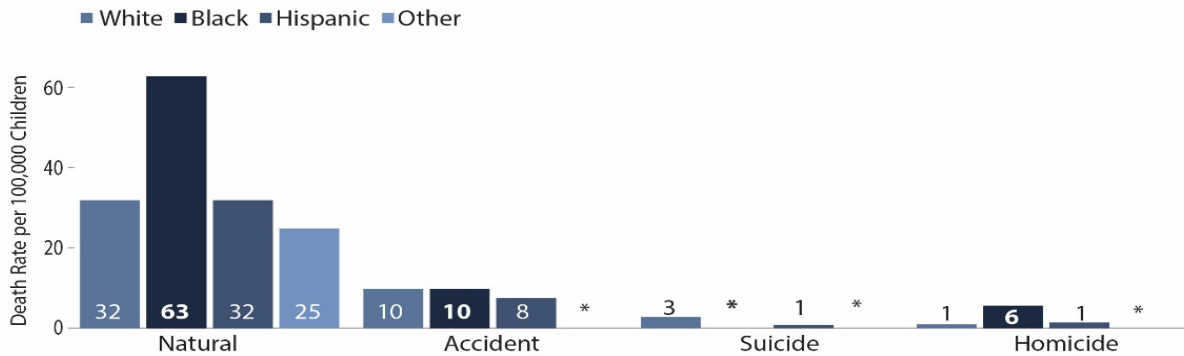
FIGURE 4: TRENDS IN NON-NATURAL CHILD DEATH RATE, 2005-2015



Source: Office of the State Demographer, Texas State Data Center, Texas Population Projections
 Center for Health Statistics, DSHS Death Data Files 2005-2015
 Prepared by: MCH Epidemiology 6/27/2017

- In 2015, Black children were twice as likely to die of natural causes and six times more likely to die of homicides than any other race/ethnicity (Figure 5).

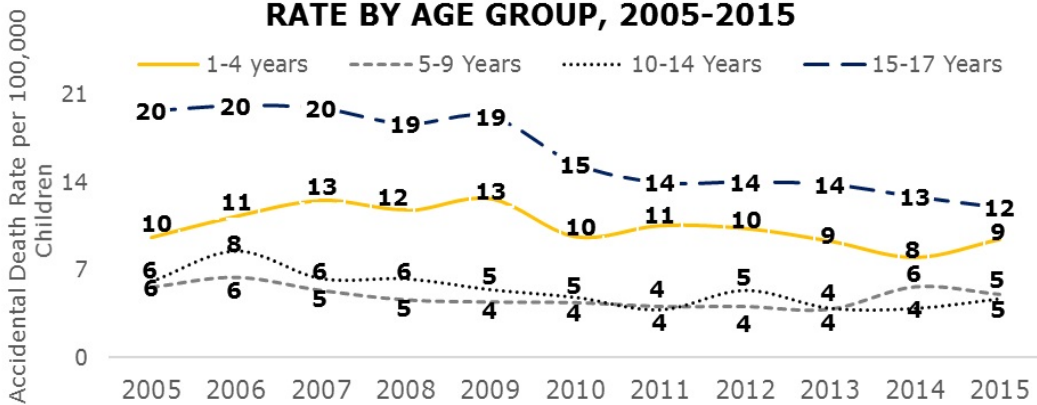
Figure 5: Child Manner of Death Rate by Race/Ethnicity, 2015



Source: Office of the State Demographer, Texas State Data Center, Texas Population Projections
 Center for Health Statistics, DSHS Death Data Files 2015
 Prepared by: MCH Epidemiology 11/13/2017
 * Suppressd (Deaths < 15)

- Accidental deaths primarily consist of motor vehicle fatalities, followed by drowning deaths and remained constant from 2013 to 2015 at 8 deaths per 100,000 children (Figure 6).
- Accidental death rates declined among youth aged 15-17 years from 2013 to 2015 (Figure 6).
- There was an increase in accidental death rates between 2014 and 2015 among children 1-4 years (Figure 6).

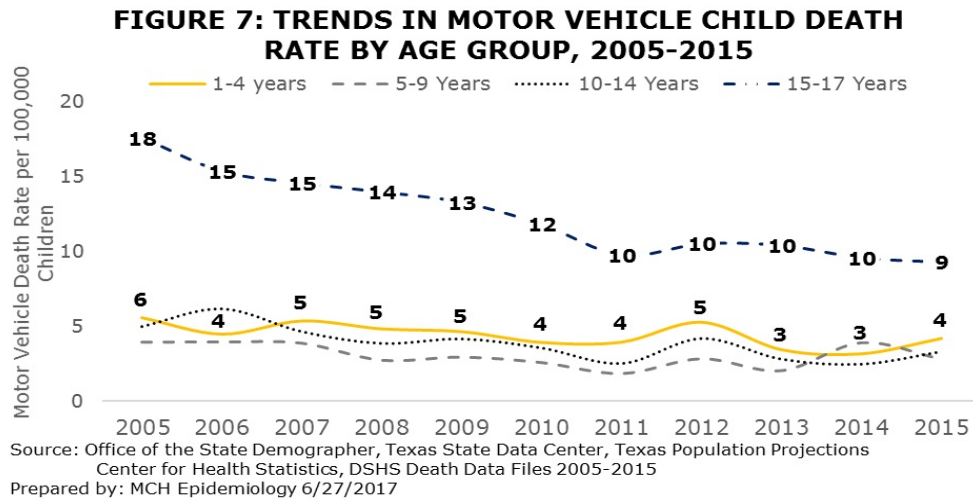
FIGURE 6: TRENDS IN ACCIDENTAL CHILD DEATH RATE BY AGE GROUP, 2005-2015



Source: Office of the State Demographer, Texas State Data Center, Texas Population Projections
 Center for Health Statistics, DSHS Death Data Files 2005-2015
 Prepared by: MCH Epidemiology 6/27/2017

Motor Vehicle Deaths

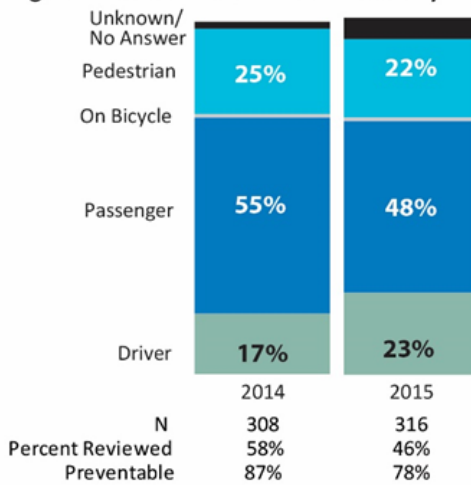
- Motor vehicle crashes are the leading cause of accidental child deaths.²
- Although the rate of motor vehicle deaths among youth aged 15-17 years reached an all-time low in 2015, teens are still more likely to die in motor vehicle accidents than children of all other ages (Figure 7).
- Youth 1-4 years and 10-14 years both saw an increase in motor vehicle death rates between 2014 and 2015 (Figure 7).



² Motor vehicle deaths are defined by International Statistical Classification of Diseases and Related Health Problems, or ICD-10 codes V01 through V99.

- There were 308 child motor vehicle deaths in 2014 (58 percent reviewed by CFRTs) and 316 in 2015 (46 percent reviewed by CFRTs) (Figure 8).
- CFRTs estimated most motor vehicle child fatalities reviewed could have been prevented (87 percent in 2014 and 78 percent in 2015) (Figure 8).
- Approximately half of children 0-17 years of age who died from motor vehicle crashes were passengers (55 percent in 2014 and 48 percent in 2015), while 17 percent in 2014 and 23 percent in 2015 were drivers (Figure 8).
- Around 40 percent of 15-17 year olds who died in motor vehicle fatalities were driving at the time (39 percent in 2014 and 44 percent in 2015).

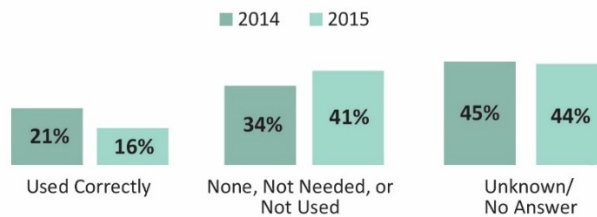
Figure 8: Motor Vehicle Child Deaths by Position



Source: Center for Health Statistics, DSHS, Death Data Files 2014-2015,
Texas Child Fatality Review Team Data 2014-2015
Prepared by: MCH Epidemiology 10/30/17

- Only 21 percent of teen driver fatalities correctly used a seat belt in 2014 and even less, 16 percent, in 2015 (Figure 9).

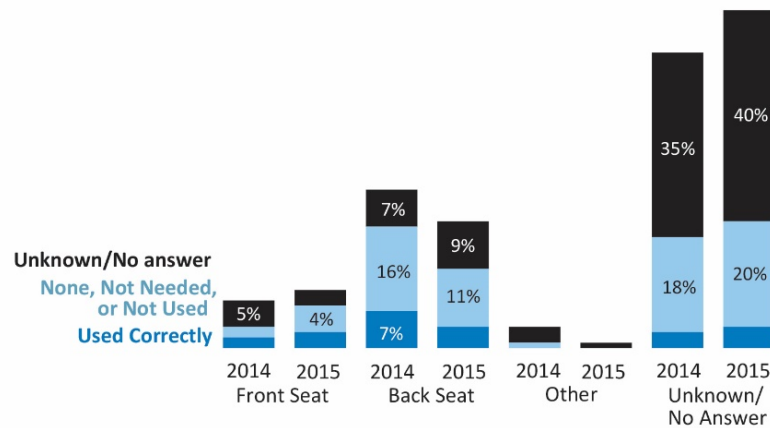
Figure 9: Child Driver Motor Vehicle Deaths by Seat Belt Usage



Source: Texas Child Fatality Review Team Data 2014-2015
Prepared by: MCH Epidemiology 10/30/17

- Most child passengers who died were sitting in the back seat of the vehicle (30 percent in 2014 and 24 percent in 2015) (Figure 10).
- Information on passenger position and seatbelt usage is not available on the death certificate; these data are only determined from fatality reviews.
- Many CFRTs were not able to determine passenger position or seatbelt usage in the majority of motor vehicle child fatalities reviewed.

Figure 10: Child Passenger Motor Vehicle Deaths by Seat Belt Usage



Source: Texas Child Fatality Review Team Data 2014-2015
Prepared by: MCH Epidemiology 10/30/17

- The top four causes of child motor vehicle fatalities in both 2014 and 2015 were speed, unsafe, reckless driving, and drugs/alcohol, which is similar to previous years (Table 1).

Table 1: Top Causes Contributing to Motor Vehicle Child Deaths*

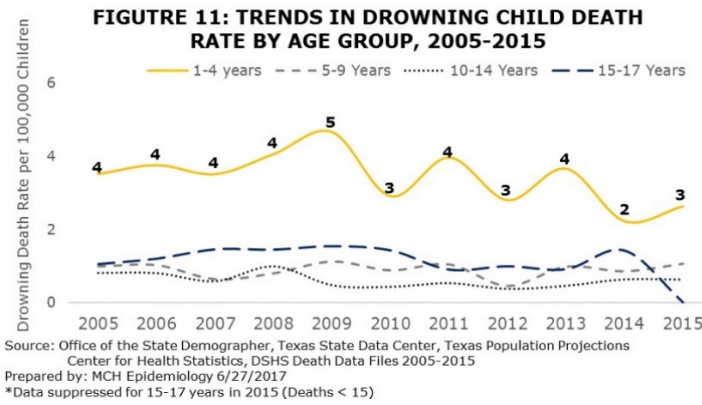
| 2014 | | 2015 | |
|------------------|-----|------------------|-----|
| Speed | 23% | Reckless Driving | 26% |
| Drug/Alcohol | 20% | Speed | 23% |
| Reckless Driving | 17% | Unsafe | 19% |
| Unsafe | 14% | Drug/Alcohol | 13% |

*Multiple causes can be selected per record.

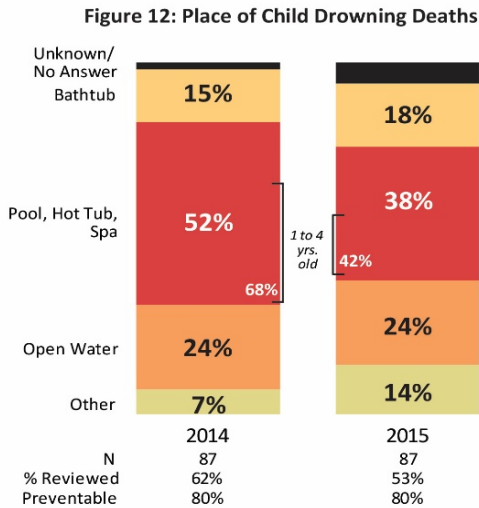
Source: Texas Child Fatality Review Team Data 2014-2015
Prepared by: MCH Epidemiology 10/30/17

Drowning Deaths

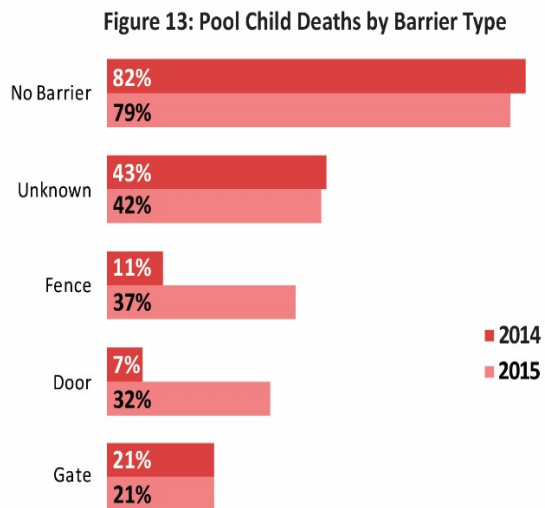
- Drowning was the second most prevalent cause of accidental deaths among children.
- Children ages 1-4 years are the most likely to die in drowning accidents. The drowning death rate for this age group reached an all-time low in 2014 (2 per 100,000 children), and increased slightly in 2015 (3 per 100,000 children) (Figure 11).



- Death certificates identified 87 accidental child drowning deaths in both 2014 and 2015, with 62 percent of cases reviewed in 2014, and 53 percent in 2015 (Figure 12).
- Of the child drowning deaths reviewed, CFRTs determined that 80 percent in both 2014 and 2015 were preventable (Figure 12).



Source: Center for Health Statistics, DSHS, Death Data Files 2014-2015
Texas Child Fatality Review Team Data 2014-2015
Prepared by: MCH Epidemiology 10/31/17



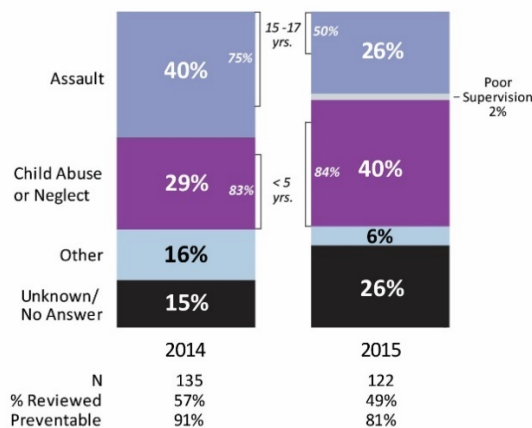
Source: Texas Child Fatality Review Team Data 2014-2015
Prepared by: MCH Epidemiology 11/1/17

- There was a decrease in the percent of child drowning deaths occurring in pools, hot tubs or spas between 2014 and 2015 (Figure 13).
- Children in the 1-4 year old age group accounted for 68 percent (2014) and 42 percent (2015) of drowning deaths in pools, hot tubs or spas, while 46 percent (2014) and 42 percent (2015) of open water drowning deaths were among children 15-17 years old (Figure 12).
- Of drowning deaths that occurred in a pool, approximately 82 percent in 2014 and 79 percent in 2015 had no barrier to limit pool access (Figure 13).
- CFRTs found that a fence, door, or gate was used as a barrier more often in 2015 when compared to 2014 drowning deaths; however, it is unclear whether these barriers were being used correctly (Figure 13).

Homicides

- There were 135 child homicides in 2014 (57 percent reviewed by CFRTs) and 122 in 2015 (49 percent reviewed by CFRTs) (Figure 14).
- The rate of child homicides has remained steady since 2005 at 2 per 100,000 children (please refer back to Figure 4. Trends in Non-Natural Death Rate, 2005-2015 on page 9).
- CFRTs determined that homicides were caused by child abuse or neglect in 29 percent of cases in 2014 and 40 percent in 2015 (Figure 14).
- Child abuse or neglect deaths primarily involved children under the age of 5 years (83 percent in 2014 and 84 percent in 2015) (Figure 14).
- Assault, which does not include child abuse, was the primary leading contributing cause to child homicides in 2014 (40 percent), and the second leading cause in 2015 (26 percent) (Figure 14).

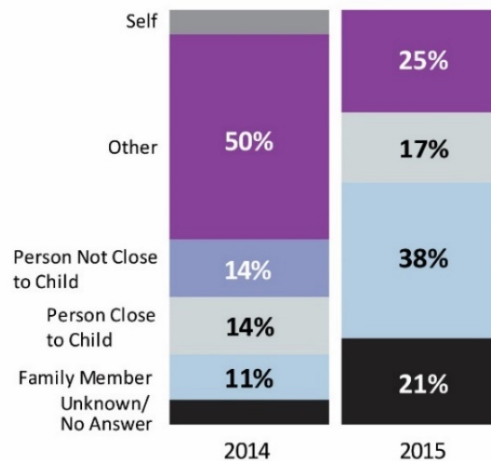
Figure 14: Contributing Causes to Child Homicides



Source: Center for Health Statistics, DSHS Death Data Files 2014-2015
 Child Fatality Review Team Data 2014-2015
 Prepared by: MCH Epidemiology 11/1/17

- Assault deaths primarily involved children aged 15-17 years (75 percent in 2014 and 50 percent in 2015) (Figure 14).
- CFRTs identified that 73 percent of homicides in 2014 and 65 percent in 2015 involved a weapon. For children younger than 5 years, the weapon most identified was a body part such as a fist or foot (83 percent in 2014 and 100 percent in 2015) (Figure 15).
- For children aged 10-17 years, most weapon-related homicides involved a firearm (89 percent in 2014 and 75 percent in 2015) (Figure 15).
- Firearm owner was listed as “other” by the CFRT in half of the cases in 2014 and a quarter in 2015 (Figure 16).
- For cases in 2014 where the owner was known, the firearm was more likely to belong to a stranger or acquaintance (14 percent for both), but not a family member. For the 2015 cases, however, the firearm was more likely to belong to a family member (38 percent) (Figure 16).

Figure 16: Firearm Child Homicides by Firearm Owner

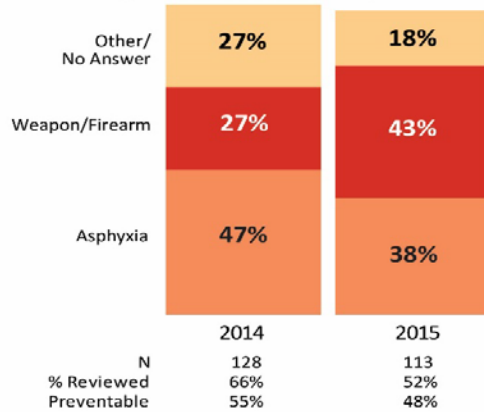


Source: Texas Child Fatality Review Team Data 2014-2015
 Prepared by: MCH Epidemiology 11/6/17

Suicides

- There were 128 child suicides in 2014 and 113 in 2015, of which 66 percent and 52 percent were reviewed, respectively, by CFRTs (Figure 17).
- Of the reviewed cases, CFRTs determined that 55 percent in 2014 and 48 percent in 2015 could have been prevented (Figure 17).
- The trend in the child suicide rate slightly increased to 2 per 100,000 children in 2013 and has remained constant.
- In 2014, asphyxiation was the most prevalent method by which children younger than 18 years committed suicide (47 percent), followed by weapon/firearm (27 percent) (Figure 17).

Figure 17: Child Suicides by Method*



Source: Center for Health Statistics, DSHS, Death Data Files 2014-2015, Texas Child Fatality Review Team Data 2014-2015

Prepared by: MCH Epidemiology 11/8/17

*Due to rounding, totals may not equal 100 percent in a year.

Table 2: Top Factors Contributing to Child Suicide*

| 2014 | | 2015 | |
|--------------------------|-----|---------------------------|-----|
| Family Relationships | 31% | Family Relationships | 27% |
| Peer Relationships | 16% | Other Identified Problems | 18% |
| Other Identified Problem | 16% | Peer Relationships | 13% |
| Bullying | 11% | School Problems | 13% |
| School Problems | 11% | No identified Problem | 12% |

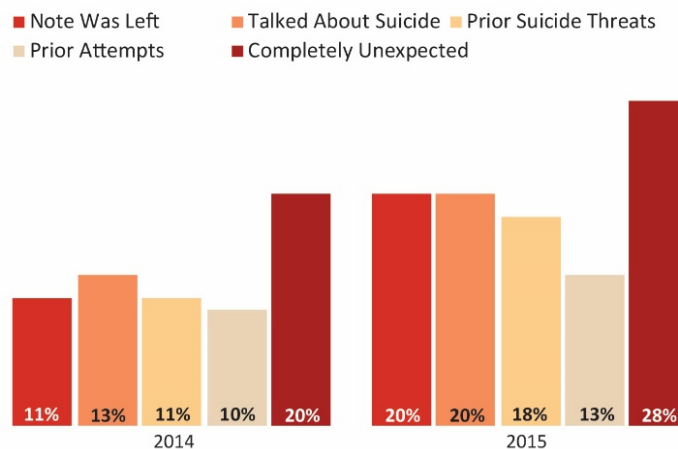
*Multiple factors can be selected per record.

Source: Texas Child Fatality Review Team Data 2014-2015

Prepared by: MCH Epidemiology 11/7/17

- In 2015, the prevalence of these methods switched, with weapon/firearm most common (43 percent), followed by asphyxiation (38 percent) (Figure 17).
- Two of the top psychosocial factors CFRTs identified that contributed to child suicides are family and peer relationships (Table 2).
 - Family relationship factors include arguing with parents, parents getting a divorce, or family discourse. Peer relationship factors include fighting with peers, fighting with a boyfriend/ girlfriend, or breaking up with a boyfriend/girlfriend.
- Approximately one in five child suicides in 2014 (20 percent) and more than one in four in 2015 (28 percent) were determined to have been completely unexpected (Figure 18).
- In 2014, 13 percent or less of those who committed suicide showed an indication of suicide, including talking about suicide (13 percent), prior suicide threats (11 percent), leaving a note (11 percent), or prior attempts (10 percent) (Figure 18).
- However, in 2015, 20 percent of those who committed suicide left a note and 20 percent talked about suicide, followed by prior suicide attempts and threats (18 percent) and prior attempts (13 percent) (Figure 18).

Figure 18: Indicators of Child Suicide*



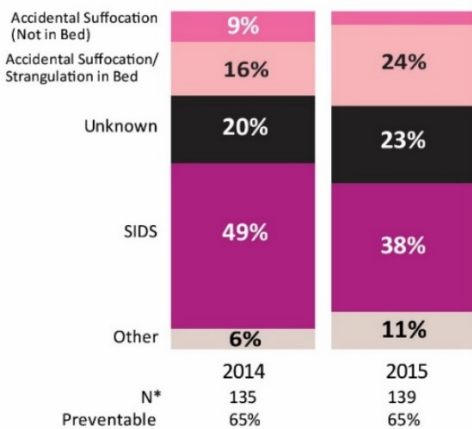
*Multiple indicators can be selected per record.

Source: Texas Child Fatality Review Team Data 2014-2015
 Prepared by: MCH Epidemiology 11/8/17

Sleep-Related Deaths

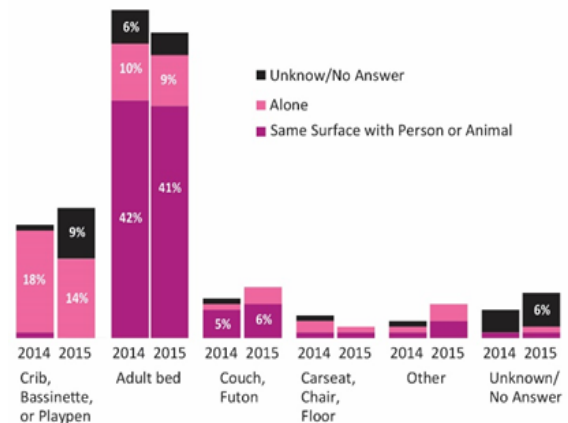
- Death certificate data do not provide specific information on sleep-related deaths.
- CFRTs identified 135 sleep-related deaths in children younger than 1 year of age in 2014, and 139 in 2015 (Figure 19).
- Unlike total numbers listed in other figures, this total is solely based on the CFRTs' sample, since the true total number of sleep-related deaths cannot be determined using death certificate data.
- It was determined by CFRTs that 65 percent of these deaths could have been prevented in both 2014 and 2015 (Figure 19).
- The leading cause of infant sleep-related deaths identified by the death certificate was Sudden Infant Death Syndrome (SIDS) (49 percent in 2014 and 38 percent in 2015). SIDS is determined through exclusion; that is, SIDS cannot be determined to be the cause of death until all other possible explanations for the death are ruled out (Figure 19).
- Asphyxiation, regardless of whether the infant was sleeping in bed, was the second leading cause of infant sleep-related deaths in both years (Figure 19).

Figure 19: Causes of Infant (<1yr.) Sleep-Related Deaths as Given on Death Certificate



Source: Center for Health Statistics, DSHS, Death Data Files 2014-2015, Texas Child Fatality Review Team Data 2014-2015
 Prepared by: MCH Epidemiology 11/8/17
 *Only identified by Child Fatality Review Team

Figure 20: Infant (<1yr.) Sleep-Related Deaths by Sleep Surface and Bed Sharing

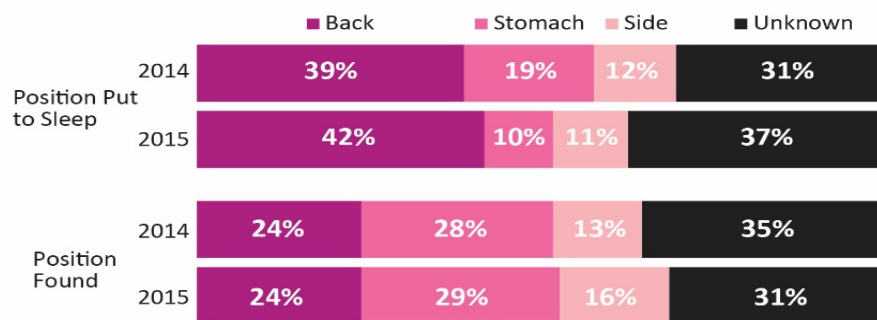


Source: Texas Child Fatality Review Team Data 2014-2015
 Prepared by: MCH Epidemiology 11/6/17

- CFRTs determined approximately 50 percent of all infant sleep-related deaths occurred while the infant was sleeping in an adult bed (Figure 20).
- Of those sleeping in an adult bed, 42 percent in 2014 and 41 percent in 2015 were sharing a bed with a person or animal (Figure 20).

- When the position was known, children were reported to have been put to sleep on their back in both years (39 percent in 2014 and 42 percent in 2015) (Figure 21).
- However, CFRTs have found that among cases of infant sleep-related deaths, infants were found primarily on their stomach (28 percent in 2014 and 29 percent in 2015) (Figure 21).
- Cultural and generational beliefs may create barriers for safe sleep. Training to help investigators in these difficult cases can lessen the unknown, and also lower discrepancies as to the cause of these infant deaths.

Figure 21: Position Infant (<1yr.) Put to Sleep and Position Found



Source: Texas Child Fatality Review Team Data 2014-2015
Prepared by: MCH Epidemiology 11/7/17

Top Causes of Death by Age Group

- This table includes the actual count of non-natural child deaths in 2015 by primary cause and/or manner and age group (Table 3).
- This table includes only accidents, homicides and suicides for prevention purposes (Table 3).

Table 3: Top Causes of Death by Age Group (Non-Natural Deaths), 2015*

| | | | | | |
|-------|--|-------------------------------------|--|--|--|
| <1 | Accidental Suffocation/ Strangulation in Bed 47 | Accidental Suffocation 26 | Homicide 19 | | |
| 1-4 | Accidental - Drowning 42 | Homicide 41 | Motor Vehicle - other 31 | Motor Vehicle - pedestrian 19 | Motor Vehicle Passenger/Driver 15 |
| 5-9 | Motor Vehicle - other 29 | Accidental - Drowning 21 | Homicide 17 | | |
| 10-14 | Motor Vehicle - other 43 | Suicide 27 | Motor Vehicle - pedestrian 15 | | |
| 15-17 | Suicide 88 | Motor Vehicle - other 62 | Homicide 44 | Motor Vehicle Passenger/Driver 28 | Accidental - Poisoning 16 |

*Suppressed (deaths <15)

Source: Center for Health Statistics, DSHS, Death Data Files, 2015

Prepared by: MCH Epidemiology 11/13/17

4. SCFRT Committee Recommendations

Recommendations to the Governor and Legislature

- Repeal Texas Transportation Code, Section 521.205, which allows a parent, step-parent, legal guardian, step-grandparent or grandparent to provide a driver education course to eligible minors 16-18 year of age.
- Pass legislation that requires new residential swimming pools have a circumferential isolation pool fence installed that completely separates the house and play area of the yard from the pool.
- Promote a statewide Safe Storage Campaign for gun safety.
- Pass legislation that makes it an offense if a person operates a motor vehicle on a public highway while having any detectable amount of alcohol in the person's system while transporting a minor (under the age of 17).
- Pass legislation to amend the Code of Criminal Procedure, Article 45.0215, to include defendants younger than 18 years of age and their parent, guardian or managing conservator to appear in court on hearings of moving violation.
- Fund Child Fatality Review Team Coordinators in each of the public health service regions as recommended by the Protect Our Kids Commission.
- Amend Texas Transportation Code, Section 545.412, Child Passenger Safety Seat Systems Offense, to create an additional offense related to rear-facing child passenger restraint systems using the following language:
- A person commits an offense if the person operates a passenger vehicle, transports a child under two years of age anywhere in the motor vehicle and does not fasten such child securely in a rear-facing child passenger restraint system, to be used until the child outgrows the maximum weight and height limits designated by the manufacturer.
- Promote and support implementation of safe sleep policies at birthing hospitals. Amend the Texas Family Code. Section 261.102, Matters to be reported, to report all children less than six years old that have died due to unexplained or non-natural causes, excluding motor-vehicle occupant deaths unless there is suspicion of alcohol or substance use to DFPS.

Recommendations to the Department of Family and Protective Services

- Determine the feasibility of a dedicated Child Protective Service hotline for emergency room personnel, similar to existing dedicated line for law enforcement.
- Determine the feasibility of changing the Helping through Intervention and Prevention (HIP) program requirements to include eligible families that have had parental rights terminated due to child abuse and neglect within the past two years to the past five years.

5. Conclusion

Child Fatality Review is a unique process that brings together multi-disciplinary professionals to discuss how and why Texas children are dying. Analysis of statewide and local CFRT data identifies the leading causes of preventable child death. The data illustrate specific conditions and risks that suggest ways to educate the community and to enact statutes that will prevent child deaths.

The State Child Fatality Review Team Committee made recommendations to the Governor and Legislature concerning actions to increase children's safety in Texas. Recommendations include legislation around pool fences, strengthening motor vehicle legislation and a statewide safe storage campaign for gun safety. Recommendations were also made to the Department of Family and Protective Services to amend current reporting and determine the feasibility of a dedicated hotline for emergency room personnel and expanding Helping through Intervention and Prevention (HIP) requirements.

This report is based on the data collected and recommendations made by local Child Fatality Review Teams (local CFRTs), as well as the research, recommendations and advocacy of the SCFRT. This report would not be possible without the dedication and input of the members of the SCFRT and the local CFRT Coordinators, Presiding Officers and respective team members. The diverse range of professionals who volunteer as members of the local CFRTs 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 |
|----------------|--|
| CFR | Child Fatality Review |
| CFRT | Child Fatality Review Team |
| DSHS | Department of State Health Services |
| HIP | Help through Intervention and Prevention |
| NCFRP | National Center for Fatality Review and Prevention |
| SCFRT | State Child Fatality Review Team |
| SIDS | Sudden Infant Death Syndrome |

Appendix A

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