

Texas Child Fatality  
Review Team

Annual Report • 2013

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**TCFRT**

Texas Child Fatality Review Team

## **INTRODUCTION**

## ACKNOWLEDGEMENTS

The Texas State Child Fatality Review Team (SCFRT) Committee gratefully acknowledges the following individuals for their dedicated service to the children of Texas and their contributions to the SCFRT. They are applauded for their service on the SCFRT and wished the best in future endeavors.

- **Sam Cooper**, LMSW-IPR, Specialized Health Services Section Director, Department of State Health Services (DSHS), who served as a permanent member in the role of DSHS Director of the Office of Title V & Family Health;
- **Audrey Deckinga**, LMSW, former Associate Commissioner, Department of Family and Protective Services (DFPS), who served as a permanent member in the role DFPS Associate Commissioner;
- **Raymond H.C. Teske, Jr.**, Ph.D., criminal justice professor, Sam Houston State University, who served in the role of Ad Hoc Advisor to the SCFRT.

This report is based on the data collected by and recommendations made by local Child Fatality Review Teams (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 (Appendix A) and the local CFRT Presiding Officers, Coordinators, and team members (Appendix B). 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. They are saluted.

The report was prepared by DSHS staff in the Division for Family and Community Health Services:

- Susan Rodriguez, Child Fatality Review Coordinator, Office of Title V and Family Health
- Raquel Flores, M.A., Researcher, Office of Program Decision Support

Paula Kirby, Child Fatality Specialist, DSHS Center for Health Statistics, also contributed to the preparation of the report.

Questions about the annual report may be directed to:

Jeannine Von Stultz, Ph.D., Bexar County Juvenile Probation  
Chair, State Child Fatality Review Team Committee  
ATTN: Susan Rodriguez, Texas Child Fatality Review Coordinator  
Office of Title V & Family Health, MC 1922  
Texas Department of State Health Services  
P.O Box 149347  
Austin, TX 78714-9317  
(512) 776-2311  
susan.rodriguez@dshs.state.tx.us

## Letter from the Chair

**“Working together and creating new partnerships in the fight to protect our children is the key to success.”**

**Captain Steven Tellez,  
Texas Department of Public Safety,  
SCFRT Committee Chair**



The 2013 Texas Child Fatality Review Team Annual Report provides an overview of the State Child Fatality Review Team (SCFRT) Committee’s activities and accomplishments during the past year, as well as the activities and accomplishments of the local Child Fatality Review Teams (CFRTs). At the end of my two-year term as the SCFRT Chair, I am proud to share the strides that were made in improving the child fatality review system and in reducing preventable child deaths in our state.

In 2013, the SCFRT had multiple accomplishments with long-term impact for Texas children including the following:

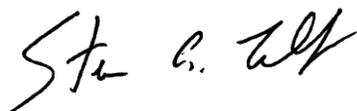
- **83<sup>rd</sup> Texas Legislative Session:** The SCFRT Advocacy Committee worked closely with Senator Jane Nelson’s office to make SCFRT recommendations a reality. With Senator Nelson’s support and advocacy, the month of April was designated as **Water Safety Month** through Senate Concurring Resolution 1 (SCR 1) for the next 10 years. Also with her sponsorship of Senate Bill 66 (SB 66), two new disciplines have been added to the SCFRT membership: **emergency medical services provider** and **provider of services to, or advocate for, victims of family violence**. SB 66 also created the **Protect Our Kids Commission** to study child abuse and neglect fatalities and to make recommendations about prevention. Both bills were passed by the Legislature and signed into law by Governor Rick Perry.
- **Update on SCFRT Recommendation for Child Protective Services (CPS):** DFPS announced that the agency worked with DSHS Vital Statistics to create and implement a birth-match system, a long-time SCFRT recommendation. The birth-match system, known as Project HIP (Help Through Intervention and Prevention), will seek matches of parent names on newborn birth certificates with names of parents whose child died of abuse or whose parental rights had been terminated. The intent is that early intervention on behalf of the infant can be conducted without a referral to CPS first and vulnerable infants in need of services or protection will be served.
- **Annual Conference:** In 2013, the SCFRT partnered with Prevent Child Abuse Texas (PCAT) again in their 27th Annual Conference on the Prevention of Child Abuse. The relationship between the SCFRT and PCAT has grown with plans to partner together with them again during their 28<sup>th</sup> Annual Conference on the Prevention of Child Abuse, March 2-4, 2014, in San Antonio.

- **Local Team Development:** At the close of 2013, there were 73 Child Fatality Review Teams (CFRTs) that covered 200 of the 254 Texas counties. Ninety-four percent of Texas children live in a county where multidisciplinary CFRTs review child deaths and work on prevention. This year, four new teams were created, including the Bandera County CFRT, Rolling Plains CFRT (Haskell and Knox counties), Somerville County CFRT, and Southwest Texas CFRT (Medina, Real, and Uvalde counties).
- **Position Statements:** Updates were made to the position statements on Youth Suicide and on Substance Abuse/Dependence. SCFRT work groups are updating position statements on Infant Safe Sleep and Fire and Burn Safety. Another work group is preparing a position statement on Firearms Safety.

On the local level, CFRT members from Lubbock to San Antonio to Harlingen participated in a wide range of activities to inform their communities about risks to children and how to enhance child safety. Different teams focused on infant safe sleep education, suicide prevention, motor vehicle safety, heatstroke risks to young children left in hot cars, child abuse prevention, and more. There are many examples of CFRT activities cited in this report, including the following:

- **Bexar County CFRT** formed a water safety coalition and conducted the first April Pools Day water safety media event in San Antonio.
- **Travis County CFRT** members were active in the Safe Kids Infant Safe Sleep Task Force, which worked with a local company to have infant safe sleep billboards in English and in Spanish posted around Austin. The task force also worked with the governor's office, and Governor Perry issued a proclamation designating October 2013 as Infant Safe Sleep Month in Travis County.
- **South Plains CFRT** members hosted Child Death Scene Investigation training for First Responders. The 120 attendees came from 18 different counties for the training.
- **Colorado/Austin/Waller Counties CFRT** partnered with 4-H, Texas A & M Agrilife Extension Service, and DSHS to present All-Terrain Vehicle (ATV) safety training to 395 junior high students.

As I conclude my service as chair of the SCFRT, I want to thank all of our partners for the great work each of you has accomplished and for the continued support from the Texas Legislature. The fight to protect our children is far from over but together, we can continue to make a significant impact in saving children's lives. I will continue to be an active and committed member of the SCFRT representing the Texas Department of Public Safety (DPS). I look forward to working with our new partners and the local CFRTs in protecting our most vulnerable and valuable asset: the children of the State of Texas.



Steven A. Tellez, Captain, Texas Highway Patrol-San Antonio

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# TEXAS CHILD FATALITY REVIEW TEAM ANNUAL REPORT 2013

## EXECUTIVE SUMMARY

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### **Background**

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

The Texas CFR process was created in 1995 by the Texas Legislature: Texas Family Code, Title 5, Chapter 264, Subchapter F, §264.501 - §264.515 (Appendix C). CFR consists of two critical components with distinct yet complementary roles: the State Child Fatality Review Team Committee (SCFRT) and local Child Fatality Review Teams (CFRTs). The Department of State Health Services (DSHS) provides CFR support and oversight.

The SCFRT is a statutorily-defined multidisciplinary group of specific professional disciplines with unique perspectives on child safety. SCFRT members are subject matter experts from law enforcement, the medical community, Child Protective Services (CPS), child advocacy organizations, the court system, the behavioral health community, and more. For a complete listing of the SCFRT membership, see Appendix A, pages 47-48.

The SCFRT meets quarterly to discuss issues related to child risks and safety, to develop strategies to improve child death data collection and analysis, to develop position statements on specific child safety issues, and to research and develop recommendations that will make Texas safer for children. The SCFRT statutory charges are to:

- develop an understanding of the causes and incidences of child death in Texas;
- identify procedures within agencies represented on the SCFRT 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.

Local CFRTs are volunteer-based and organized by county or multi-county geographic areas. (Figure 2, page 18) Local CFRT membership mirrors that of the SCFRT. 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 the set of questions in the database sponsored by the National Center for the Review & Prevention of Child Death (NCRPCD). CFRTs meet to share what each member knows about the specific child deaths being reviewed. The CFRTs identify risk factors specific to their communities. All reviews conclude with the question: was this death preventable? Local teams monitor child death trends in the community, share the lessons learned in the community, and spearhead or participate in local prevention activities. CFRTs 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 CFRT is located; and
- advising the SCFRT on changes to law, policy, or practice that will assist the local CFRTs and the member agencies represented on the team to best fulfill their duties.

In 2013, there were 73 active local CFRTs covering 200 of the 254 counties (Figure 2, page 18). This translates into 94 percent of Texas children residing in a county where child deaths are reviewed. In 2013, CFRTs reviewed child deaths that occurred in 2011. There were 3,625 child deaths in Texas in 2011. Of those deaths, 3,296 (90.9 percent) occurred within counties covered by existing CFRTs. Of the deaths corresponding to active CFRTs, 1,787 (54.2 percent) child deaths were reviewed.

## Data Trends

Trends in death rates vary in specific age groups. Accident deaths decreased among children 15-17 years of age, and there was a substantial decline in motor vehicle fatalities for this age group in 2011. The drowning death rate for children 1-4 years of age increased 137 percent from 2010 to 2011.

The data collected by CFRTs augment death certificate data and provide rich insight into the causes and circumstances surrounding child fatalities in Texas. The detailed information gathered by local CFRTs provides a better understanding of the scope and nature of child fatalities. This information can then be used to drive the development of quality preventative plans and measures. 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 general understanding of a smaller number of those deaths.

Analysis of the 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.

- **Motor vehicle crash deaths:** Half of the children (52 percent) were passengers. Less than one-quarter of all passengers (22 percent) were not wearing seat belts. Contributing factors in these deaths included use of drugs or alcohol, speed, reckless driving, distracted driving, and lack of experience. (pages 33-34)
- **Drowning deaths:** Pools are the most common site for drowning deaths. Children 1-4 years of age accounted for 61 drowning fatalities in pools. Of those deaths that occurred in a private pool, 88 percent had no barrier to limit access to the pool. Poor or absent supervision was cited as a contributing factor in 59 percent of the deaths of children younger than 5 years old. (pages 34-35)
- **Homicides:** Circumstances and context of the homicide are different based on the age of the child. Of the 114 homicides reviewed, CFRTs determined that 31 percent were caused by child abuse or neglect and 26 percent were caused by assault. All of the child abuse cases were to children younger than 15 years old, and 88 percent of all child abuse/neglect victims were younger than 5 years old. (page 35)
- **Sleep-related deaths:** All of the 220 sleep-related deaths reviewed were of children younger than 2 years old, and 95 percent of those were infants (younger than 1 year old). The position of the infant and where the infant slept revealed practices that pose risk to sleeping infants.

Infants not placed on their backs to sleep or those placed in adult beds were at greatest risk. (page 36)

- **Suicide deaths:** The suicide death rate remained the same from 2005 to 2011. In 2011, firearms (44 percent) and strangulation/hanging (36 percent) were the two most common ways that children younger than 18 years old committed suicide. (page 37)

## Local and Statewide CFR Activities

A critical component of CFR is prevention activities implemented at the local and statewide levels. The report illustrates the many strategies and activities of local CFRTs and the SCFRT to protect Texas children.

Local CFRTs participated in activities designed to educate their communities about risks to children and increase protective factors to reduce preventable child deaths. (pages 19-26) CFRTs shared best practices in infant safe sleep through radio and television spots, billboards, classes to new and expecting parents, surveys of infant sleep practices, exhibits at health fairs, and more. CFRTs worked with schools to provide training to students on a variety of topics including ATV (all-terrain vehicle) safety, firearm safety, water safety, and distracted driving. CFRTs conducted campaigns to educate communities about the dangers of heatstroke when young children are left in hot cars. CFRTs started or joined coalitions dedicated to drowning prevention, domestic minor sex trafficking, child abuse prevention, infant safe sleep, and suicide prevention. CFRTs identified training needs and organized or conducted trainings on cardiopulmonary resuscitation, child maltreatment, child death scene investigations, fetal alcohol spectrum disorder, child passenger safety, and more.

The 83<sup>rd</sup> Texas Legislature acted upon two of the 2012 SCFRT recommendations.

- Senate Concurring Resolution 1 designated April as Texas Water Safety Month for the next 10 years. (Appendix D, pages 78-79)
- Senate Bill 66 addressed several issues to enhance the effectiveness of the SCFRT (Appendix E, pages 81-87), including:
  - the addition of two disciplines to the SCFRT membership: Emergency Medical Services and service provider to, or advocate for, victims of family violence;
  - clarifying language regarding the role of the SCFRT; and
  - a change in the timetable for the report: annual report is now a biennial report.

The SCFRT experienced an additional success with the implementation of a long-time agency-related recommendation. DFPS and DSHS partnered to create a system to match parent names on newborn birth certificates with names of parents who had a child die of abuse or neglect or whose parental rights had been terminated. Known as Project HIP (Help through Intervention and Prevention), matches will be reviewed by CPS staff to determine if they meet the criteria for a CPS referral for investigation. Those not meeting the criteria will be referred to local contractors who will visit the newborn and family to assess the situation and extend services, which can be accepted by the family on a voluntary basis. The intent is that early intervention on behalf of the infant be conducted soon after birth, and vulnerable infants in need of services or protection will be served. Project HIP begins in 2014.

## **SCFRT Recommendations**

Based on local CFRT input and aggregate child death data, the SCFRT issues the following recommendations. The recommendations are audience-specific and directed toward the Texas Legislature, CPS, and DSHS.

### ***Recommendations for the Texas Legislature (pages 39-43)***

1. Pass distracted driver legislation to address the risk of using wireless communication while driving. The SCFRT recommends legislation to limit at all times the use of wireless communication devices by drivers unless a hands-free device is utilized in the moving vehicle. (page 39)
2. Amend the Code of Criminal Procedure, Article 54.0215, to include defendants younger than 18 years of age and their parents, guardians, or managing conservators to appear in court on hearings of moving violation. (page 39)
3. Amend the Texas Penal Code §49.01 to make it an offense if a person operates a motor vehicle in a public place while having a Blood Alcohol Content (BAC) of 0.05 or greater while transporting a passenger who is younger than 15 years of age. Lowering the BAC legal limit for drivers transporting children will reduce the number of child deaths in motor vehicle crashes. (pages 40-42)
4. Repeal the 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 years of age. (pages 42-43)
5. Pass legislation that requires new residential swimming pools to have a circumferential isolation pool fence installed that completely separates the house and play yard from the pool. The fence should be at least four and one-half feet (54 inches) high and have a self-closing and self-latching gate that opens outward with latches that are out of the reach of children. The SCFRT supports the evidenced-based practice of limiting child access to pools and spas. (page 43)

### ***Recommendation for CPS operations (page 44)***

6. Provide quarterly updates to the SCFRT on two significant projects related to the prevention of child death: Project HIP (Help through Intervention and Prevention) and the work of the Protect Our Kids Commission.

### ***Recommendations for DSHS (page 45)***

7. Investigate options for more timely delivery of death certificates and abstracts to local CFRTs, as well as strategies for improved data collection and data entry of those child deaths that teams review.
8. Provide funding for annual training for Texas CFRTs.
9. Promote and support work towards the goal that all Texas counties have an independent CFRT or participate in a multi-county CFRT to review and document all deaths of children less than 18 years of age.

## Areas Targeted for Improvement

The following are other areas which the SCFRT has identified for improvement in the CFR process:

- **CFRT Coverage.** Texas does not have CFRTs in every county. There are currently 73 CFRTs covering 200 counties (79 percent). The SCFRT has a goal of 100 percent coverage. Development of a CFRT is voluntary rather than required.
- **Data Collection Capacity.** CFRTs do not review all child deaths. In 2013, CFRTs reviewed and data-entered 1,787 of the 3,296 deaths (54.2 percent) that corresponded to counties with CFRTs. The voluntary nature of local CFRTs makes it difficult to enforce levels of participation.
- **Data Collection and Entry.** There is room for improvement in data collection and entry. CFRTs have varying capacity in their understanding of what information needs to be collected and recorded. More monitoring and training is needed to increase their competencies.
- **Standardization of Information Collected.** Infant death scene investigations are not standardized in Texas. There is a protocol designed by the Centers for Disease Control and Prevention (CDC) to standardize information collected at the infant death scene. More outreach to and training of law enforcement, justices of the peace, CPS caseworkers, EMS, and others responding to these deaths is needed.
- **Training.** CFRT members need ongoing training. CFRT members are volunteers with a wide range of professional expertise. All team members need orientation and training to increase their competence in reviews and to keep abreast of the most current research and best-practices in child death prevention. A CFRT-specific annual conference is needed.

CFR is a practice that benefits communities and the state in understanding why children die and what can be done to prevent future deaths. Preventing child deaths is at the core of the process. By educating and engaging more professionals, parents, and others statewide in CFR, children will be better protected from injury and death.



Texas Child Fatality Review Team

## **Chapter 1. Operations and Activities**

## **OPERATIONS**

### **Child Fatality Review in Texas**

The Child Fatality Review (CFR) process was created in 1995 by the Texas legislature: Texas Family Code, Title 5, Chapter 264, Subchapter F, §264.501 - §264.515 (Appendix C). CFR consists of two critical components with distinct yet complementary roles: the State Child Fatality Review Team Committee (SCFRT) and local Child Fatality Review Teams (CFRTs).

### **Role of the State Child Fatality Review Team Committee**

The SCFRT is a statutorily-defined multidisciplinary group of professionals who serve to:

- develop an understanding of the causes and incidences of child death in Texas;
- identify procedures within agencies represented on the SCFRT 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 meets quarterly to discuss issues related to child risks and safety, develop strategies to improve child death data collection and analysis, and research and develop recommendations that will make Texas safer for children.

### **Role of the Local Child Fatality Review Teams**

Local CFRTs are multidisciplinary groups of professionals who volunteer regularly to review deaths of children (under the age of 18 years) in a specified geographic area. Teams are composed of subject matter experts from disciplines that interact with, serve, and advocate for children. CFRT membership includes pediatricians, Child Protective Services (CPS), law enforcement, the court system, and more (Appendix C). Teams typically correspond to a given county, although the statute allows for multi-county teams among neighboring counties with a population of less than 50,000. Responsibilities of the local CFRTs are to:

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

The mutual goal of the local CFRTs and the SCFRT is to reduce the number of preventable child deaths. CFRTs collect data on child deaths, identify local child safety issues, and address them through education and community-level prevention initiatives. In collecting and submitting data for analysis, local CFRTs create a detailed, aggregate picture of child death as a public health issue in Texas. The SCFRT formulates position statements and recommendations based on lessons learned from child death data, recommendations from the local CFRTs, research, and discussion.

### **Legislative Authority and State Agency Role**

Senate Bill 6, enacted by the 79<sup>th</sup> Texas Legislature (2005), amended the Texas Family Code to move oversight of the CFR process from the Department of Family and Protective Services (DFPS) to the Department of State Health Services (DSHS). Many agency staff members provided support and direction to the SCFRT and to the local CFRTs during the 2013 reporting period (Figure 1).

The organizational home of the CFR process is within the Division for Family and Community Health Services (FCHS). Within FCHS, the CFR Coordinator is in the Office of Title V and Family Health (OTV FH). The role of the CFR Coordinator is to:

- provide support and training to local teams;
- develop new CFRTs in areas without a review process in place;
- support the SCFRT in its quarterly meetings and activities;
- create processes and procedures for effective reviews and data collection of child deaths;
- assist CFRTs in implementing prevention programs in their communities; and
- facilitate communication and coordination among the CFRTs, the SCFRT, and DSHS staff.

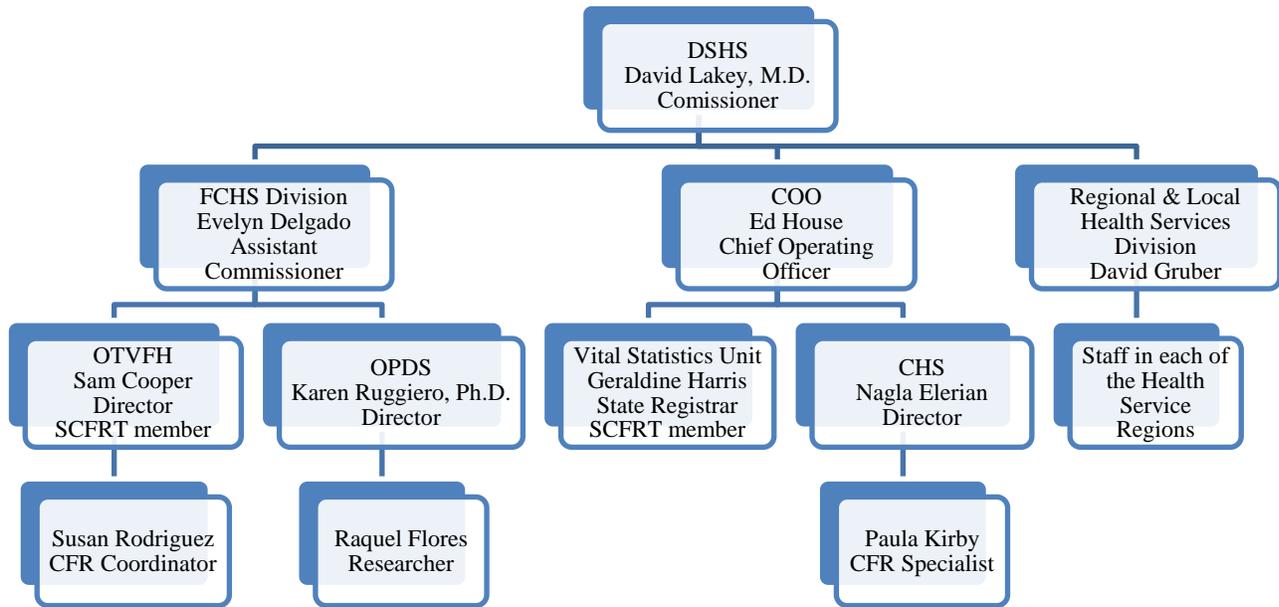
Staff in the FCHS Office of Program Decision Support (OPDS) provides analysis and interpretation of CFRT-collected child death data. OPDS staff plays a critical role in developing strategies for improved CFRT data collection, including the provision of training to CFRT members on data collection, entry, and interpretation. OPDS staff is also involved in preparation of the annual report.

The DSHS Center for Health Statistics (CHS), housed in the Office of the Chief Operating Officer (COO), has a significant role in the CFR process. CHS staff is responsible for the annual distribution to local CFRTs of nearly 4,000 death certificates and 1,500 birth abstracts, documents that are critical to the review process.

Population-based staff from each of the DSHS Health Service Regions assists in the development of new CFRTs and serve as public health team members on local CFRTs. They are trained in the CFR process and work with the CFR Coordinator to identify potential partners, convene stakeholder meetings in communities without CFRTs, and work with local teams on injury prevention initiatives.

Additionally, the State Registrar, head of the DSHS Vital Statistics Unit, and the OTV FH Director are mandated to serve along with the DFPS Commissioner as permanent SCFRT members.

**Figure 1. DSHS Support of Child Fatality Review**



## TEXAS CHILD FATALITY REVIEW IN 2013

### SCFRT Status and Accomplishments

In 2013, SCFRT members (Appendix A) dedicated their efforts to education, research of child safety issues, and advocacy of their recommendations to promote child safety and to enhance SCFRT effectiveness. It was a year of considerable accomplishment and expansion, some of which is summarized below.

- Ada Booth, M.D., served as the external physician expert in the development of the DSHS Texas Health Steps free online training module on *Infant Safe Sleep*, found at <http://www.txhealthsteps.com>. CFR Coordinator, Susan Rodriguez, served as the DSHS subject matter expert on the *Infant Safe Sleep* module.
- Juan Parra, M.D., served as the external physician expert in the review and update of the DSHS Texas Health Steps *Unintentional Injury Prevention* online module, found at the link cited in the previous bullet. SCFRT member John Hellsten, Ph.D., and CFR Coordinator, Susan Rodriguez, served as DSHS subject matter experts on the update of the module.
- Katherine Ratcliff organized the Water Education Through Community Health (WATCH) Coalition and hosted the first April Pools Day water safety media event in San Antonio. The WATCH coalition was recognized and given an award by the Texas Office for the Prevention of Developmental Disabilities (TOPDD). (See page 20 for more information.)
- Susan Etheridge was interviewed by the Dallas Morning News about child abuse fatalities that occurred while CPS had open cases on those children.

- Reade Quinton, M.D., and CFR Coordinator, Susan Rodriguez, conducted a four-hour workshop on investigations of infant deaths in sleep environments for members of CFRTs in Hunt, Kaufman, and Rockwall counties.
- Juan Parra, M.D., Denise Oncken, J.D., John Hellsten, Ph.D., and Susan Etheridge formed the Advocacy Committee and represented the SCFRT before and during the legislative session. Their advocacy resulted in statutory changes concerning how the SCFRT operates and the creation of April as Texas Water Safety month. (See next page and Appendices D and E.)
- Captain Steven Tellez, Kim Cheung, M.D., Katherine Ratcliff, and Jeannie Von Stultz, Ph.D., served on the Prevent Child Abuse Texas (PCAT) Conference Planning Committee. To make the annual training at the conference most relevant for the audience, the following CFRT-relevant topics were identified for the 2014 program: child abuse fatalities, undetermined deaths and infant death scene investigations, ATV (all-terrain vehicle) safety, distracted driving, building water safety coalitions to prevent drowning, and best practices in CFR.
- Susan Etheridge, Sgt. Sarah Fields, and Katherine Ratcliff served on the DFPS Child Safety Review Committee that considers strategies for preventing child abuse fatalities.
- Juan Parra, M.D., Denise Oncken, J.D., and Susan Etheridge served on the SCFRT Nominating Committee. As a result of their work, five new members were elected. (See next page.)
- Emilie Becker, M.D., and Jeannine Von Stultz, Ph.D, reviewed and updated the position statement on substance abuse/dependence. To view the latest version of this position statement, see [http://www.dshs.state.tx.us/mch/Child\\_Fatality\\_Review.shtm](http://www.dshs.state.tx.us/mch/Child_Fatality_Review.shtm).
- John Hellsten, Ph.D., Kim Cheung, M.D., Emilie Becker, M.D., and Jeannine Von Stultz, Ph.D, reviewed and updated the position statement on child suicide. To see the latest version of this position statement, see the link cited in the previous bullet.
- Ada Booth, M.D., Don McCurnin, M.D., Reade Quinton, M.D., Anna Teran, and CPS staffer Marsha Stone have reviewed and are in the process of updating the position statement on safe sleep for infants.
- Captain Steven Tellez, Sheriff Chris Kirk, Chief Scott Marcotte, Sgt. Sarah Fields, and John Hellsten, Ph.D., worked on developing a new position statement on firearm safety for children. They expect to finalize this position statement in 2014.
- Katherine Ratcliff and CFR coordinator, Susan Rodriguez, presented a workshop on infant safe sleep at the 2013 27th Annual PCAT Conference.
- Terry Pence met with the 30 Traffic Safety Specialists he supervises statewide and asked them to become members of local CFRTs.

### **Legislative Activities**

In the 83<sup>rd</sup> Legislative Session, the Texas Legislature passed two bills based on SCFRT recommendations. Senate Concurrent Resolution 1 calls for the designation of April as Texas Water Safety Month for 10 years (Appendix D). Senate Bill 66 (SB 66) includes several provisions that will help prevent child deaths. Specifically, the new law:

- Calls for the addition of two new disciplines for SCFRT membership (Emergency Medical Services and provider of, or advocate for, victims of domestic violence);
- Clarifies language about SCFRT roles and responsibilities;

- Changes the annual report requirements to a biennial report on odd-numbered years (Appendix E); and
- Creates the two-year Protect Our Kids Commission, which will focus on understanding and preventing child abuse deaths.

SB 66 added two new members to the SCFRT, and those new positions were filled along with other vacant positions in March and November. The SCFRT followed its Operating Procedures election process to solicit nominations and conduct elections. A call for nominations went out to all local CFRTs, SCFRT members, and other SCFRT partners. The Nominating Committee reviewed all applications and resumes, then narrowed the field to the most outstanding candidates to undergo reference checks and interviews. Nominating Committee members made their recommendations to the SCFRT body before the elections. The newly elected members are:

- **Angela Goodwin**, JD, Director of Investigations, DFPS, in the role of Child Protective Services Specialist
- **Joe Granberry**, Deputy Director, Williamson County EMS, and Presiding Officer of the Williamson County CFRT, in the role of Emergency Medical Services
- **Christopher Kirk**, Brazos County Sheriff, and Presiding Officer of the Brazos County CFRT, in the role of Sheriff
- **Scott Marcotte**, Chief, City of Lufkin Police Department, and Presiding Officer of the Angelina County CFRT, in the role of Police Chief
- **Kathryn Goering Reid**, Executive Director, Family Abuse Center, Waco, in the role of Family Violence Victim Advocate.

A long-time annual SCFRT recommendation came to fruition in 2013 when DFPS and DSHS partnered to create a system to match parent names on newborn birth certificates with names of parents who had a child die of abuse or neglect or whose parental rights had been terminated. Known as Project HIP (Help Through Intervention and Prevention), matches will be reviewed by CPS staff to determine if they meet the criteria for a CPS referral for investigation. Those meeting the criteria for a CPS referral will be investigated, while others will be referred to local contractors who will visit the newborn and family, assess the situation, and extend services, which can be accepted by the family on a voluntary basis. The intent is that early intervention on behalf of the infant can be conducted soon after birth and vulnerable infants in need of services or protection will be served. Project HIP will be implemented in 2014.

### **Status of Local Child Fatality Review Teams**

CFRTs are voluntarily formed within communities. The teams are multidisciplinary in nature with membership reflecting the disciplines in SCFRT membership. Teams are asked to have leadership positions that include Presiding Officer, Coordinator, and data entry volunteer. Local teams are responsible for determining meeting schedules and other decisions that impact the number of reviews that can be completed. Teams operate without dedicated staffing with two exceptions: the Dallas County team has one paid full-time position through the Injury Prevention Center of Greater Dallas, and the Harris County team has one paid part-time position through Texas Children's Hospital.

Texas CFRTs conduct retrospective reviews of child deaths that occurred two years prior to the year of review. In 2013, the focus was on reviews of 2011 child deaths. There were 3,625 child deaths in Texas in 2011. Of those deaths, 3,296 (90.9 percent of all child deaths) occurred within counties covered by existing CFRTs. Of the deaths corresponding to existing CFRTs, 1,787 child deaths (54.2 percent) were reviewed and entered into the national database.

There are several factors that contribute to irregular review and reporting patterns by teams. Urban teams, such as those in Bexar, Harris, and Tarrant Counties, have such a high volume of child deaths that the volunteer-based teams do not have the resources to review all deaths. Some teams with high volume of deaths focus solely on preventable deaths (accidents, suicides, and homicides) and do not review natural deaths, which account for the majority of child deaths. CFRTs organized late in the year may not begin reviewing deaths until the following year, as was the case with the four new teams established in 2013. Other teams have changes in leadership or membership and become inactive for a period of time. Some teams review the deaths but do not always enter the data in the online database. Another factor may be related to the introduction in October of a new version of the online database sponsored by the National Center for the Review & Prevention of Child Death (NCRPCD). Not all teams participated in training webinars about the new database version, and some did not have a smooth transition when it was implemented.

There are wide variations in performance that underscore the need for more uniformity in team approach to data. In 2013, 14 teams did not enter any data from their reviews. There were 21 CFRTs, covering 92 counties, that reviewed and entered data on 100 percent of their child deaths, and they are to be applauded for their commitment to CFR. It is evident that the 2014 focus with CFRTs must be on tracking, training, and technical assistance related to data collection, data entry, the quality of child death data, and translating data into action.

Collection of data from each review is critical to understanding risk factors for children and to planning prevention activities. The SCFRT has a goal of 100 percent review of all child deaths. The following are recognized for reviewing and entering 100 percent of the child deaths.

**Table 1. CFRTs Recognized for Excellence in Data Entry, 2013**

<b>CFRTs Recognized for Excellence in Data Entry, 2013</b>			
CFRT name	Map Number*	CFRT Name	Map Number*
Coastal Bend	#30	Orange County	#41
Colorado/Austin/Waller Counties	#52	Panhandle	#20
Dallas County	#6	Polk County	#59
Eastland County	#53	South Plains	#17
El Paso County	#8	Southeast Region	#40
Grayson County	#51	Van Zandt County	#72
Guadalupe County	#77	Walker County	#47
Hopkins/Franklin/Delta Counties	#57	Wharton County	#56
Houston/Trinity Counties	#46	Wichita County	#26
Johnson County	#54	Williamson County	#25
North Texas Tri-County	#45		

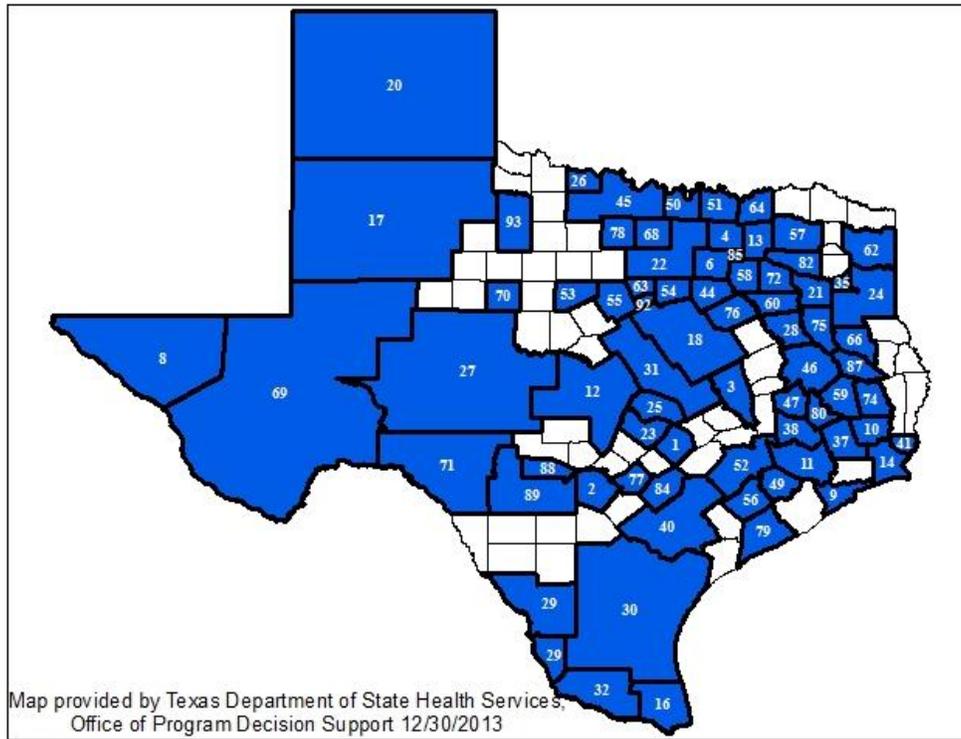
\*corresponds to number on map in Figure 2, page 18

A long-term SCFRT goal is to establish and maintain active local CFRTs in all 254 Texas counties. Four new teams were developed and ready to begin reviews by the end of 2013: Bandera County CFRT, Rolling Plains CFRT (Haskell and Knox counties), Somervell County CFRT, and Southwest Texas CFRT (Medina, Real and Uvalde counties). In addition, stakeholders were finalizing organization and interagency agreements for two new CFRTs in Maverick County and Kendall County. Three teams (Eastland, Wise, and Jack CFRTs) had been inactive but resumed reviewing child deaths.

Development of these new and reactivated CFRTs would not have been possible without the work of DSHS population-based regional staff. They identify potential CFRT members, convene stakeholders meetings, and coordinate with CFR Coordinator, Susan Rodriguez, for CFRT presentations. Regional staff members also serve as public health representatives on teams across the state and serve in leadership roles (Coordinator or Presiding Officer) on 10 CFRTs.

At the close of 2013, 73 active local CFRTs covered 200 counties, and 94 percent of Texas children lived in a community where child deaths are reviewed (Figure 2). Near the end of the year, there were inquiries and requests to start CFRTs in Atascosa, Bowie, Camp, Comal, Lamar, Palo Pinto, Red River, Stephens, Titus, and Wilson counties. DSHS staff will pursue CFRT development in those counties and also in the two Texas counties with the largest child populations having no CFRT, Brazoria and Hays.

**Figure 2. Local Child Fatality Review Teams, January 2014**



Team numbers are designated by the National Center for the Review & Prevention of Child Death database.

28 Anderson County	35 Gregg County	85 Rockwall County
87 Angelina County	77 Guadalupe County	93 Rolling Plains*
88 Bandera County*	10 Hardin County	80 San Jacinto County
1 Bastrop County	11 Harris County	21 Smith County
2 Bexar County	18 Heart of Texas	92 Somervell County*
3 Brazos County	60 Henderson County	17 South Plains
16 Cameron/Willacy Counties	32 Hidalgo/Starr Counties	71 South Texas Tri-County
62 Cass/Morris/Marion Counties	12 Hill Country	40 Southeast Region
31 Central Texas	63 Hood County	89 Southwest Texas*
75 Cherokee County	57 Hopkins/Franklin/Delta Counties	22 Tarrant County
30 Coastal Bend	46 Houston/Trinity Counties	70 Taylor County
4 Collin County	13 Hunt County	69 Texas J
52 Colorado/Austin/Waller Counties	78 Jack County**	23 Travis County
27 Concho Valley	14 Jefferson County	24 Tri-County
50 Cooke County	54 Johnson County	74 Tyler County
6 Dallas County	58 Kaufman County	72 Van Zandt County
53 Eastland County**	37 Liberty County	47 Walker County
8 El Paso County	79 Matagorda County	29 Webb County
44 Ellis County	38 Montgomery County	56 Wharton County
55 Erath County	66 Nacogdoches County	26 Wichita County
64 Fannin County	76 Navarro County	25 Williamson County
49 Fort Bend County	45 North Texas Tri-County	68 Wise County**
9 Galveston County	41 Orange County	82 Wood/Rains Counties
84 Gonzales County	20 Panhandle	
51 Grayson County	59 Polk County	

\* New CFRT in 2013  
 \*\* inactive CFRT that resumed reviewing in 2013

## CHILD FATALITY REVIEW TEAMS: SPOTLIGHT ON PREVENTION

The goals of the local CFRTs can be stated simply: understanding why children die and taking action to prevent child deaths. While those goals appear simple, achievement is much more complex. Through the review process, teams learn to recognize risk factors for child injury and death and to identify protective factors that could prevent future deaths. They learn to identify local safety trends through analysis of the collected child death data. Training and research help teams learn about evidence-based strategies for prevention. All of these steps in the process culminate, when CFRTs move from data collection and analysis to prevention action. Teams serve their communities, when they share what they have learned with local leaders, child-serving agencies, schools, and others. Sharing information gives other professionals an opportunity to examine how their practices can be improved to close gaps in the child safety net. Inviting others to collaborate in educating the community-at-large is critical. The CFR process begins with looking at the facts of the death, and through focused strategies, results in changing behaviors and saving lives.

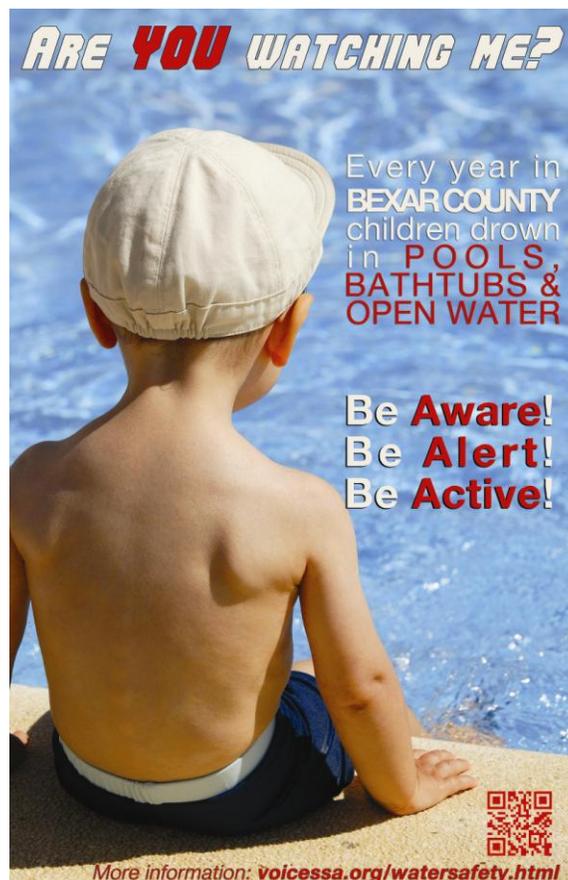
The following profiles spotlight the actions taken by several CFRTs in 2013. The activities reflect the leading causes of preventable child death and the creative ways that teams worked to build partnerships, to educate their communities, increase protective factors, and promote child safety.

### **Colorado/Austin/Waller Counties CFRT (#52 on map in Figure 2, page 18)**

This rural team knows that the key to success in planning and conducting prevention activities lies in partnerships. The team partners with area schools to provide safety training to students. Together with Texas A & M Agrilife Extension Service, Bellville St. Joseph's Health Center, Austin County Sheriff's Office, DSHS, the Lower Colorado River Authority, and others, the team sponsored the sixth annual Youth & Safety Day in Austin County. Over 358 third grade students learned about ATV safety, water safety, drug awareness, the importance of seat belts, firearm safety, snake awareness, and horse safety. Through partnership with 4-H, DSHS, and Texas A & M Agrilife Extension Service, ATV safety training was provided to 395 sixth and seventh grade students at Sealy Jr. High School. The CFRT also conducted a car passenger safety event at Hempstead ISD, focusing on use of child passenger restraints and the dangers of distracted driving. Through partnership with Bellville St. Joseph's Health Center, the team is participating in a grant-funded 18-month campaign to reduce distracted driving habits in Bellville High School students. The team exhibited at Back-to-School fairs in Waller and Austin Counties, sharing information about heatstroke prevention and child passenger safety. In addition to activities targeting school-aged children, the team is also involved in activities aimed at infant safety. Bags with infant safety information (safe sleep, hyperthermia prevention, child passenger safety, and more) were presented to pregnant participants at the March of Dimes *Becoming a Mom* classes and at the WIC Breastfeeding Day event.

**Bexar County Child Fatality Review Team** (#2 on map in Figure 2, page 18)

After reviewing 22 preventable child drowning deaths over a five-year period, Bexar County CFRT/SCFRT member Katherine Ratcliff worked with team members to organize a water safety coalition. The team sought guidance and direction from the more experienced Harris County CFRT on building a water safety coalition and impacting public awareness. The CFRT partnered with Voices for Children to bring together 19 area agencies to form the Water Awareness Through Community Help (WATCH) Coalition. Katherine Ratcliff presented on this CFRT activity at the 2013 CFRT pre-conference session at the PCAT conference, and she offered the WATCH water safety poster to be personalized for any CFRT community use (see poster below). On April 1, 2013, the coalition sponsored the inaugural April Pools Day water safety media event in San Antonio. In August, the Texas Office for the Prevention of Developmental Disabilities (TOPDD) selected the Coalition as recipient the J.C. Montgomery Child Safety Award, an award that recognizes people and organizations working on child safety. The Bexar County CFRT and the WATCH Coalition were recognized by the NCRPCD as “a wonderful example of child fatality review at its best” in a letter from the executive director and featured in the NCRPCD newsletter. The April Pools Day event video, instructions for requesting a personalized poster, and a photo and statement from the TOPDD award ceremony at the State Capitol may be viewed at <http://www.voicessa.org/#!/watersafety/c204u>.



### **Taylor County Child Fatality Review Team** (#70 on map in Figure 2, page 18)

This team worked with the Abilene/Taylor County Child Advocacy Center to promote and participate in the kick-off event of April as Child Abuse Prevention Month. The L.O.C.K. campaign reminded the community to:

- **Learn the facts!**
- **One person can make a difference.**
- **Commit to preventing child abuse.**
- **Keep our children SAFE!**

The event was held in collaboration with a local Lowe's home improvement store, where a section of chain link fence in front of the store was designated for the campaign during the month of April. People attending the kick-off attached locks to the fence, and newspaper articles and television spots about the campaign encouraged others to attach locks in support of child abuse prevention. Team members participated in planning the *Champion for Children: Triumph over Trauma* conference in April. The conference featured workshops on understanding and preventing childhood trauma from child abuse, sexual assault, and exposure to family violence. The CFRT continued its efforts to expand the team coverage area to incorporate three neighboring counties (Nolan, Fisher, and Jones).



Scenes from the Taylor County L.O.C.K. child abuse prevention campaign

### **Hunt County Child Fatality Review Team** (#13 on map in Figure 2, page 18)

After attending a workshop on infant death scene investigations presented by SCFRT member Dr. Reade Quinton at the 2012 PCAT conference, the CFRT Presiding Officer Bret Freeman, trauma coordinator at Presbyterian Hospital of Greenville, asked to bring the training to his county. He saw the need for standardization in death scene investigations and wanted that lesson brought home to law enforcement, EMS, and CPS caseworkers working in Hunt County. He and his staff worked with the CFR Coordinator to schedule and market the training to CFRT members, hospital staff, and others in Hunt County, as well as to members of two neighboring CFRTs (Rockwall County CFRT and Kaufman County CFRT). The CFR Coordinator prepared materials for the attendees and served as co-presenter with Dr. Quinton for the four-hour training. The CFRT and the hospital sponsored lunch for 33 attendees. The training was videotaped for future use by those who could not attend.

### **Southeast Region Child Fatality Review Team (#40 on the map in Figure 2, page 18)**

This multi-county team focused on informing the public about the dangers of heatstroke deaths when young children are left in hot cars. In preparation for National Heatstroke Prevention Day in July, the team worked with a local company to sponsor billboards with a special message from the Southeast Region CFRT (pictured below). Two billboards were posted in Victoria for that week. Because of a close call where a young child was found in a hot car in Victoria, there was community-wide interest in the campaign. Radio spots were aired, as was a television report featuring two CFRT members.



**Where's Baby??  
Look before you lock.**

No child should die of heatstroke  
from being left alone in a hot car.

A message from Southeast Region Child Fatality Review Team.

### **South Plains Child Fatality Review Team (#17 on map in Figure 2, page 18)**

This 22-county team formed an Injury Prevention Workgroup to research, plan, and implement injury prevention strategies to address local child safety issues. The CFRT workgroup designed, promoted, and presented a one-day Child Death Scene Investigation Training for First Responders. The training provided orientation to the CFR process, guidelines for notifying CPS of a child death, tips on responding to child deaths (including suicide), and discussion of the emotional impact of child death investigations. The training was free and food was provided by area agencies and restaurants. When the 120 attendees from 18 area counties gave feedback requesting training on infant death scene investigations, the workgroup began planning for the training in 2014. A workgroup member presented on the team's activities in child passenger safety, child abuse prevention, suicide prevention, and development of the Baby's First Year Safety Resource at the 2013 CFRT pre-conference session at the PCAT Conference. The team had multiple collaborations to address different child safety issues. They collaborated with the South Plains Child Abuse Prevention Coalition during April for Child Abuse Prevention Month. They marketed and participated in the South Plains Suicide Prevention Coalition Regional Symposium. The team planned and promoted training on Fetal Alcohol Spectrum Disorder (FASD) after reviewing a high-profile case where a child with FASD died in care. The training was required for CPS caseworkers, and there were 85 attendees, including school personnel and parents of children with FASD. Because the workgroup meets year round in addition to the review team meetings, there are several projects being planned: compilation of water safety resource materials that correspond to the types of drowning deaths reviewed; preparation for co-training with the Lubbock Police Department at community sessions to inform parents about cyberbullying, internet safety, sexting, and domestic minor sex trafficking; and partnering with the Human Rescue Coalition to address domestic minor sex trafficking in West Texas.

**Harris County Child Fatality Review Team (#11 on map in Figure 2, page 18)**

This urban team in Houston serves the most populous Texas county with the highest number of child deaths (592 in 2011). As a member of the 26-member Safe Kids Greater Houston Water Safety Coalition, the team participated in the eighth annual April Pools Day media event to promote water safety. The April Pools Day event, originally launched by the Harris County CFRT, is a high-profile media event that was held at the Houston Swim Club and focused on water safety education (including swimming lessons for children) and drowning prevention for parents and children. A critical new partner was added to this coalition in 2013: Spanish language media outlet *Telemundo*. With this new partnership, the coalition plans filming and production of water safety public service announcements that will bring water safety messages to Spanish-speaking families. CFRT Co-Chair and SCFRT member, Kim Cheung, M.D., presented on water safety at the Chinese Community Center in Houston. Team partner, Texas Children's Hospital (TCH), worked with the Kohl's Safe at Home Program to provide classes on home safety, childproofing, and infant safe sleep, as well as portable crib distribution to low income families with infants. This partnership resulted in multiple radio spots, television stories, and newspaper and newsletter articles about infant safety issues. TCH also hosted a free Expectant Parent Workshop, during which families participated in safe sleep presentations and met with infant health and safety vendors.



Members of the Safe Kids Greater Houston Water Safety Team at the 2013 April Pools Day event. Far left is Telemundo news anchor, Martin Berlanga, representing the new partnership with the Telemundo Spanish language media outlet. Holding the Mayor's Proclamation declaring April 2013 as Water Safety Month in Houston are CFRT Coordinator Jaennie Yoon (left) and CFRT Presiding Officer and SCFRT member, Dr. Kim Cheung (right).

**Hidalgo/Starr Counties Child Fatality Review Team (#32 on map in Figure 2, page 18)**

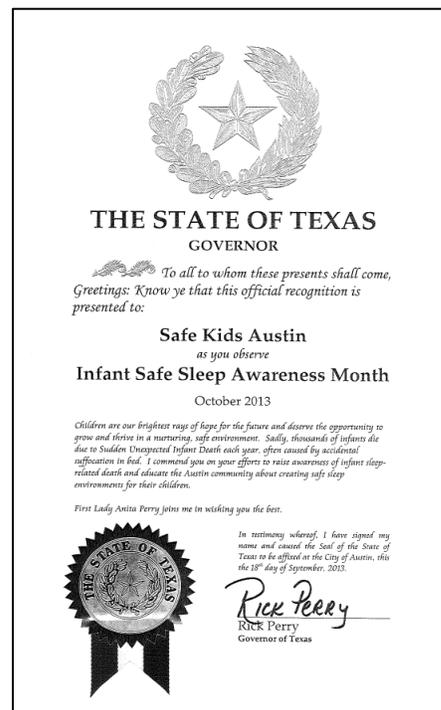
This team in the Rio Grande Valley is unique in that it is the only team to form a separate non-profit organization so that funds can be raised for prevention activities. The CFRT works in conjunction with the nonprofit Reaching a Safe Environment (RASE) Injury Prevention Task Force. Together they partnered with Hidalgo County, Harlingen Fire Department, DSHS, and Bike Team McAllen to conduct a bike rodeo (see photos below). At the bike rodeo, members educated children and parents about the importance of wearing a properly-fitted helmet when biking, and fitted and distributed helmets to children without helmets. The CFRT and RASE also set up a Bicycle Safety booth at the annual Fall Festival at Edinburg Children’s Hospital. They educated children and parents about the use and fit of bike helmets and distributed 250 helmets. The team exhibited at a community health fair, focusing their education on infant safe sleep and child passenger safety. After reviewing 21 sleep-related deaths over a two-year period (2009-2011), the CFRT requested that RASE partner with DSHS to create and conduct a bilingual survey to assess local knowledge of safe sleep practices. They surveyed 880 mothers of infants at hospitals, WIC clinics, pediatric practices, and licensed child care centers. The survey revealed a lack of knowledge about the risks associated with blankets, toys, loose objects, and bumper pads in the crib. Based on these findings, the CFRT has a systematic plan to increase knowledge of safe sleep practices in the area, including: (1) distribution of safe sleep information packets to local stakeholders; (2) awareness campaign letters sent to area physicians; (3) publications about safe sleep in hospital newsletters; (4) media interviews; and (5) public service announcements. The survey will be repeated in one year to evaluate the effectiveness of the campaign. In 2013, RASE sponsored two members to participate in the PCAT 20-mile walk to raise awareness and funds to prevent child abuse.



Bicycle rodeo in Edinburg, Texas

**Travis County Child Fatality Review Team (#23 on map in Figure 2, page 18)**

Members of this team have long been focused on infant safe sleep. CFRT member Leanne Courtney chairs the Safe Kids Austin Safe Sleep Task Force, and member Doug Ballew serves on the task force. Both trained as Safe to Sleep Champions through the nationwide initiative sponsored by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). Each Safe to Sleep Champion is charged with spreading consistent messages about infant safe sleep on local and regional levels through two local media events or community outreach activities. The team’s Safe to Sleep Champion activities included a television segment entitled, “Cases of Infant Deaths not Uncommon in Central Texas,” which focused on local statistics, infant development, the American Academy of Pediatrics (AAP) recommendations for infant safe sleep, and personal testimony from a grandmother whose infant grandson suffocated in a bumper pad; a radio interview about accidental suffocation deaths and prevention strategies; infant safe sleep training to teen parents at Safe Baby University; and an information booth at the 2013 Juneteenth Celebration. The Safe Sleep Task Force had two major accomplishments in 2013. Members worked with Reagan Outdoor Advertising to design and display billboards promoting infant safe sleep (see below). The billboard space was donated and funding to create the billboards was provided by Safe Kids Austin. The billboards (in English and in Spanish) were posted in zip codes where incident data showed the greatest need for these messages. Billboards moved to different locations in the county every month, and were up for six months. The task force was also successful in their request that Governor Perry proclaim October 2013 as “Infant Safe Sleep Awareness Month” (see below).



### **Heart of Texas Child Fatality Review Team (#18 on map in Figure 2, page 18)**

This five-county team is sponsored by the Heart of Texas Regional Advisory Council (HOTRAC), Trauma Services Area-M. The team is very active in the Central Texas community, working with schools and other team member agencies. The team participated in five health fairs, sharing information about infant safe sleep, water safety, and cardiopulmonary resuscitation (CPR). The team also partnered with the Valley Mills ISD and a group of 25 trained high school students to teach Hands-Only CPR in the community. The goal is to provide peer-training for every student in the district's middle school and high school. The team hopes to replicate this program in other school districts. The team member from Waco Fire Department incorporated infant safe sleep training into the class on fire safety he teaches for new and expecting parents. The team's Coordinator presented at the 2013 CFRT pre-conference session at the PCAT conference, showing attendees a video the local drowning prevention coalition created in partnership with the Army Corps of Engineers. The video, "Forever 15," features a mock lake drowning and is used in drowning prevention programs with middle school students. To view the video: <http://www.youtube.com/watch?v=RXHkkexSx-g>. In 2013, 200 students in the Lorena ISD participated in the Forever 15 drowning prevention program. In October, the team partnered with Prevent Child Abuse Texas to organize and sponsor the Heart of Texas Child Walk to raise money for future child abuse prevention activities. The plan is to make the walk an annual event.

### **Dallas County Child Death Review Team (#6 on map in Figure 2, page 18)**

This urban team, led by staff of the Injury Prevention Center of Greater Dallas, Parkland Hospital, is focused on sharing what is learned from reviewing child deaths. The publications *Dallas County CDRT Report of Dallas County Child Deaths, 2007-2011* ([http://www.injurypreventioncenter.org/resource\\_images/405IPC\\_ChildDeathReport.pdf](http://www.injurypreventioncenter.org/resource_images/405IPC_ChildDeathReport.pdf)), as well as the *Dallas County CDRT Brief Report on Traffic-Related Child Deaths, 2006-2011* ([http://www.injurypreventioncenter.org/resource\\_images/147IPC\\_ChildDeath\\_MiniReport\\_final.pdf](http://www.injurypreventioncenter.org/resource_images/147IPC_ChildDeath_MiniReport_final.pdf)), were prepared and disseminated in 2013. CFRT members were featured in a drowning prevention news story on the Dallas NBC affiliate, and Parkland Hospital issued a press release on the team's drowning prevention data. The team's Presiding Officer presented at the 2013 CFRT pre-conference session at the PCAT conference, reporting on Give Kids a Boost, a school-based booster seat initiative. The team's Coordinator served on the CFR expert panel workshop at the same conference. Team member and SCFRT member, Anna Teran, made two presentations to the Dallas School Health Committee (a group of physicians in public health, at Children's Medical Center and Parkland Memorial Hospital, and private practice pediatricians) on student deaths in the school district, the county, and the state. Her presentation included an overview of the purpose of local teams and the SCFRT. She shares injury prevention information with Dallas Schools Health Services staff. Additionally she publishes injury prevention and suicide risk information in quarterly bulletins and monthly e-mails to Dallas Independent School District (ISD) staff and shares similar information with Dallas ISD divisions: Psychological Services, Counseling Services, and Youth and Family Clinics. The team provided three trainings on child injuries and child maltreatment in Dallas to incoming paramedic classes for Dallas Fire and Rescue. The Presiding Officer was a featured presenter at the 6<sup>th</sup> Annual Infant Mortality Awareness Summit sponsored by Dallas Healthy Start. The presentation slides for "Infant mortality and infant-related injury deaths in Dallas County: A 5-year review" may be found at [http://www.injurypreventioncenter.org/resource\\_images/98Infant%20mortality%20Summit%20013%20without%20notes.pdf](http://www.injurypreventioncenter.org/resource_images/98Infant%20mortality%20Summit%20013%20without%20notes.pdf).

## NOTABLE ACTIVITIES & COLLABORATIONS

### Conference Partnership with Prevent Child Abuse Texas

CFR again partnered with PCAT to provide professional training to the SCFRT and CFRT members. Eight hundred participants, including 69 CFRT members representing 39 CFRTs and 14 SCFRT members attended the conference, held in San Antonio on March 4-5, 2013. The DSHS Office of Title V and Family Health sponsored conference registration for qualified participants.

The March 3, 2013 conference included a CFRT pre-conference session and a SCFRT quarterly meeting open to all participants. The pre-conference program included the following training and speakers:

- The National Perspective on Child Death Review: What's New and Upcoming  
Teri Covington, MPH, Executive Director, NCRPCD
- Showcase of local CFRT prevention activities included presentations by:
  - Amy Bailey, Dallas County CDRT, Dallas
  - Hortencia Herrera, Liberty County CFRT, Cleveland
  - Taiya Jones-Castillo, South Plains CFRT, Lubbock
  - Gilda Miller, Southeast Region CFRT, Victoria
  - Katherine Ratcliff, Bexar County CFRT, San Antonio
  - Miranda Traylor, Heart of Texas CFRT, Waco
- CFR Coordinator, Susan Rodriguez, facilitated the 2013 Texas Child Fatality Review “Dream Team” Survey and discussion. Participants had round tables and small group discussions regarding a series of questions. The table groups recorded their responses at the table, and followed up with a large group discussion. Compiled responses were used to focus technical assistance and support to CFRTs in 2013 and served as guidance in planning for the 2014 conference. The questions posed were:
  - What are the qualities of a child fatality review dream team?
  - What do you bring to/get from serving on your team?
  - What does your team do well? Successes?
  - What do you feel your team could do better? Challenges?
  - What does your team do to prevent child deaths?
  - What do you wish your team would/could do to protect kids in the community?
  - Are there obstacles that keep your team from being a dream team? Describe.
  - If your team went away, what would be lost?
  - What do you need from coordinator & SCFRT to be a dream team?
  - What are your goals for your dream team?

## Texas Child Fatality Review on the State and National Level

Texas CFR is seen as a model program and is engaged in several regional and national initiatives aimed at preventing child death and increasing the capacity and effectiveness of state CFR programs. Texas participated in the following regional and national meetings:

- **Safe to Sleep Champions:** The NICHD provided webinar training to people across the nation to promote the Safe to Sleep campaign (formerly known as the Back to Sleep campaign). The CFR Coordinator, many DSHS regional staff members, and some CFRT members were trained to serve as Safe to Sleep Champions. Safe to Sleep Champions were charged with spreading consistent messages about infant safe sleep on local and regional levels through two local media events or community outreach activities.
- **Best Practices in CFR in-service trainings:** The CFR Coordinator presented in-service training to the Williamson County CFRT and the Webb County CFRT.
- **DSHS Public Health Grand Rounds: Healthy Texas Babies: SIDS, SUID and Safe Sleep:** The CFR Coordinator fulfilled a Safe to Sleep Champion obligation when she co-presented with Dr. William Glomb. The presentation was done with a live audience at DSHS and broadcast throughout the state. It is available for viewing online at <http://extra.dshs.state.tx.us/grandrounds/presentations-spring2013.htm#mar27>.
- **NCRPCD meeting on the value added by Child Death Review:** Select CFR Coordinators from Connecticut, Delaware, Ohio, Pennsylvania, Texas, Virginia, and Wisconsin were invited to meet for two days with the NCRPCD staff to define the core and essential principles of CFR; the metrics of a successful CFR program; the value added by CFR reviews and data collection; and characteristics of CFR processes and programs that lead to success. The workgroup also defined the key components and metrics of the NCRPCD; the value added by the NCRPCD support of CFR programs across the nation; and future needed innovations. The workgroup results were presented at the NCRPCD National Advisory Committee meeting the following day.
- **Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) conference:** The CFR Coordinator was invited to present at the AWHONN Texas chapter conference in San Antonio. The presentation was entitled, “Keeping Infants Safe in Sleep Environments.”
- **Texas Pediatric Society (TPS) Child Abuse and Neglect Committee:** The CFR Coordinator was invited to update the TPS Child Abuse and Neglect Committee on CFR activities and issues at their meeting.
- **State of Virginia Regional Child Fatality Review Teams Conference, Richmond, VA:** The CFR Coordinator was invited to present at the conference. Her presentation was entitled, “Findings to Action: Developing and Implementing Recommendations.”
- **Southeast Coalition on Child Fatalities (SECCF):** For six years the CFR Coordinator has served as the Chair of the 14-state SECCF coalition (Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia). The coalition meets bimonthly via conference call to identify and work on coalition-wide projects; to share information about successful initiatives; to seek feedback and advice on challenges; and to provide peer support. In 2013, the NCRPCD again gave grants to each of the five regional CFR coalitions to host a coalition work retreat. The work retreat was held in Nashville, Tennessee, and included NCRPCD staff members. Coalition members worked on white papers about infant death scene investigations and infant safe sleep. Coalition members received training on the new

NCRPCD database version; neonatal abstinence syndrome and the unsafe sleep environment; investigation of child deaths; CFR relationship with CPS; child fatality and children with disabilities; and vicarious traumatization. The CFR Coordinator stepped down as the SECCF Chair in November 2013.

- **Baby Fest, Central Texas Medical Center, San Marcos:** The CFR Coordinator exhibited at this event for expectant parents as a Safe to Sleep Champion activity. Information about infant safe sleep was shared with approximately 400 participants. The DSHS-DFPS Safe Sleep curriculum was shared with the host hospital staff and managers of the local Early Childhood Intervention program.
- **Texas Pediatric Society Annual Meeting:** Dr. Juan Parra represented the SCFRT at the TPS committee meetings on Child Abuse and Neglect and Injury Prevention.
- **International Association of Forensic Nurses Conference, Anaheim, CA:** The CFR Coordinator co-presented on the CFR process, along with NCRPCD Executive Director, Teri Covington; Director of Arkansas Infant & Child Death Review Program, Dr. Pamela Tabor; and Arkansas coroner, Roger Morris.
- **Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality:** The federal Maternal and Child Health Bureau (MCHB) created the CoIIN as a quality improvement initiative to reduce infant mortality across 13 Southern states, including Texas. The purpose of the CoIIN is to facilitate collaborative learning and adoption of proven quality improvement principles and practices to reduce infant mortality and improve birth outcomes. Sam Cooper, former OTVFH Director and SCFRT member, and the CFR Coordinator serve on the CoIIN group working on safe sleep for infants. In November, the CFR Coordinator gave a presentation about Texas activities to the group.



## **Chapter 2. Data Analysis**

## CFRT DATA

Understanding the data gathered in the review process is an important task of CFRTs. These data augment death certificate data and provide rich insight into the causes and circumstances surrounding child fatalities in Texas. The detailed information gathered by local CFRTs provides a better understanding of the scope and nature of child fatalities. This information can then be used to drive the development of quality preventative plans and measures.

The data presented in this report are a combination of state-level demographics from death and birth certificate data and the more detailed data collected by the CFRTs during the review process.<sup>1</sup> The data included in this report are child deaths that occurred in the state, regardless of the child's residence. Deaths are reviewed based on where they occurred because the prevention efforts that are developed by the teams are designed to impact local problems.

It is important to understand, though, that CFRT data is only a sample of all child deaths. Unlike death certificate data that provide exact numbers and rates for fatalities, CFRT data provide a more general understanding of a smaller number of those deaths. Therefore, throughout this data section, percentages for CFRT data will be reported instead of exact numbers.

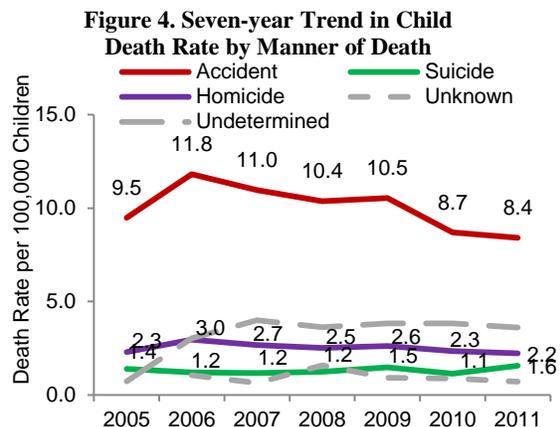
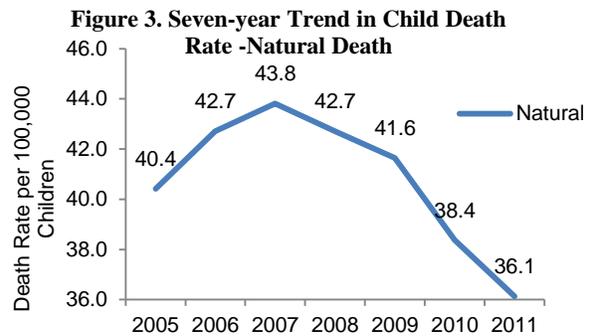
### OVERVIEW OF CHILD DEATH IN TEXAS

Overall, there was a decrease in child deaths in the state of Texas in 2011 from 3,795 in 2010 to 3,625 in 2011. This decrease was also reflected in the rate of death with 55.3 child deaths per 100,000 children in 2010 and 52.7 child deaths per 100,000 children in 2011, which represented a 4.7 percent decrease in the death rate.

The infant mortality rate decreased to 5.7 per 1,000 live births in 2011, but the natural death rate for infants only decreased slightly to 4.8 deaths per 1,000 live births in 2011.

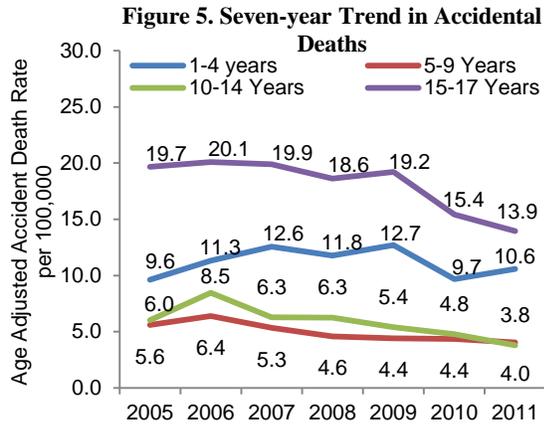
The death rate for natural deaths decreased from 2007 to 2011 (Figure 3).<sup>2</sup> There was a seven year low in the rate of natural deaths for all children in 2011.

Accidental deaths showed little change between 2010 and 2011 for all children (Figure 4).



<sup>1</sup> All rates are based on Death Data files from 2005-2011 provided by the Center for Health Statistics, DSHS. Population data are from 2010 census and 2005-2011 state population projections provided by Texas State Data Center.

<sup>2</sup> All figures were prepared by OPDS, January 2014

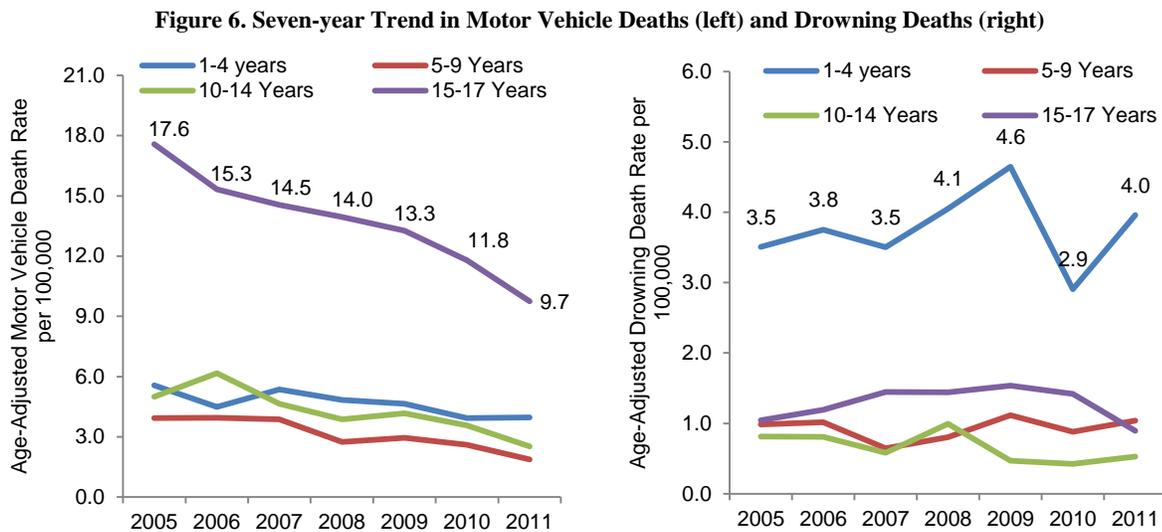


However, for specific age groups, there was a decrease. Accidental deaths mainly decreased among children in the 15-17 year age range (see Figure 5). When the data are analyzed further (see next section), motor vehicle fatalities appeared to show substantial declines in 2011 for this age group.

There was a decline in the age-adjusted motor vehicle death rate among children in the 15-17 year age range<sup>3</sup> (see Figure 6 below, left panel). This decline follows the overall declining trend that has emerged over the last seven years in the

motor vehicle death rate among this group. Importantly, 2011 marked the lowest age-adjusted death rate for this age group in the past seven years.

In the 1-4 year age-range, there was an increase in the age-adjusted drowning death rate<sup>4</sup> (see Figure 6, right panel). From 2010 to 2011 there was a 137 percent increase in the incidence of drowning deaths in this age group, bringing this rate closer to the 2009 and 2008 drowning rates.

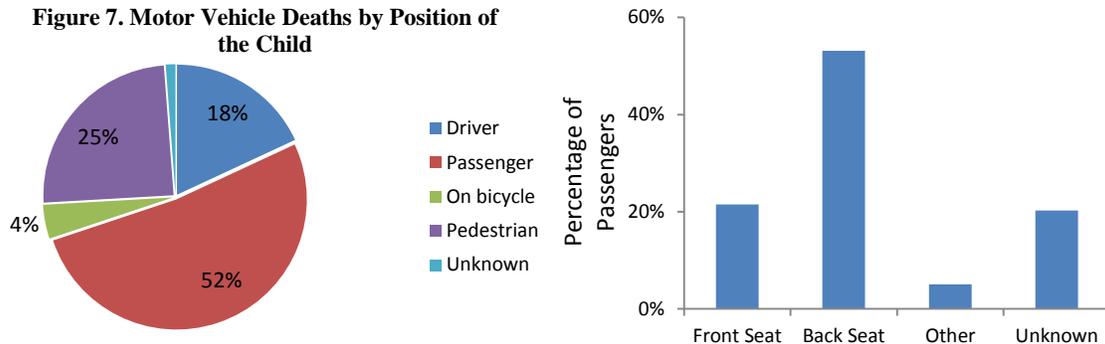


<sup>3</sup> Motor vehicle deaths are defined by ICD10 codes between V01 and V99.

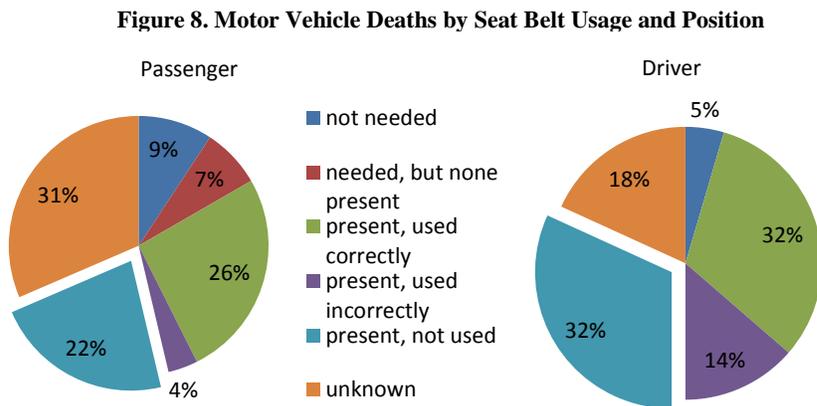
<sup>4</sup> Drowning deaths are defined by ICD10 codes between W65 and W74.

## MOTOR VEHICLE FATALITIES

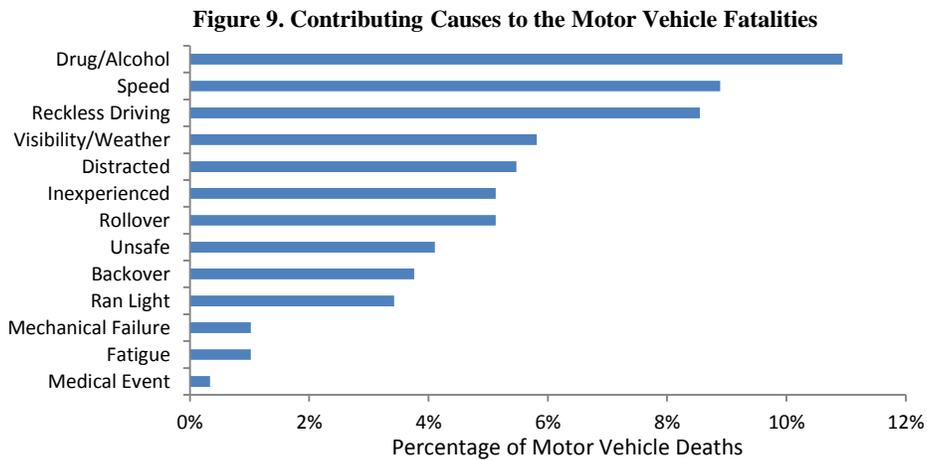
Motor vehicle crashes are the leading cause of accidental deaths for children. CFRTs estimate that 77 percent of the motor vehicle fatalities they reviewed for 2011 could have been prevented. That level of prevention would have resulted in 206 fewer child deaths in 2011. The motor vehicle death rate declined from 2009 to 2011, especially among children in the 15-17 year age-range. But, as can be seen in the 2011 CFRT data, there is room for prevention efforts to lower the fatality rate even further.



CFRTs reviewed 171 (64 percent) of motor vehicle deaths in 2011. Of these cases, 52 percent of children were passengers while 18 percent were driving the vehicle (Figure 7). Of the drivers, 80 percent were between the ages of 15 to 17 years. The majority of passengers (53 percent) were sitting in the back seat of the vehicle. Of the passengers, 22 percent were not wearing a seat belt. For children who died while driving the vehicle, seat belt usage was also low, with 32 percent of them not wearing a seat belt (see Figure 8).

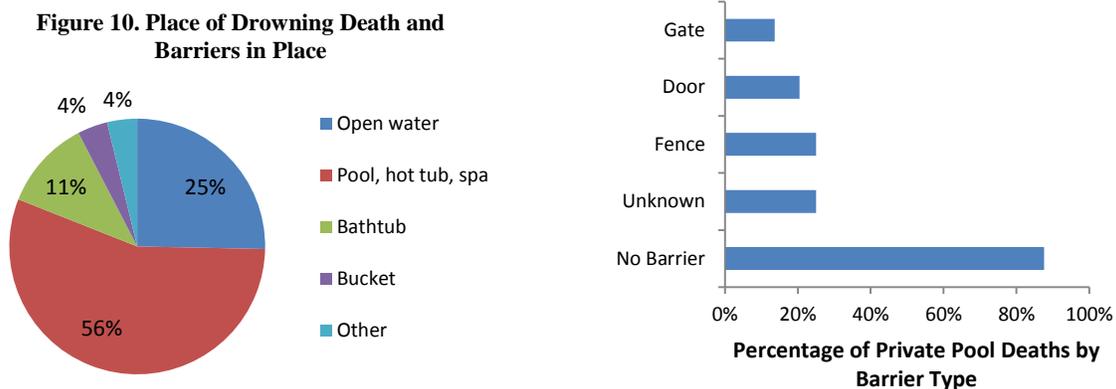


Among all of the motor vehicle fatalities reviewed, drugs/alcohol was the most prevalent factor cited as contributing to the accident. Drugs/Alcohol contributed to 11 percent of all motor vehicle fatalities reviewed and increased to 30 percent of the fatalities when the child was the driver. Speed was the second most prevalent contributing factor to the accident, both among all accidents and those when the child was driving (see Figure 9). It is important to point out that while these factors contributed to the crash when the child was driving, it does not necessarily mean that the child was speeding or taking drugs/alcohol. The review data does not indicate the state of the child, only the contributing factors of the crash.



## DROWNING DEATHS

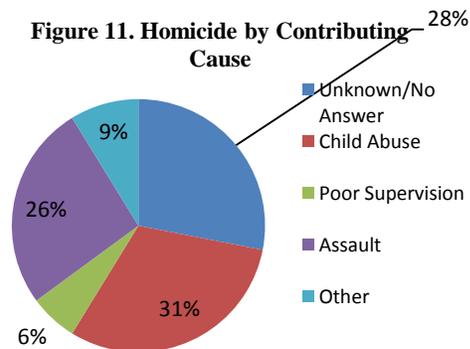
Drowning was the second most prevalent cause of accidental fatalities in children. There were 110 accidental drowning deaths in 2011, of which 79 were reviewed by a CFRT. The teams determined that 78 percent of these fatalities could have been prevented. It is important to point out that CFRTs determined that 95 percent of the fatalities that occurred in a private swimming pool could have been prevented.



The most prevalent place of occurrence (56 percent) that children drowned was in pools (Figure 10). The second most prevalent place of occurrence (25 percent) was in open bodies of water. Children in the 1-4 year age-range accounted for 75 percent of drowning fatalities in pools.

There was a substantial increase in drowning deaths among children in the 1-4 year age-range from 2010. It is clear that improvements in home pool safety are needed to decrease this death rate. Of the drowning deaths that occurred in a private pool, 88 percent had no barrier to limit access to the pool (see Figure 10). CFRTs found there was a door or a gate limiting access in 34 percent of the cases, however; it is unclear whether these barriers were used correctly. Additionally, CFRTs cited poor or absent supervision as a contributing factor in 59 percent of the drowning deaths experienced by children younger than 5 years old.

## HOMICIDES

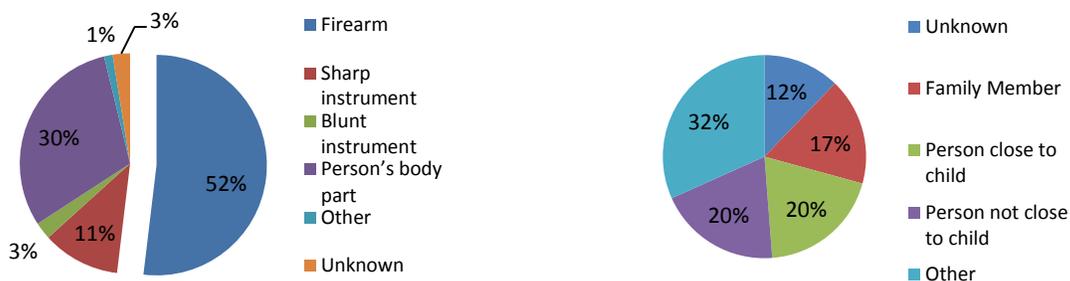


There were 138 homicides in 2011. Of those identified on the death certificate as a homicide, CFRTs reviewed 101 deaths (73 percent). However, it is important to note that CFRTs reviewed 114 deaths that they identified as homicides. CFRTs determined that 70 percent of these deaths could have been prevented. As with other causes of death, the circumstances and context of the homicide was different based on the age of the child. Of the 114 homicides reviewed, CFRTs determined that 31 percent were caused by child abuse or neglect and 26

percent were caused by assault (see Figure 11). All of the child abuse cases were to children younger than 15 years old, and 88 percent of all child abuse/neglect victims were younger than 5 years old.

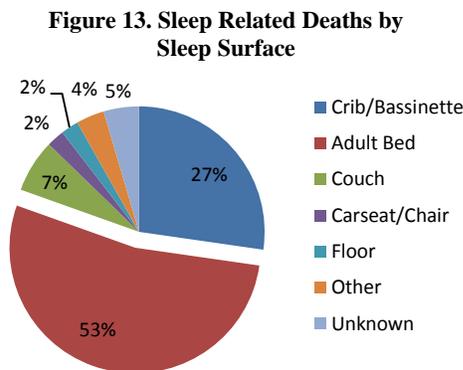
Among the 60 homicides to children younger than 10 years old, 27 percent of the children had a documented history of maltreatment. However, 45 percent of these children did not have a documented history. There was also a subtle difference between ages, with 60 percent of the children without a history of maltreatment being younger than 5-years old. CFRTs identified 79 of the 114 homicides as involving a weapon (see Figure 12). For children younger than 5 years old, the weapon identified in 75 percent of the cases was a body part. For children in the 10-17 year age-range, 82 percent of weapons-related homicides involved a firearm. Figure 12 also shows the break-down of who owned the firearm. In many cases the owner was listed as other by the CFRT (see Figure 12). However, in cases where the owner was known, ownership of the weapon was almost evenly split between family members, someone close to the child (such as a friend or acquaintance), or someone not close to the child (such as strangers).

**Figure 12. Weapons-based Homicides by Weapon (left) and Firearm Owner (right)**



## SLEEP-RELATED DEATHS

Death certificate data do not provide specific information on sleep-related deaths. Additionally, because of the ambiguity of these deaths as to their manner and cause, it is difficult to interpolate sleep-related deaths from coded death certificate data. In 2011, CFRTs identified 220 sleep-related deaths, all of which included children younger than 2 years old, and 95 percent of which were to children younger than 1 year old. It was determined by CFRTs that 30 percent of these deaths could have been prevented.

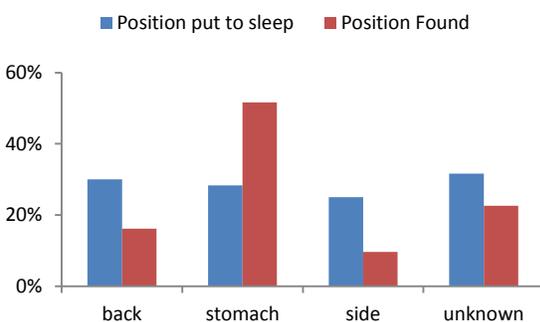


Fifty-three percent of all sleep-related deaths occurred while the infant was sleeping in an adult bed (see Figure 13). In 27 percent of the cases, the death occurred while the infant was sleeping in a crib or bassinet. The cause of death identified by the CFRTs varied based on where the infant was sleeping. Twenty percent of infant sleep deaths were determined by the CFRTs to be caused by asphyxiation. The majority of these sleep deaths occurred in an adult bed (60 percent). The cause of death could not be determined for 30 percent of sleep related deaths.

Sudden Infant Death Syndrome (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. This exclusion criterion makes determining that a death is SIDS difficult and often subject to disagreement. In 2011 CFRTs reviewed 111 deaths that were identified on the death certificate as SIDS. Of these, CFRTs only agreed with that cause in 52 percent of the cases. The remaining cases were considered undetermined by the teams. In this situation, “undetermined” means that the team had not ruled out enough possibilities to agree that the death was SIDS, but could not determine a clear cause of death. The most prevalent situation that led to this undetermined ruling was when infants were sleeping in an adult bed. For cases in which SIDS was the cause on the death certificate and infants were sleeping in adult beds, the CFRTs indicated that the cause of death was undetermined in 59 percent of the cases.

Thorough death scene investigations are important for identifying SIDS deaths and can help

**Figure 14. Infant sleep Position for Deaths Determined to be SIDS by the CFRT**

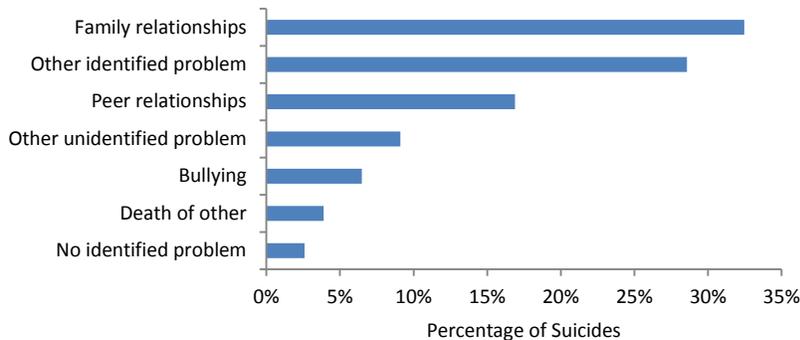


lower this level of disagreement. While strides have been made in educating infant death scene investigators, more work can be done. This need is particularly clear when looking at data from CFRTs where the team agreed that the cause of death was SIDS. In these cases, CFRTs found disagreement between the position the infant was placed to sleep and the position the infant was found (see Figure 14). Training to help investigators in these difficult cases can lower unknowns and also lower disagreements as to the causes of these deaths.

## SUICIDES

There were 103 suicides in 2011, of which 79 were reviewed by a CFRT. CFRTs determined that 65 percent of these suicides could have been prevented. The suicide death rate in 2011 increased from that in 2010, but this increase was modest and the seven-year trend in the child suicide rate has remained consistent. In 2011, firearms (44 percent) and strangulation/hanging (36 percent) were the two most prevalent ways that children younger than 18 years old committed suicide.

**Figure 15. Factors Contributing to the Suicide**



As with other causes and manners of death, understanding the context that lead to the suicide is important for developing intervention efforts to prevent them in the future. Figure 14 outlines some of the psychosocial factors that CFRTs identified that contributed to the death. In 32 percent of these cases, family relationships – arguing with

parents, parents getting a divorce or family discourse – were contributing factors. Of the identified problems contributing to the suicide, peer relations – fighting with peers, fighting with a boyfriend or girlfriend, or breaking up with a boyfriend or girlfriend – was the third most prevalent factor.



Texas Child Fatality Review Team

## **Chapter 3: SCFRT Committee Recommendations**

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## RECOMMENDATIONS FOR THE GOVERNOR AND STATE LEGISLATURE

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### Legislative Recommendations to Reduce Preventable Child Death in Texas

**1. Pass distracted driver legislation to address the risks of using wireless communication devices while driving.**

A study by Virginia Tech Driving Institute revealed that those who resort to texting while driving are 23 times more likely to crash. According to the 2012 Texas crash statistics compiled by the Texas Department of Transportation (TxDOT)<sup>5</sup>, 35 fatalities and 640 serious injuries were attributed to the use of a wireless device while driving. There were a total of 3,283 motor vehicle crashes in which mobile phone use was a contributing factor.

The SCFRT recommends legislation to limit at all times the use of wireless communication devices by drivers, unless a hands-free device is utilized in the moving vehicle. The penalty for violation should be up to the maximum Class C fine. This is necessary due to the increased risk and occurrence of motor vehicle crashes, injuries, and fatalities for motor vehicle operators, passengers, and pedestrians when drivers of all ages are inattentive and distracted while using a wireless communication device with their hands.

**2. 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.**

According to data from the 2012 TxDOT Crash Records Information System<sup>6</sup>, minors 15 to 17 years of age were drivers in 92 fatal crashes, 3,753 serious injury crashes, and 5,153 crashes with other injuries. In 2012, 29 minor drivers 15 to 17 years of age died in motor vehicle crashes. Additionally, minor drivers in the same age group were involved in 16,656 non-injury crashes. A 17-year-old minor is a young, less-experienced driver who requires the permission of a parent, guardian, or managing conservator to obtain a driver's license (Transportation Code, Chapter 521, Sec.521.145), and who deserves the protection and involvement of a parent, guardian, or managing conservator (Texas Family Code).

Current law requires only defendants younger than 17 years old to appear in court with their parents, guardians, or managing conservators on hearings for moving violations. The law excludes minors who are 17 years old from this requirement and these minors miss the safety benefits of this statute. Required joint appearance in court means a 17-year-old driver and the accompanying adult will both be aware of the driving behavior that led to the infraction and will both be provided with information on safe driving practices. Amending the law would also enable the parent or guardian to be aware of any fines, liability for the conduct of the minor, and the parent or guardian's options to impose added restrictions, inclusive of withdrawing the permission or revoking the minor's driver's license.

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<sup>5</sup> Texas Department of Transportation, Texas Motor Vehicle Crash Statistics – 2012, Crash Contributing Factors Statewide, [http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash\\_statistics/2012/20\\_2012.pdf](http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash_statistics/2012/20_2012.pdf).

<sup>6</sup> Texas Department of Transportation, Texas Motor Vehicle Crash Statistics – 2012. Ages of Drivers in Crashes. [http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash\\_statistics/2012/25\\_2012.pdf](http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash_statistics/2012/25_2012.pdf).

**3. Amend the Texas Penal Code § 49.01 to make it an offense if a person operates a motor vehicle in a public place while having a Blood Alcohol Content (BAC) of 0.05 or greater while transporting a passenger who is younger than 15 years of age.**

Impaired driving is a national epidemic. Every hour, one person is killed, and 20 people are injured in crashes involving an alcohol-impaired driver. That adds up quickly to nearly 10,000 deaths and more than 173,000 injuries each year. In addition, the annual cost of impaired driving is \$129.7 billion.<sup>7</sup> A literature review provides strong evidence that impairment of some driving-related skills begins with any departure from zero Blood Alcohol Content (BAC). Data from the National Highway Traffic Safety Administration (NHTSA) show that virtually every person who has a BAC of at least 0.08 experiences impaired driving. An alcohol-impaired-driving fatality is defined as a fatality in a crash involving a driver or motorcycle rider (operator) with a BAC of 0.08 or greater. According to NHTSA, alcohol-impaired driving fatalities increased by 4.6 percent in 2012, accounting for 31 percent of overall fatalities, and the number of alcohol-impaired drivers in fatal crashes increased for most vehicle types.<sup>8</sup>

Motor vehicle crashes claim many child victims. According to the Centers for Disease Control and Prevention (CDC), in 2010 a nationwide total of 8,249 child passengers (ages 19 and under) died in motor vehicle crashes, making this the leading unintentional injury cause of death among children older than one year.<sup>9</sup> Many child deaths in Texas occur in motor vehicle crashes when the driver was alcohol-impaired. In 2012, there were 1,099 fatalities in Texas due alcohol-impaired-driving crashes. These deaths accounted for 32.33 percent of the total number of Texas motor vehicle crash deaths. Of the 1,099 fatalities in alcohol-impaired-driving crashes in 2012, 66 of those deaths were children age 17 or younger.<sup>10</sup> NHTSA reports that Texas experienced the largest total increase in motor vehicle crash fatalities in the nation, going from 3,054 fatalities in 2011 to 3,398 fatalities in 2012, a 6.6 percent increase in alcohol-impaired-driving fatalities.<sup>11</sup>

For those over 21 years of age, the legal BAC level for non-commercial drivers is <0.08, and for commercial drivers the legal BAC level is <0.04. For persons younger than 21 years of age, Texas has a zero tolerance law where driving with any detectable amount of alcohol is illegal.

Scientific evidence shows that impairment begins with the first drink, and any alcohol consumption associated with driving reduces safety. A review of research findings from laboratory and driving simulator studies concerning the effects of alcohol on driving-related skills, such as divided attention, vigilance, tracking, perception, and reaction time, found that

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<sup>7</sup> Zaloshnja, Eduard, and Ted R. Miller. 2009. "Cost of Crashes Related to Road Conditions, United States, 2006." *Annals of Advances in Automotive Medicine* 53: 141–53.

<sup>8</sup> National Highway Traffic Safety Administration, *Traffic Safety Facts, 2012 Motor Vehicle Crashes: Overview, November 2013*, <http://www-nrd.nhtsa.dot.gov/Pubs/811856.pdf>.

<sup>9</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2010*. [http://www.cdc.gov/injury/wisqars/pdf/10LCID\\_Unintentional\\_Deaths\\_2010-a.pdf](http://www.cdc.gov/injury/wisqars/pdf/10LCID_Unintentional_Deaths_2010-a.pdf)

<sup>10</sup> Texas Department of Transportation, Texas Motor Vehicle Crash Statistics – 2012, DUI (Alcohol) Fatalities by Age. [http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash\\_statistics/2012/34\\_2012.pdf](http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash_statistics/2012/34_2012.pdf).

<sup>11</sup> National Highway Traffic Safety Administration, *Traffic Safety Facts, 2012 Motor Vehicle Crashes: Overview, November 2013*. <http://www-nrd.nhtsa.dot.gov/Pubs/811856.pdf>.

several types of performance are affected by BAC levels as low as 0.01.<sup>12</sup> Another more recent study found significant cognitive decrements in speed of information processing, reductions in working memory, and increases in errors of commission at 0.04 BAC.<sup>13</sup>

The National Transportation Safety Board (NTSB) recommends a set of targeted interventions that will prevent crashes, reduce injuries, and save lives. Specifically, a report adopted by the NTSB in May 2013 recommends reducing the BAC legal limit for all drivers to 0.05 or lower. Three very specific reasons support the NTSB's decision to recommend lowering the BAC legal limit: (1) alcohol impairs critical driving tasks; (2) crash risk is consistently and significantly elevated by the time an individual reaches 0.05; and (3) lowering the BAC legal limit has been shown to reduce crashes, injuries, and deaths.<sup>14</sup>

Lowering BAC legal limits has been associated with reductions in impaired driving crashes and fatalities. Fourteen independent studies conducted in the United States found that lowering the BAC legal limit from 0.10 to 0.08 resulted in reductions of 5-16 percent in alcohol-related crashes, fatalities, or injuries.<sup>15</sup> A study of BAC reductions in several European countries found that the change from a 0.08 to a 0.05 BAC legal limit reduced traffic deaths by 8-12 percent among people aged 18-49.<sup>16</sup> Fatal crashes decreased 18 percent in Queensland and 8 percent in New South Wales after those Australian states lowered their BAC legal limits from 0.08 to 0.05.<sup>17</sup> Research on the effectiveness of laws limiting BAC levels has found that lowering the BAC legal limit changes the drink-driving behavior of drivers at all BAC levels.<sup>18</sup>

National and international public health and traffic safety organizations, including the American Medical Association, the World Health Organization, the World Medical Association, and the Association for the Advancement of Automotive Medicine, have advocated setting BAC legal limits at 0.05 or lower. The AMA, as part of its "Alcohol and the Driver" policy, has called for a BAC legal limit of 0.04 for more than two decades. In addition, more than 100 countries have already established BAC legal limits at or below 0.05.<sup>19</sup>

The SCFRT recommends that current legislation (Texas Penal Code §49.01) be amended to reduce the legal BAC level in Texas from 0.08 or more to 0.05 or more for drivers transporting a

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<sup>12</sup> Moskowitz, H., and D. Fiorentino. 2000. *A Review of the Literature on the Effects of Low Doses of Alcohol on Driving-Related Skills*. DOT HS 809 028. Washington, DC: National Highway Traffic Safety Administration.

<sup>13</sup> Dry, Matthew J., Nicholas R. Burns, Ted Nettelbeck, Aaron L. Farquharson, and Jason M. White. 2012. "Dose-Related Effects of Alcohol on Cognitive Functioning." *PLoS ONE* 7(11): e50977.

<sup>14</sup> National Transportation Safety Board, Safety Report. 2013. *Reaching Zero: Actions to Eliminate Alcohol Impaired Driving*.

<sup>15</sup> Fell, J.C., and R.B. Voas. 2006. "The Effectiveness of Reducing Illegal Blood Alcohol Concentration (BAC) Limits for Driving: Evidence for Lowering the Limit to .05 BAC." *Journal of Safety Research* 37(3): 233-43.

<sup>16</sup> Albalade, D. 2008. "Lowering Blood Alcohol Content Levels to Save Lives: The European Experience." *Journal of Policy Analysis and Management* 27(1): 20-39.

<sup>17</sup> Henstridge, J., R. Homel, and P. Mackay. 1997. *The Long-Term Effects of Random Breath Testing in Four Australian States: A Time Series Analysis*. Canberra: Federal Office of Road Safety.

<sup>18</sup> Hingson, Ralph, Timothy Heeren, and Michael Winter. 1996. "Lowering State Legal Blood Alcohol Limits to 0.08%: The Effect on Fatal Motor Vehicle Crashes." *American Journal of Public Health* 86(9): 1297-99.

<sup>19</sup> National Highway Traffic Safety Administration. 2011. *Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices, Sixth Edition*. DOT HS 811 444. Washington, DC: NHTSA.

passenger who is younger than 15 years of age. Texas Penal Code §49.045 addresses driving while intoxicated with a child passenger. Lowering the BAC legal limit in Texas for drivers transporting a passenger who is younger than 15 years of age would reduce the number of motor vehicle crash deaths on Texas highways and save the lives of many children who are not likely to be able to make the decision to avoid riding with an impaired driver.

**4. Repeal the 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 years of age.**

Texas is one of three states with statutes allowing parent-taught driver education (PTDE). Section 521.205 of the Texas Transportation Code was added in 1995 by Senate Bill 964 during the 74<sup>th</sup> Texas Legislature. DPS implemented the rules for this legislation in April 1997. An unsuccessful attempt was made to repeal the legislation in 1997.

Motor vehicle crashes are the leading cause of death for all teens in the United States. Research studies report that teens 15-19 years of age are at high risk for motor vehicle crashes, especially during the first year of driver eligibility. The CDC reported that in 2010, about 2,700 teens aged 16-19 in the United States were killed, and almost 282,000 were treated and released from emergency departments for injuries suffered in motor-vehicle crashes. This statistic translates into seven teens per day dying in motor vehicle crashes.<sup>20</sup>

No comparative evaluation of driver education in Texas had been conducted until NHTSA published a study in April 2007: *Parent-Taught Driver Education in Texas: A Comparative Evaluation*.<sup>21</sup> A review of the study, abstract, and executive summary yields that nearly 40 percent of the 218,054 driver education certificates issued in 2004-2005 were from parent-taught driver education (PTDE), and PTDE youth were obtaining driver's permits at a slightly younger age. Although the study cites few self-reported differences in driving knowledge and skills related to the type of driver education, differences are noted when driving records are reviewed. PTDE drivers demonstrated lower driving knowledge early in their training, poorer driving skills, and a lower rate of passing the state-administered driving test on the first attempt. Furthermore, PTDE novice drivers committed more traffic offenses and were in more crashes. When most, if not all, supervision is eliminated (full licensure), then PTDE students are involved in more traffic convictions and increasingly serious motor vehicle crashes than their peers trained through other driver education methods.

In Texas, there are approximately 300,000 teens eligible to get a driver license each year. Of those, about one-third of teens waits until they are 18 years old to get their licenses, after which age, driver education is not required. In fiscal year 2013, the number of driver education completion certificates issued to driving schools shows that 13 percent of the driver education students were taught in public schools, 34 percent were parent-taught, and 53 percent received instruction through commercial driving schools.

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<sup>20</sup> Centers for Disease Control and Prevention, Teen Drivers Fact Sheet, 2012. [http://www.cdc.gov/MotorVehicleSafety/Teen\\_Drivers/teendrivers\\_factsheet.html](http://www.cdc.gov/MotorVehicleSafety/Teen_Drivers/teendrivers_factsheet.html).

<sup>21</sup> V,J, Pezoldt, K.N. Womack, and D.E. Morris, Texas Transportation Institute, The Texas A&M University System, College Station, TX. <http://opi.mt.gov/pdf/DriverEd/RR/NHTSA.pdf>

Given the high risk of serious injury and death experienced by minor drivers and their passengers and the lack of any requirement for parents who teach driver education to demonstrate driving knowledge and skills or undergo DPS monitoring, the SCFRT recommends repeal of legislation allowing for parent- or guardian-taught driver education.

**5. Pass legislation that requires new residential swimming pools to have a circumferential isolation pool fence installed that completely separates the house and play area of the yard from the pool. The fence should be at least four and one-half feet (54 inches) high and have a self-closing and self-latching gate that opens outward with latches that are out of the reach of children.**

Drowning is the leading cause of unintentional injury death for children one to four years of age and the second leading cause of unintentional injury death for children five to nine years of age.<sup>22</sup> In 2011, 110 children drowned in Texas.<sup>23</sup> Data from reviews conducted by Texas CFRTs and from the Texas Submersion Registry indicate that the vast majority of these deaths occurred in residential swimming pools (in-ground, above-ground and portable), hot tubs, and spas.

The American Academy of Pediatrics (AAP) Drowning Prevention policy statement asserts that four-sided, or circumferential, isolation fencing controls unsupervised access to residential pools, hot tubs, and spas and could prevent up to 50-90 percent of drowning deaths in young children.<sup>24</sup> However, a national survey indicates that fewer than 30 percent of residential pool owners have a circumferential isolation fence around their pools. The Consumer Product Safety Commission (CPSC) stresses the importance of installing an outdoor swimming pool barrier as a physical obstacle that surrounds an outdoor pool or spa so that access to the water is limited to adults. A successful pool barrier prevents a child from getting over, under, or through it to gain access to the pool or spa. The CPSC recognizes this strategy to be evidence-based. The CPSC recommends that the fence or other barrier be at least four feet high or taller and have no footholds or handholds that could help a young child to climb it; that vertical fence slats should be less than four inches apart to prevent a child from squeezing through; that if chain link fencing is used, that no part of the diamond-shaped opening be larger than 1 ¾ inches; that the gate be self-closing, self-latching, and outside of a child's reach; and that the maximum clearance at the bottom of the barrier should not exceed four inches above ground.<sup>25</sup>

Safe Kids Worldwide, an international nonprofit organization dedicated solely to preventing unintentional childhood injury, estimates that medical costs for each near-drowning victim can range from \$8,000 for initial medical care to more than \$250,000 for long-term care. Legislation requiring installation of circumferential isolation fencing around new residential swimming pools, hot tubs, and spas throughout Texas would prevent drowning deaths and reduce the burden of health care costs associated with non-fatal submersions.

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<sup>22</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2010. [http://www.cdc.gov/injury/wisqars/pdf/10LCID\\_Unintentional\\_Deaths\\_2010-a.pdf](http://www.cdc.gov/injury/wisqars/pdf/10LCID_Unintentional_Deaths_2010-a.pdf)

<sup>23</sup> Texas Department of State Health Services, Texas Vital Statistics, provisional 2011 death data pending review and approval of final data set.

<sup>24</sup> American Academy of Pediatrics Policy Statement—Drowning Prevention. [www.pediatrics.org/cgi/doi/10.1542/peds.2010-1264](http://www.pediatrics.org/cgi/doi/10.1542/peds.2010-1264)

<sup>25</sup> Consumer Product Safety Commission Pool Safety Campaign, Pool and Spa Safety: Barriers. <http://www.poolsafely.gov/pool-spa-safety/safety-system/barriers/>

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## RECOMMENDATIONS FOR CHILD PROTECTIVE SERVICES OPERATIONS

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**6. Provide quarterly update reports to the SCFRT on two significant projects related to the prevention of child death: Project HIP (Help Through Intervention and Prevention) and the work of the Protect Our Kids Commission.**

**Project HIP background:** Since 2009, the SCFRT has annually recommended that DFPS conduct a feasibility study to see how Texas could implement an electronic system to identify new births to parents who had a child die of maltreatment or who had parental rights terminated due to abuse or neglect. This system was seen as a proactive mechanism to provide support services or intervention to protect vulnerable infants from abuse or neglect. In 2013, DFPS and DSHS worked together to develop Project HIP, the Texas system to be implemented in 2014.

The SCFRT recommends that DFPS provide quarterly reports to the SCFRT on Project HIP implementation. The reports will include finalization of service provider contracts; numbers and geographic location of birth matches; response rates to the identification of infants born of parents who had prior child deaths due to abuse and/or neglect or termination of parental rights; number of cases referred to DFPS from the birth-match process; parental receptivity to services offered; and any issues arising in implementation. The SCFRT wants to follow how the system addresses and prevents child abuse and neglect.

**Protect our Kids Commission background:** This commission, incorporated into the CFRT legislation in the 83rd legislative session, is a two-year appointed commission that will study child abuse fatalities and their prevention. The commission is charged to (1) identify promising practices and evidence-based strategies to address and reduce child abuse and neglect fatalities; (2) develop recommendations and identify resources necessary to reduce fatalities from child abuse and neglect for implementation by state and local agencies and private sector and nonprofit organizations; (3) develop recommendations to implement a comprehensive statewide strategy for reducing those fatalities; and (4) develop guidelines for the types of information that should be tracked to improve interventions to prevent fatalities from child abuse and neglect. DFPS is charged with support of the commission.

The SCFRT recommends that DFPS keep the SCFRT informed on the progress of the time-limited Protect Our Kids Commission at SCFRT quarterly meetings. The SCFRT also recommends that DFPS facilitate connections where appropriate between the commission and the SCFRT. Given that the SCFRT is dedicated to understanding all child deaths and determining how to prevent them, the work of the commission and the potential for SCFRT consultation and collaboration is of great interest to the SCFRT as a means for engaging more partners and systems in child death prevention.

**7. Investigate options for more timely delivery of death certificates and birth abstracts to the local CFRTs, as well as strategies for improved data collection and data entry of those child deaths that teams review.**

The SCFRT recommends that DSHS staff investigate options for direct electronic transfer of vital statistics data into the online database. Texas Child Fatality Review has historically had data collection and entry challenges. Texas has never had CFRTs in all 254 counties, and for this reason, many deaths go without review. Because of the volume of deaths and the lengthy process for finalizing death certificates, Texas CFRTs have conducted retrospective child death reviews. Department staff studied and streamlined distribution processes to facilitate more timely distribution of death certificates to the teams. Even with strides made in quicker distribution, reviews of child deaths are still typically conducted up to two years after the deaths, particularly in urban counties where the volume of child deaths has made it difficult to close the gap to one-year retrospective review. Delayed reviews preclude timely local prevention efforts to address identified risks for child injury and death and frustrate team members. In October 2013, the NCRPCD launched a new version of the nationwide online child death review database. The new database version offers features that could facilitate quicker team access to death certificate/birth abstract data.

**8. Provide funding for annual training for Texas CFRTs.**

The SCFRT recommends that DSHS provide funding for a stand-alone annual conference for CFRT members. CFRT members come from a wide variety of disciplines and serve as volunteers on their review teams. They are in need of frequent training to keep current with the process, research, and best practices in the prevention of child deaths. More concentrated focus on training specific to child fatality review would go far to improve the Texas process and have greater impact upon the safety of Texas children. A CFRT-specific conference would focus on CFRT member skill development in collecting data, conducting reviews, and implementing effective injury prevention activities on the local level.

**9. Promote and support work towards the goal that all Texas counties have an independent CFRT or participate in a multi-county CFRT to review and document all deaths of children less than 18 years of age.**

In 2013, there were 73 active CFRTs covering 200 of Texas' 254 counties, and 94 percent of Texas children lived in a county where child deaths are reviewed. A total of 3,625 children died in Texas in 2011. Of the 3,296 child deaths that corresponded to counties with CFRTs, 54.2 percent of 2011 child deaths were reviewed and documented. To fully understand the circumstances and risks leading to a child death, identify trends, and implement effective prevention activities, the SCFRT recommends that all Texas counties participate in CFR and that 100 percent of child deaths be reviewed and recorded. It is recommended that DSHS continue to promote and support the development of CFRTs in counties without teams and to focus on promoting more robust data collection, review, and entry by the local CFRTs.



## **Appendix A: SCFRT Committee Members**

## STATE CHILD FATALITY REVIEW TEAM COMMITTEE MEMBERS 2014

**EMILIE A. BECKER, M.D.**  
Child Mental Health Provider  
Term expires 2/1/16  
Medicaid CHIP Mental Health  
Director  
Health & Human Services  
Commission  
6330 Hwy. 290 East, Suite 350  
Austin, TX 78723  
(512) 380-4345  
[emilie.becker@hhsc.state.tx.us](mailto:emilie.becker@hhsc.state.tx.us)

**LISA BLACK, MSW**  
CPS Assistant Commissioner  
Permanent member  
Department of Family & Protective  
Services  
701 W. 51st St.  
Austin, TX 78751  
(512) 438-3313  
[lisa.black@dfps.state.tx.us](mailto:lisa.black@dfps.state.tx.us)

**ADA BOOTH, M.D.**  
Child Abuse Prevention Specialist  
Term expires 2/1/15  
Driscoll Children's Hospital  
3533 S. Alameda St.  
Corpus Christi, TX 78411  
(361) 694-4345  
[ada.booth@dchstx.org](mailto:ada.booth@dchstx.org)

**KIM CHEUNG, M.D., PH.D.**  
Pediatrician  
Term expires 2/1/17  
UT Health Science Center at Houston  
Department of Pediatrics  
Child Protective Services Clinic  
6300 Chimney Rock  
Houston, TX 77081  
(713) 295-2579  
[kim.k.cheung@uth.tmc.edu](mailto:kim.k.cheung@uth.tmc.edu)

**EVELYN DELGADO**  
Acting Title V Director  
Permanent member  
Associate Commissioner  
Department of State Health Services  
P.O. Box 149347  
Austin, TX 78714-9317  
(512) 776-7321  
[evelyn.delgado@dshs.state.tx.us](mailto:evelyn.delgado@dshs.state.tx.us)

**SUSAN ETHERIDGE, MSSW, LMSW**  
Child Advocate  
Term expires 2/1/17  
CASA of Collin County  
Executive Director  
101 E. Davis  
McKinney, TX 75069  
(972) 529-2272  
[setheridge@casaofcollincounty.org](mailto:setheridge@casaofcollincounty.org)

**SGT. SARAH FIELDS**  
Ad Hoc Expert Advisor  
Term expires 2/1/15  
Panola County Sheriff's Office  
314 W. Wellington St.  
Carthage, TX 75633  
(903) 693-0333  
[sgtfields@hotmail.com](mailto:sgtfields@hotmail.com)

**ANGELA GOODWIN, JD**  
Child Protective Services Specialist  
Term expires 2/1/16  
Director of Investigations  
Dept. of Family & Protective Services  
701 W. 51st St.  
Austin, TX 78751  
(512) 438-4746  
[angela.goodwin@dfps.state.tx.us](mailto:angela.goodwin@dfps.state.tx.us)

**JOE GRANBERRY**  
Emergency Medical Services  
Term expires 2/1/16  
Williamson County EMS  
303 Martin Luther King  
Georgetown, TX 78626  
(512) 943-1264  
[jgranberry@wilco.org](mailto:jgranberry@wilco.org)

**GERALDINE R. HARRIS, MLA**  
State Registrar, Vital Statistics  
Permanent member  
Department of State Health Services  
P.O. Box 149347  
Austin, TX 78714-9317  
(512) 458-7366  
[geraldine.harris@dshs.state.tx.us](mailto:geraldine.harris@dshs.state.tx.us)

**JOHN HELLSTEN, PH.D.**  
Public Health  
Term expires 2/1/15  
Epidemiology Studies & Initiatives  
Department of State Health  
Services  
P.O. Box 149347  
Austin, TX 78714-9317  
(512) 776-2815  
[john.hellsten@dshs.state.tx.us](mailto:john.hellsten@dshs.state.tx.us)

**JUDGE JUDY SCHIER HOBBS**  
Justice of the Peace  
Term expires 2/1/16  
Pct. 4, Williamson County  
P.O. Box 588  
Taylor, TX 76574  
(512) 365-8922  
[jhobbs@wilco.org](mailto:jhobbs@wilco.org)

**CHRISTOPHER KIRK**  
Sheriff  
Term expires 2/1/16  
Brazos County Sheriff's Office  
1700 Highway 21 West  
Bryan, TX 77803-1300  
(979) 361-4150  
[chriskirk@highsheriff.com](mailto:chriskirk@highsheriff.com)

**SCOTT MARCOTTE**  
Police Chief  
Term expires 2/1/16  
City of Lufkin Police Department  
300 East Shepherd  
Lufkin, TX 75902  
(936) 633-0300  
[smarcotte@lufkinpolice.com](mailto:smarcotte@lufkinpolice.com)

**DONALD MCCURNIN, MD.**  
Neonatologist  
Term expires 2/1/15  
UT Health Science Center at San  
Antonio  
San Antonio, TX  
(210) 567-5232  
[mccurnin@uthscsa.edu](mailto:mccurnin@uthscsa.edu)

## STATE CHILD FATALITY REVIEW TEAM COMMITTEE MEMBERS 2014

**DENISE ONCKEN, JD**

Assistant District Attorney  
Term expires 2/1/16  
Harris County District Attorney's  
Office  
1201 Franklin, Suite 600  
Houston, TX 77002  
(713) 755-5919  
[oncken\\_denise@dao.hctx.net](mailto:oncken_denise@dao.hctx.net)

**JUAN PARRA, M.D., M.P.H.**

Pediatrician  
Term expires 2/1/15  
CentroMed  
3750 Commercial Ave.  
San Antonio, TX 78221  
(210) 562-5344  
[jparra.cdb@tachc.org](mailto:jparra.cdb@tachc.org)

**TERRY PENCE**

TxDOT representative  
Term expires 2/1/16  
Traffic Safety Director  
Dept. of Transportation  
125 E. 11th St.  
Austin, TX 78701  
(512) 416-3167  
[terry.pence@txdot.gov](mailto:terry.pence@txdot.gov)

**READE QUINTON, M.D.**

Medical Examiner  
Term expires 2/1/17  
Office of the Dallas County Medical  
Examiner  
5230 Southwestern Medical Ave.  
Dallas, TX 75235  
(214) 920-5900  
[rquinton@dallascounty.org](mailto:rquinton@dallascounty.org)

**KATHERINE RATCLIFF**

SIDS Family Service Provider  
Term expires 2/1/16  
Center for Infant & Child Loss, Any  
Baby Can  
217 E. Howard St.  
San Antonio, TX 78212  
(210) 547-3026  
[kratcliff@anybabycansa.org](mailto:kratcliff@anybabycansa.org)

**KATHRYN GOERING REID**

Domestic Violence Victim Advocate  
Term expires 2/1/16  
Family Abuse Center  
3407 Chateau  
Waco, TX 76710  
(254) 772-8999  
[kathy.reid@familyabusecenter.org](mailto:kathy.reid@familyabusecenter.org)

**STEVEN TELLEZ**

Public Safety representative  
Term expires 2/1/15  
Department of Public Safety  
6502 S. New Braunfels  
San Antonio, Texas 78223  
(210) 531-2206  
[Steven.Tellez@dps.texas.gov](mailto:Steven.Tellez@dps.texas.gov)

**ANNA TERAN, RN, BSN,  
NCSN**

Educator  
Term expires 2/1/15  
Dallas Independent School District  
3700 Ross Ave., Room 206  
Dallas, TX 75204  
(972) 925-3386  
[ateran@dallasisd.org](mailto:ateran@dallasisd.org)

**JEANNINE VON STULTZ,  
PH.D.**

**SCFRT CHAIR**  
Juvenile Probation Officer  
Term expires 2/1/15  
Bexar County Juvenile Probation  
301 E. Mitchell  
San Antonio, TX 78210  
(210) 335-7515  
[jvonstultz@bexar.org](mailto:jvonstultz@bexar.org)



Texas Child Fatality Review Team

## **Appendix B: Local Child Fatality Review Teams**

**TEXAS CHILD FATALITY REVIEW TEAMS**

2013

CFRT Name & Service Area	Team Presiding Officer	Team Coordinator
<b>Anderson County CFRT</b> Serving Anderson County Health Service Region 4/5N	David Giles, EMT-P Assistant Director of EMS Palestine Regional Hospital 2900 South Loop 256 Palestine, TX 75801 (903) 731-5387 david.giles@lpnt.net	Anita Shook Department of State Health Services 330 E. Spring St., Suite D Palestine, TX 75801 (903) 661-6087 anita.shook@dshs.state.tx.us
<b>Angelina County CFRT</b> Serving Angelina County Health Service Region 4/5N	Chief Scott Marcotte SCFRT member Lufkin Police Department 300 E. Shepherd Lufkin, Texas 75902 (936) 633-0300 smarcotte@lufkinpolice.com	Natalie Thornton CASA of the Pines P.O. Box 835 Lufkin, TX 75902 (936) 634-6725 nthorntoncasa@yahoo.com
<b>Bandera County CFRT</b> Serving Bandera County Health Service Region 8	Judge Lynn Holt Justice of the Peace, Pct. 4 1212 Hackberry Bandera, TX 78003 (830) 796-3593 jp4@indian-creek.net	Co-coordinators: Mary Moseley 1380 River Ranch Dr. Bandera, TX 78003 merrymary@wildblue.net  Martha Groomer, RN Bandera, TX (210) 705-3890 mamabulldog55@yahoo.com
<b>Bastrop County CFRT</b> Serving Bastrop County Health Service Region 7	Mindy Graber Children's Advocacy Center of Bastrop 1002 Chestnut St. P.O. Box 1098 Bastrop, TX 78602 (512) 321-6161 mindyacbastrop@austin.rr.com	Same as Presiding Officer
<b>Bexar County CFRT</b> Serving Bexar County Health Service Region 8	Laurie Charles, RN, SANE-A, CA/CPSANE SANE Program Coordinator Christus Santa Rosa Children's Hospital 333 N. Santa Rosa San Antonio, TX 78207 (210) 704-3330 laurie.charles@christushealth.org	Cynthia Garcia, RN, SANE Christus Santa Rosa Children's Hospital 333 N. Santa Rosa San Antonio, TX 78207 (210) 704-3330 ca.garcia@christushealth.org
<b>Brazos County CFRT</b> Serving Brazos & Robertson Counties Health Service Region 7	Sheriff Christopher C. Kirk SCFRT member Brazos County Sheriff's Office 1700 Highway 21 West Bryan, TX 77803-1300 (979) 361-4150 chriskirk@highsheriff.com	Nikki Robertson St. Joseph Regional Health Center 2715 Osler Blvd. Bryan, TX 77802 (979) 776-5361 nrobertson@st-joseph.org
<b>Cameron/Willacy Counties CFRT</b> Serving Cameron & Willacy Counties Health Service Region 11	Stanley I. Fisch, MD Harlingen Pediatrics Associates 321 South 21 <sup>st</sup> Street Harlingen, TX 78550 (956) 425-8761 stan.fisch@gmail.com	Same as Presiding Officer

<b>TEXAS CHILD FATALITY REVIEW TEAMS</b>		
<b>2013</b>		
<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<b>Cass/Morris/Marion Counties CFRT</b> Serving, Cass, Morris & Marion Counties Health Service Region 4/5N	Judge Barbara McMillon Justice of the Peace, Pct. 1, Cass Co. P.O. Box 341 Linden, Texas 75563 (903) 756-5341 judgemcmillon@att.net	Latonia Garner Department of State Health Services P.O. Box 300 Linden, Texas 75563 (903)756-7231 latonia.garner@dshs.state.tx.us
<b>Central Texas CFRT</b> Serving Bell, Coryell, Hamilton & Milam Counties Health Service Region 7	Pending reorganization	Pending reorganization
<b>Cherokee County CFRT</b> Serving Cherokee County Health Service Region 4/5N	Jason Gillentine Child Protective Services 1037 E. Loop 456 Jacksonville, TX 75766 (903) 589-6608 jason.gillentine@dfps.state.tx.us	Co-Coordinators: Jason Gillentine, Presiding Officer  Janette Maldonado-Johnson STAR/UCAP Programs Coordinator 804 S. Main Street Jacksonville, TX 75766 (903) 586-3175 jjohnson@accessmhmr.org
<b>Coastal Bend CFRT</b> Serving Aransas, Bee, Brooks, Duval, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio & San Patricio Counties Health Service Region 11	Sonja Eddleman, RN, CA/CP SANE Driscoll Children's Hospital 3533 S. Alameda Corpus Christi, TX 78411 (361) 694-4240 Sonja.Eddleman@dchstx.org	Same as Presiding Officer
<b>Collin County CFRT</b> Serving Collin County Health Service Region 2/3	Dr. William Rohr Collin County Medical Examiner 700 B Wilmeth Road McKinney, TX 75069 (972) 548-3775 wrohr@co.collin.tx.us	Susan Schultz, LPC, LMFT Collin County Medical Examiner 700 B Wilmeth Road McKinney, TX 75069 (972) 740-8722 susanschultz@mac.com
<b>Colorado/Austin/Waller Counties CFRT</b> Serving Colorado, Austin & Waller Counties Health Service Region 6/5S	Michelle Allen Texas A&M Agrilife Extension Service 20 S. Holland Bellville, TX 77418 (979) 865-2072 Lm-allen@tamu.edu	Lydia Ravenna Department of State Health Services 800 E. Wendt St. Bellville, TX 77418 (979) 865-5211 lydia.ravenna@dshs.state.tx.us
<b>Concho Valley CFRT</b> Serving Coke, Concho, Crockett, Irion, Kimble, Menard, McCulloch, Regan, Runnels, Schleicher, Sterling, Sutton & Tom Green Counties Health Service Regions 9/10 & 2/3	Judge Eddie Howard Justice of the Peace, Pct. 4, Tom Green County 124 W. Beauregard San Angelo, TX 76903 (325) 659-6424 eddie.howard@co.tom-green.tx.us	Melody Jeter Hope House Children's Advocacy Center of Tom Green County P.O. Box 5195 San Angelo, TX 76902 (325) 653-4673 melodyjeter@cactomgreen.org
<b>Cooke County CFRT</b> Serving Cooke County Health Service Region 2/3	Judge Dorthy Lewis Justice of the Peace, Pct. 1 320 CR 451 Gainesville, TX 76420 (940) 668-5463 justice@cooke.net	Vicki Robertson CASA of North Texas 309 S. Commerce St. Gainesville, TX 76420 (940) 665-2244 vrobertson@casant.org

**TEXAS CHILD FATALITY REVIEW TEAMS  
2013**

<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<b>Dallas County CFRT</b> Serving Dallas County Health Service Region 2/3	Carrie Nie Injury Prevention Center of Greater Dallas 6300 Harry Hines, Suite 240 P.O. Box 36067 Dallas, TX 75235 (214) 590-4461 carrie.nie@phhs.org	Amy Bailey Injury Prevention Center of Greater Dallas 6300 Harry Hines, Suite 240 P.O. Box 36067 Dallas, TX 75235 (214) 590-4461 amy.bailey@phhs.org
<b>Eastland County CFRT</b> Serving Eastland County Health Service Region 2/3	Jennifer Tidroski, MD Pediatrician 711 West Main Street Eastland, Texas 76448 (254) 629-1100 jtidroski@gmail.com	Robin Carouth Juvenile Probation Officer 102 N. Lamar, 4 <sup>th</sup> Floor Eastland, Texas, 76448 (254) 629-8174 rscarouth@yahoo.com
<b>El Paso County CFRT</b> Serving Culberson, El Paso & Hudspeth Counties Health Service Region 9/10	Penny Hamilton Chief, Rape and Child Abuse Unit El Paso District Attorney's Office 500 E. San Antonio Ave., Suite 201 El Paso, TX 79901 (915) 546-2059 phamilton@epcounty.com	Donna Welch El Paso District Attorney's Office 500 E. San Antonio Avenue, Suite 201 El Paso, TX 79901 (915) 546-2059 ext 3701 dwelch@epcounty.com
<b>Ellis County CFRT</b> Serving Ellis County Health Service Region 2/3	Marlena Pendley Ellis County District Attorney's Office 425 E. Ross Waxahachie, TX 75165 (972) 937-1870 Mar9763@aol.com	Same as Presiding Officer
<b>Erath County CFRT</b> Serving Erath County Health Service Region 2/3	Stephanie Williams Child Protective Services 1430 Southtown Dr Granbury, TX 76048 (817) 573-8612 stephanie.williams@dfps.state.tx.us	Same as Presiding Officer
<b>Fannin County CFRT</b> Serving Fannin County Health Service Region 2/3	Richard Glaser Fannin County District Attorney 101 E. Rayburn Drive, Ste. 301 Bonham, Texas 75418 (903) 583-7448 reglaser@fanninco.net	Britney Martin Fannin County Children's Center 112 W. 5 <sup>th</sup> St. Bonham, TX 75418 (903) 583-4339 Britney@fanninccc.org
<b>Fort Bend County CFRT</b> Serving Fort Bend County Health Service Region 6/5S	Suzy Morton Fort Bend County District Attorney's Office 5403 Avenue N Rosenberg, TX 77471 (281) 340-5220 Suzy.Morton@fortbendcountytexas.com	Same as Presiding Officer
<b>Galveston County CFRT</b> Serving Galveston County Health Service Region 6/5S	Louise Pound Advocacy Center for Children of Galveston Co. 5710 Avenue S1/2 Galveston, TX 77551 (409) 741-6000 louise@galvestoncac.com	Same as Presiding Officer

**TEXAS CHILD FATALITY REVIEW TEAMS  
2013**

<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<b>Gonzales County CFRT</b> Serving Gonzales County Health Service Region 8	Humberto Rivas, MD Gonzales Healthcare Systems 1110 Sarah Dewitt Dr. Gonzales, TX 78629 (830) 672-8473 hrivas@gonzaleshealthcare.com	Carol Villareal Gonzales Healthcare Systems P.O. Box 587 1110 Sarah Dewitt Dr. Gonzales, TX 78629 (806) 672-7581 ext. 453 bengita51@yahoo.com
<b>Grayson County CFRT</b> Serving Grayson County Health Service Region 2/3	Martha Nuckols Children's Advocacy Center of Grayson County 910 Cottonwood Sherman, TX 75090 (903) 957-0440 mnuckols@cacgc.org	Same as Presiding Officer
<b>Gregg County CFRT</b> Serving Gregg County Health Service Region 4/5N	Jamie Johnson Child Protective Services 2130 Alpine Rd. Longview, TX 75601 (903) 233-5271 jamie.johnson2@dfps.state.tx.us	Bunny Terrell Department of Public Safety 4700 University Blvd. Tyler, TX 75707 (903) 939-6134 bunny.terrell@dps.texas.gov
<b>Guadalupe County CFRT</b> Serving Guadalupe County Health Service Region 8	Christy Williams Guadalupe Co. Children's Advocacy Center 424 N. River Seguin, TX 78155 (830) 303-4760 cwilliams@gccac.net	Michele Meehan Guadalupe Co. Children's Advocacy Center 424 N. River Seguin, TX 78155 (830) 303-4760 mmeehan@gccac.net
<b>Hardin County CFRT</b> Serving Hardin County Health Service Region 6/5S	TBD	Cindy Colwell Hardin County Crime Victim Assistance Center P.O. Box 1412 Kountze, TX 77625 (409) 246-4300 cindy.colwell@co.hardin.tx.us
<b>Harris County CFRT</b> Serving Harris County Health Service Region 6/5S	Co-Presiding Officers: Kim Cheung, MD, PhD SCFRT member UT Health Science Center-Houston 6300 Chimney Rock Houston, TX 77081 (713) 295-2579 kim.k.cheung@uth.tmc.edu  Tammy Thomas, JD Harris Co. District Attorney's Office 1201 Franklin, Suite 600 Houston, TX 77002 (713) 755-7446 thomas_tammy@dao.hctx.net	Jaennie Yoon Texas Children's Health Plan Business Operations, NB 8305 PO Box 301011 Houston, TX 77230-1011 (832) 828-1033 jxyoon@texaschildrens.org

**TEXAS CHILD FATALITY REVIEW TEAMS  
2013**

<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<b>Heart of Texas CFRT</b> Serving Bosque, Falls, Hill, Limestone & McLennan Counties Health Service Region 7	Lori Boyett Hillcrest Hospital 100 Hillcrest Medical Blvd. Waco, TX 76712 (254) 202-5390 lboyett@hillcrest.net	Miranda Traylor Heart of Texas Regional Advisory Council ATTN: CFRT Coordinator 3000 Herring Ave. Waco, TX 76708 (254) 339-4254 HOTCFRT@hotrac.org
<b>Henderson County CFRT</b> Serving Henderson County Health Service Region 4/5N	Sheila Durden The Help Center 309 Royal St. Athens, TX 75751 (903) 675-4357 sadurden@gmail.com	Angela Menchaca Department of State Health Services 708 E. Corsicana St. Athens, TX 75751 (903) 675-7742 angela.menchaca@dshs.state.tx.us
<b>Hidalgo/Starr Counties CFRT</b> Serving Hidalgo & Starr Counties Health Service Region 11	Teresa Camacho, MD, FAAP, MCCM Medical Director of Pediatric ICU Edinburg Regional Medical Center 1102 W. Trenton Rd. Edinburg, TX 78539 (956) 421-2414 mateguia@aol.com	Paty Huerta Department of State Health Services Family & Community Health Services 601 West Sesame Drive Harlingen, Texas 78550 (956) 423-0130 PatriciaR.Huerta@dshs.state.tx.us
<b>Hill Country CFRT</b> Serving Blanco, Burnet, Lampasas, Llano, Mason & San Saba Counties Health Service Regions 7 & 9/10	Co-Presiding Officers: Susan Kulbeth, Clinical Director Tori Walker, Family Advocate Hill Country Children's Advocacy Center P.O. Box 27 Burnet, TX 78611 (512) 756-2607 susank@hccac.org toriw@hccac.org	Justin Foster Hill Country Children's Advocacy Center P.O. Box 27 Burnet, TX 78611 (512) 756-2607 justinf@hccac.org
<b>Hood County CFRT</b> Serving Hood County Health Service Region 2/3	Chief Mitch Galvan Granbury Police Department 116 W. Bridge St. Granbury, TX 76408 (817) 573-2648 galvan@granbury.org	Stephanie Williams Child Protective Services 1430 Southtown Dr Granbury, TX 76048 (817) 573-8612 stephanie.williams@dfps.state.tx.us
<b>Hopkins/Franklin/Delta Counties CFRT</b> Serving Hopkins, Franklin & Delta Counties Health Service Region 4/5N	Becke Anderson Sulphur Springs Independent School District 219 Ponder Sulphur Springs, TX 75482 (903) 885-6230 banderson@ssisd.net	Same as Presiding Officer
<b>Houston/Trinity Counties CFRT</b> Serving Houston & Trinity Counties Health Service Region 4/5N	Reggie Olive Trinity County Constable, Pct. 4 P.O. Box 81 Apple Springs, TX 75926 (936) 208-1918 reggie.olive@co.trinity.tx.us	Diana Sims Department of State Health Services 1034 S. 4 <sup>th</sup> St. Crockett, TX 75835 (936) 544-3559 diana.sims@dshs.state.tx.us

**TEXAS CHILD FATALITY REVIEW TEAMS  
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<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<b>Hunt County CFRT</b> Serving Hunt County Health Service Region 2/3	Bret Freeman, RN, CEN Trauma Coordinator Presbyterian Hospital of Greenville 4215 Joe Ramsey Blvd. Greenville, TX 75401 (903) 408-1412 bfreeman@hmhd.org	Same as Presiding Officer
<b>Jack County CFRT</b> Serving Jack County Health Service Region 2/3	Sheriff Melvin Mayo Jack Co. Law Enforcement Center 1432 FM 3344 Jacksboro, TX 76458 (940) 567-2161 mmayo@jackcountysheriff.com	Leslie Hawking, RN, BSN Faith Community Hospital 717 Magnolia St. Jacksboro, TX 76458 (940) 216-2218 lhawking@fchttexas.com
<b>Jefferson County CFRT</b> Serving Jefferson County Health Service Region 6/5S	Marion Tanner The Garth House/Mickey Mehaffy Children's Advocacy Program 1895 McFaddin Beaumont, TX 77701 (409) 838-9084 mtanner@garthhouse.org	Janet Cooke Morris The Garth House/Mickey Mehaffy Children's Advocacy Program 1895 McFaddin Beaumont, TX 77701 (409) 838-9084 jmorris@garthhouse.org
<b>Johnson County CFRT</b> Serving Johnson County Health Service Region 2/3	Cathy Marchel Cleburne Chamber of Commerce 1511 W. Henderson P.O. Box 701 Cleburne, TX 76033 (817) 645-2455 cmarchel@cleburnechamber.com	Tammy King Johnson County Children's Advocacy Center 910 Granbury St. Cleburne, TX 76033 (817) 558-1599 cac@hyperusa.com
<b>Kaufman County CFRT</b> Serving Kaufman County Health Service Region 2/3	Laura Peace Kaufman County Juvenile Probation P.O. Box 1137 300 West Mulberry Kaufman, TX 75142 (972) 932-0320 ext. 3111 laurapeace@kaufmancounty.net	Sharna Ellis Kaufman Police Department 105 East Chestnut Kaufman, TX 75142 (972) 932-3094 ext. 109 sellis@kaufmantx.org
<b>Liberty County CFRT</b> Serving Liberty County Health Service Region 6/5S	Dana Janczak 4021 FM 2518 Cleveland, TX 77327 (281) 592-2761 danajanczak@att.net	Hortencia Herrera Department of State Health Services P.O. Box 399 Cleveland, TX 77328 (281) 592-6714 hortencia.herrera@dshs.state.tx.us
<b>Matagorda County CFRT</b> Serving Matagorda County Health Service Region 6/5S	Judge Jerry Purvis Justice of the Peace, Precinct 3 405 Commerce Palacios, TX 77465 (361) 972-5313 jpurvis@co.matagorda.tx.us	Mary Anne Simicek Matagorda County Women's Crisis Center 3010 6 <sup>th</sup> St. Bay City, TX 77414 (979) 245-9109 Maryanne@crisiscnt.com

<b>TEXAS CHILD FATALITY REVIEW TEAMS</b>		
<b>2013</b>		
<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<b>Montgomery County CFRT</b> Serving Montgomery County Health Service Region 6/5S	Suzanne Zenga 5313 Lakeshore Dr. Willis, TX 77318 (936) 890-9826 (936) 525-9159 suzanne.zenga@memorialhermann.org	Same as Presiding Officer
<b>Nacogdoches County CFRT</b> Serving Nacogdoches County Health Service Region 4/5N	Lisa King Child Welfare Board 818 Park St. Nacogdoches, TX 75961 (936) 560-2338 lking2338@gmail.com	Same as Presiding Officer
<b>Navarro County CFRT</b> Serving Navarro County Health Service Region 2/3	Amy Cadwell Navarro County District Attorney's Office 300 W. 3 <sup>rd</sup> St. Corsicana, TX 75110 (903) 654-3045 acadwell@navarrocounty.org	Sherry Dowd County Clerk of Navarro County 300 W. 3 <sup>rd</sup> St., Suite 101 Corsicana, TX 75110 (903) 654-3035 countyclerk@navarrocounty.org
<b>North Texas Tri-County CFRT</b> Serving Archer, Clay & Montague Counties Health Service Region 2/3	James Bodling Child Protective Services 935 Lamar, Suite 5100 Wichita Falls, TX 76301 (940) 235-1926 james.bodling@dfps.state.tx.us	Jennifer Schindler 97 <sup>th</sup> Judicial District, Juvenile Probation 100 N. Bridge St. Henrietta, TX 76365 (940) 538-5661 97distjuvenileprob@claycountytexas.com
<b>Orange County CFRT</b> Serving Orange County Health Service Region 6/5S	Kim Hanks Garth House/Mickey Mehaffy Children's Advocacy Program 1895 McFaddin Beaumont, TX 77701 (409) 838-9084 khanks@garthhouse.org	Same as Presiding Officer
<b>Panhandle CFRT</b> Serving Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher & Wheeler Counties Health Service Region 1 & 2/3	Casie Stoughton, RN, BSN Disease Prevention & Control Manager City of Amarillo Department of Public Health 1000 Martin Rd. Amarillo, TX 79107 (806) 378-6342 casie.stoughton@amarillo.gov	Same as Presiding Officer
<b>Polk County CFRT</b> Serving Polk County Health Service Region 4/5N	K. Susie Adams Childrenz Haven Children's Advocacy Center 602 E. Church St., Box 13 Livingston, TX 77351 (936) 327-4757 sadams@childrenzhaven.org	Same as Presiding Officer

**TEXAS CHILD FATALITY REVIEW TEAMS**

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<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<p><b>Rockwall County CFRT</b> Serving Rockwall County Health Service Region 2/3</p>	<p>Gregory Sonnen, MD, FAAP 890 Rockwall Parkway, Suite 100 Rockwall, TX 75032 (214) 771-3712 sonnen.gregory@gmail.com</p>	<p>Tami Hawkins Chief Nursing Officer Texas Health Presbyterian Hospital of Rockwall 3150 Horizon Road Rockwall, TX, 75032 (469) 698-1508 tami.hawkins@phrtexas.com</p>
<p><b>Rolling Plains CFRT</b> Serving Haskell &amp; Knox Counties Health Service Region 2/3</p>	<p>Lina Trevino County Attorney Knox County Courthouse PO Box 11 Benjamin, TX 79505 (940)459-2241 kcattorney@srcaccess.net</p>	<p>Judge Lynn Dodson Haskell County Justice of the Peace Haskell County Courthouse #1 Avenue D, Room 8 Haskell, TX 79521 (940) 864-2903 Judgedodson79521@yahoo.com</p>
<p><b>San Jacinto County CFRT</b> Serving San Jacinto County Health Service Region 4/5N</p>	<p>Judge Harris Blanchette Justice of the Peace, Pct. 2, San Jacinto County 1000 N. Byrd Ave., Suite 5 Shepherd, TX 77371 (936) 628-6477 hblanchette@co.san-jacinto.tx.us</p>	<p>Detective Katherine Wick San Jacinto County Sheriff's Department 75 West Cedar Ave Coldspring, TX 77331 (936)-653-4367 katherine.wick@co.san-jacinto.tx.us</p>
<p><b>Smith County CFRT</b> Serving Smith County Health Service Region 4/5N</p>	<p>Jean Dark Department of Public Safety 4700 University Blvd. Tyler, TX 75707 (903) 939-6014 jean.steely@txdps.state.tx.us</p>	<p>Brenda Sanchez Children's Advocacy Center of Smith County 2210 Frankston Highway Tyler, TX 75701 (903) 533-1880 brenda@cacsmithcounty.org</p>
<p><b>Somervell County CFRT</b> Serving Somervell County Health Service Region 2/3</p>	<p>Stephanie Williams Child Protective Services 1430 Southtown Dr Granbury, TX 76048 (817) 573-8612 stephanie.williams@dfps.state.tx.us</p>	<p>Heather Bachhofer Somervell County Juvenile Probation PO BOX 2311 Glen Rose, TX 76043 (254) 897-4136 heather.bachhofer@co.somervell.tx.us</p>
<p><b>South Plains CFRT</b> Serving Bailey, Borden, Cochran, Cottle, Crosby, Dawson, Dickens, Floyd, Gaines, Garza, Hale, Hockley, Kent, King, Lamb, Lubbock, Lynn, Motley, Scurry, Stonewall, Terry &amp; Yoakum Counties Health Service Regions 1, 2/3 and 9/10</p>	<p>Patti Salazar, SANE C.A.R.E. Center Texas Tech University MS 7108 4430 S. Loop 289 Lubbock, TX 79414 (806) 743-7770 patricia.salazar@ttuhsc.edu</p>	<p>Same as Presiding Officer</p>

**TEXAS CHILD FATALITY REVIEW TEAMS**

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<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<b>South Texas Tri-County CFRT</b> Serving Edwards, Kinney & Val Verde Counties Health Service Region 8	Susie Jechow EMS Academy Val Verde Regional Medical Center 801 Bedell Ave. Del Rio, TX 78840 (830) 778-3665 susie.jechow@vvrmc.org	Shirley Adriance, MSN, RN, BC Manager of Quality Val Verde Regional Medical Center 801 Bedell Ave. Del Rio, TX 78840 (830) 775-8566 shirley.adriance@vvrmc.org
<b>Southwest Texas CFRT</b> Serving Medina, Real & Uvalde Counties Health Service Region 8	Fredlyn Wideman Velma McNeil Department of State Health Services 112 Joe Carper Dr. Uvalde, TX 77801 (830) 591-4387 fredlyn.wideman@dshs.state.tx.us velma.mcneil@dshs.state.tx.us	Edward Gentry III CPS Program Director Department of Family & Protective Services 1009 North Oak Pearsall, TX 78061 (830) 334-5120 edward.gentryIII@dfps.state.tx.us
<b>Southeast Region CFRT</b> Serving Dewitt, Goliad, Karnes, Lavaca & Victoria Counties Health Service Region 8	Adelaida Resendez, MD Pediatrician 110 Medical Dr. #103 Victoria, TX 77904-3101 (361) 572-0033 adelaidaresendez@gmail.com	Gilda Miller, RNC Citizens Medical Center 2701 Hospital Dr. Victoria, TX 77901-5749 (361) 574-1777 gmiller@cmcvtx.org
<b>Tarrant County CFRT</b> Serving Denton, Parker & Tarrant Counties Health Service Region 2/3	Michael V. Floyd Senior Forensic Investigator Tarrant County Medical Examiner 200 Feliks Gwozdz Place Fort Worth, TX 76104-4919 (817) 920-5700 ext. 120 mvfloyd@tarrantcounty.com	Amy Renfro Tarrant County Medical Examiner 200 Feliks Gwozdz Place Fort Worth, TX 76104-4919 (817) 920-5700 ext. 8349 adrenfro@tarrantcounty.com
<b>Taylor County CFRT</b> Serving Taylor County Health Service Region 2/3	Casey Wasson, RN Neonatal ICU Abilene Regional Medical Center 3142 S. 19 <sup>th</sup> Abilene, TX 79605 (325) 665-7076 wassonrn2012@yahoo.com	Sgt. Lynn Beard Abilene/Taylor County Law Enforcement Center 450 Pecan Street Abilene, Texas 79604 (325) 676-6628 lynn.beard@abilenetx.com
<b>Texas "J" CFRT</b> Serving Andrews, Brewster, Crane, Ector, Glasscock, Howard, Jeff Davis, Loving, Martin, Midland, Pecos, Presidio, Reeves, Terrell, Upton, Ward & Winkler Counties Health Service Region 9/10	Scott Layh County Attorney for Ector County 300 North Grant, Room 201 Odessa, TX 79761 (432) 498-4150 layhms@co.ector.tx.us	Phyllis Craig-Blanco Trauma Services Medical Center Hospital 500 W. 4 <sup>th</sup> St. Odessa, TX 79761 (432) 640-1190 pblanco@echd.org
<b>Travis County CFRT</b> Serving Travis County Health Service Region 7	Melissa Douma Travis Co. District Attorney Office P.O. Box 1748 Austin, TX 78767 (512) 854-3354 melissa.douma@ci.austin.tx.us	Michael Torres Center for Child Protection 8509 FM 969, Bldg 2 Austin, TX 78724 (512) 472-1164 mtorres@centerforchildprotection.org

**TEXAS CHILD FATALITY REVIEW TEAMS  
2013**

<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<b>Tri-County CFRT</b> Serving Harrison, Panola & Rusk Counties Health Service Region 4/5N	Sheriff Kevin Lake Panola County Sheriff's Department 314 W. Wellington St. Carthage, TX 75633 (903) 693-0333 kevin.lake@co.panola.tx.us	Sgt. Sarah Fields SCFRT Ad Hoc member Panola County Sheriff's Department 314 W. Wellington St. Carthage, TX 75633 (903) 693-0333 sgtfields@hotmail.com
<b>Tyler County CFRT</b> Serving Tyler County Health Service Region 4/5N	Judge Trisher Ford Justice of the Peace, Pct. 1 702 N. Magnolia, Room 101 Woodville, TX 75979 (409) 283-3631 sgtfordtcs@yahoo.com	Terry Allen Tyler Co. Juvenile Probation Chief 100 West Bluff St. Woodville, TX 75979-5245 (409) 283-2503 t_allen45@yahoo.com
<b>Van Zandt County CFRT</b> Serving Van Zandt County Health Service Region 4/5N	Judge Scott Shinn Justice of the Peace, Pct. 4 P.O. Box 499 Ben Wheeler, TX 75754 (903) 833-5705 judgeshinn@vanzandtcounty.org	Carla Ward East Texas Crisis Center P.O. Box 1511 Canton, TX 75103 (903) 368-1923 vzadvocate@etcc.org
<b>Walker County CFRT</b> Serving Walker County Health Service Region 6/5N	Pam Patterson Department of State Health Services 2707 Lake Rd., Suite F Huntsville, TX 77340 (936) 294-2170 pam.patterson@dshs.state.tx.us	Same as Presiding Officer
<b>Webb County CFRT</b> Serving Webb & Zapata Counties Health Service Region 11	Corinne E. Stern, M.D. Chief Medical Examiner Webb County Medical Examiner 1000 Houston St. Laredo, Texas 78040 (956) 722-7054 cstern@webbcountytexas.gov	Hector F. Gonzalez M.D., MPH Director of Health City of Laredo Health Department 2600 Cedar Laredo, Texas 78040 (956) 795-4920 hgonzalez@ci.laredo.tx.us
<b>Wharton County CFRT</b> Serving Wharton County Health Service Region 6/5S	Mary Anne Simicek Matagorda County Women's Crisis Center 1116 E. Burleson Wharton, TX 77488 (979) 531-1300 Maryanne@crisiscnt.com	Same as Presiding Officer
<b>Wichita County CFRT</b> Serving Wichita County Health Service Region 2/3	Jacky Betts, R.N.-BSN, LP Director, Trauma Hospital Preparedness & Safety United Regional Health Care System 1600 Eleventh St. Wichita Falls, TX 76301 (940) 764-3631 jbetts@unitedregional.org	Teressa Stephenson, RN, BSN Wichita Falls-Wichita Co. Public Health District 1700 Third St. Wichita Falls, TX 76301-2113 (940) 761-7874 teressa.stephenson@wichitafallstx.gov

**TEXAS CHILD FATALITY REVIEW TEAMS  
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<b>CFRT Name &amp; Service Area</b>	<b>Team Presiding Officer</b>	<b>Team Coordinator</b>
<b>Williamson County CFRT</b> Serving Williamson County Health Service Region 7	Joe Granberry SCFRT member EMS of Williamson County P.O. Box 873 Georgetown, TX 78627 (512) 943-1264 jgranberry@wilco.org	Vickie Hawkins EMS of Williamson County P.O. Box 873 Georgetown, TX 78627 (512) 825-7768 vhawkins@wilco.org
<b>Wise County CFRT</b> Serving Wise County Health Service Region 2/3	Amanda Lovette, M.D. 2104 FM 51 Ste. 100 Decatur, TX 76234 (940) 627-8044 alovette@childclin.com	Jamey Holtzen Department of Family and Protective Services 2000 W. Business 380 MC 0991 Decatur, TX 76234 (940) 393-7831 jamey.holtzen@dfps.state.tx.us
<b>Wood/Rains Counties CFRT</b> Serving Wood & Rains Counties Health Service Region 4/5N	Judge Alice Tomerlin Justice of the Peace, Pct. 1, Wood County P.O. Box 172 Quitman, TX 75783-0172 (903) 763-2713 atomerlin@co.wood.tx.us	Same as Presiding Officer



## **Appendix C: Texas Family Code**

TEXAS FAMILY CODE

TITLE 5. THE PARENT-CHILD RELATIONSHIP AND THE SUIT AFFECTING  
THE PARENT-CHILD RELATIONSHIP

SUBTITLE E. PROTECTION OF THE CHILD

CHAPTER 264. CHILD WELFARE SERVICES

SUBCHAPTER F. CHILD FATALITY REVIEW AND INVESTIGATION

Sec. 264.501. DEFINITIONS. In this subchapter:

- (1) "Autopsy" and "inquest" have the meanings assigned by Article 49.01, Code of Criminal Procedure.
- (2) "Bureau of vital statistics" means the bureau of vital statistics of the Texas Department of Health.
- (3) "Child" means a person younger than 18 years of age.
- (4) "Committee" means the child fatality review team committee.
- (5) "Department" means the Department of Protective and Regulatory Services.
- (6) "Health care provider" means any health care practitioner or facility that provides medical evaluation or treatment, including dental and mental health evaluation or treatment.
- (7) "Meeting" means an in-person meeting or a meeting held by telephone or other electronic medium.
- (8) "Preventable death" means a death that may have been prevented by reasonable medical, social, legal, psychological, or educational intervention. The term includes the death of a child from:
  - (A) intentional or unintentional injuries;
  - (B) medical neglect;
  - (C) lack of access to medical care;

(D) neglect and reckless conduct, including failure to supervise and failure to seek medical care; and

(E) premature birth associated with any factor described by Paragraphs (A) through (D).

(9) "Review" means a reexamination of information regarding a deceased child from relevant agencies, professionals, and health care providers.

(10) "Review team" means a child fatality review team established under this subchapter.

(11) "Unexpected death" includes a death of a child that, before investigation:

(A) appears to have occurred without anticipation or forewarning; and

(B) was caused by trauma, suspicious or obscure circumstances, sudden infant death syndrome, abuse or neglect, or an unknown cause.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995. Amended by Acts 2001, 77th Leg., ch. 957, Sec. 2, eff. Sept. 1, 2001.

Sec. 264.502. COMMITTEE. (a) The child fatality review team committee is composed of:

(1) a person appointed by and representing the state registrar of vital statistics;

(2) a person appointed by and representing the commissioner of the department;

(3) a person appointed by and representing the Title V director of the Department of State Health Services; and

(4) individuals selected under Subsection (b).

(b) The members of the committee who serve under Subsections (a)(1) through (3) shall select the following additional committee members:

- (1) a criminal prosecutor involved in prosecuting crimes against children;
- (2) a sheriff;
- (3) a justice of the peace;
- (4) a medical examiner;
- (5) a police chief;
- (6) a pediatrician experienced in diagnosing and treating child abuse and neglect;
- (7) a child educator;
- (8) a child mental health provider;
- (9) a public health professional;
- (10) a child protective services specialist;
- (11) a sudden infant death syndrome family service provider;
- (12) a neonatologist;
- (13) a child advocate;
- (14) a chief juvenile probation officer;
- (15) a child abuse prevention specialist;
- (16) a representative of the Department of Public Safety; and
- (17) a representative of the Texas Department of Motor Vehicles.

(c) Members of the committee selected under Subsection (b) serve three-year terms with the terms of five or six members, as appropriate, expiring February 1 each year.

(d) Members selected under Subsection (b) must reflect the geographical, cultural, racial, and ethnic diversity of the state.

(e) An appointment to a vacancy on the committee shall be made in the same manner as the original appointment. A member is eligible for reappointment.

(f) Members of the committee shall select a presiding officer from the members of the committee.

(g) The presiding officer of the committee shall call the meetings of the committee, which shall be held at least quarterly.

(h) A member of the committee is not entitled to compensation for serving on the committee but is entitled to reimbursement for the member's travel expenses as provided in the General Appropriations Act. Reimbursement under this subsection for a person serving on the committee under Subsection (a)(2) shall be paid from funds appropriated to the department. Reimbursement for other persons serving on the committee shall be paid from funds appropriated to the Department of State Health Services.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995. Amended by Acts 2001, 77th Leg., ch. 957, Sec. 3, eff. Sept. 1, 2001.

Amended by:

Acts 2005, 79th Leg., Ch. [268](#), Sec. 1.56, eff. September 1, 2005.

Acts 2007, 80th Leg., R.S., Ch. [396](#), Sec. 1, eff. September 1, 2007.

Acts 2009, 81st Leg., R.S., Ch. [933](#), Sec. 3C.04, eff. September 1, 2009.

Sec. 264.503. PURPOSE AND DUTIES OF COMMITTEE AND SPECIFIED STATE AGENCIES. (a) The purpose of the committee is to:

- (1) develop an understanding of the causes and incidence of child deaths in this state;
- (2) identify procedures within the agencies represented on the committee to reduce the number of preventable child deaths; and
- (3) promote public awareness and make recommendations to the governor and the legislature for changes in law, policy, and practice to reduce the number of preventable child deaths.

(b) To ensure that the committee achieves its purpose, the department and the Department of State Health Services shall perform the duties specified by this section.

(c) The department shall work cooperatively with:

- (1) the Department of State Health Services;
- (2) the committee; and
- (3) individual child fatality review teams.

(d) The Department of State Health Services shall:

(1) recognize the creation and participation of review teams;

(2) promote and coordinate training to assist the review teams in carrying out their duties;

(3) assist the committee in developing model protocols for:

(A) the reporting and investigating of child fatalities for law enforcement agencies, child protective services, justices of the peace and medical examiners, and other professionals involved in the investigations of child deaths;

(B) the collection of data regarding child deaths; and

(C) the operation of the review teams;

(4) develop and implement procedures necessary for the operation of the committee; and

(5) promote education of 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.

(d-1) The committee shall enlist the support and assistance of civic, philanthropic, and public service organizations in the performance of the duties imposed under Subsection (d).

(e) In addition to the duties under Subsection (d), the Department of State Health Services shall:

(1) collect data under this subchapter and coordinate the collection of data under this subchapter with other data collection activities; and

(2) perform annual statistical studies of the incidence and causes of child fatalities using the data collected under this subchapter.

(f) The committee shall issue a report for each preventable child death. The report must include findings related to the child's death, recommendations on how to prevent similar deaths, and details surrounding the department's involvement with the child prior to the child's death. Not later than April 1 of each year, the committee shall publish a compilation of the reports published under this subsection during the year, submit a copy of the compilation to the governor, lieutenant governor, speaker of the house of representatives, and department, and make the compilation available to the public. Not later than October 1 of each year, the department shall submit a written response on the compilation from the previous year to the committee, governor, lieutenant governor, and speaker of the house of representatives describing which of the committee's recommendations regarding the operation of the child protective services system the department will implement and the methods of implementation.

(g) The committee shall perform the functions and duties required of a citizen review panel under 42 U.S.C. Section 5106a(c)(4)(A).

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995. Amended by Acts 2001, 77th Leg., ch. 957, Sec. 4, eff. Sept. 1, 2001.

Amended by:

Acts 2005, 79th Leg., Ch. [268](#), Sec. 1.57, eff. September 1, 2005.

Acts 2007, 80th Leg., R.S., Ch. [396](#), Sec. 2, eff. September 1, 2007.

Sec. 264.504. MEETINGS OF COMMITTEE. (a) Except as provided by Subsections (b), (c), and (d), meetings of the committee are subject to the open meetings law, Chapter 551, Government Code, as if the committee were a governmental body under that chapter.

(b) Any portion of a meeting of the committee during which the committee discusses an individual child's death is closed to the public and is not subject to the open meetings law, Chapter 551, Government Code.

(c) Information identifying a deceased child, a member of the child's family, a guardian or caretaker of the child, or an alleged or suspected perpetrator of abuse or neglect of the child may not be disclosed during a public meeting. On a majority vote of the committee members, the members shall remove from the committee any member who discloses information described by this subsection in a public meeting.

(d) Information regarding the involvement of a state or local agency with the deceased child or another person described by Subsection (c) may not be disclosed during a public meeting.

(e) The committee may conduct an open or closed meeting by telephone conference call or other electronic medium. A meeting held under this subsection is subject to the notice requirements applicable to other meetings. The notice of the meeting must specify as the location of the meeting the location where meetings of the committee are usually held. Each part of the meeting by telephone conference call that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting as the location of the meeting and shall be tape-recorded. The tape recording shall be made available to the public.

(f) This section does not prohibit the committee from requesting the attendance at a closed meeting of a person who is not a member of the committee and who has information regarding a deceased child.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.

Amended by:

Acts 2005, 79th Leg., Ch. [268](#), Sec. 1.58, eff. September 1, 2005.

Sec. 264.505. ESTABLISHMENT OF REVIEW TEAM. (a) A multidisciplinary and multiagency child fatality review team may be established for a county to review child deaths in that county. A review team for a county with a population of less than 50,000 may join with an adjacent county or counties to establish a combined review team.

(b) Any person who may be a member of a review team under Subsection (c) may initiate the establishment of a review team and call the first organizational meeting of the team.

(c) A review team may include:

- (1) a criminal prosecutor involved in prosecuting crimes against children;
- (2) a sheriff;
- (3) a justice of the peace or medical examiner;
- (4) a police chief;
- (5) a pediatrician experienced in diagnosing and treating child abuse and neglect;
- (6) a child educator;
- (7) a child mental health provider;
- (8) a public health professional;
- (9) a child protective services specialist;
- (10) a sudden infant death syndrome family service provider;
- (11) a neonatologist;
- (12) a child advocate;
- (13) a chief juvenile probation officer; and
- (14) a child abuse prevention specialist.

(d) Members of a review team may select additional team members according to community resources and needs.

(e) A review team shall select a presiding officer from its members.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.

Amended by:

Acts 2005, 79th Leg., Ch. [268](#), Sec. 1.59, eff. September 1, 2005.

Sec. 264.506. PURPOSE AND DUTIES OF REVIEW TEAM. (a) The purpose of a review team is to decrease the incidence of preventable child deaths by:

(1) providing assistance, direction, and coordination to investigations of child deaths;

(2) promoting cooperation, communication, and coordination among agencies involved in responding to child fatalities;

(3) developing an understanding of the causes and incidence of child deaths in the county or counties in which the review team is located;

(4) recommending changes to agencies, through the agency's representative member, that will reduce the number of preventable child deaths; and

(5) advising the committee on changes to law, policy, or practice that will assist the team and the agencies represented on the team in fulfilling their duties.

(b) To achieve its purpose, a review team shall:

(1) adapt and implement, according to local needs and resources, the model protocols developed by the department and the committee;

(2) meet on a regular basis to review child fatality cases and recommend methods to improve coordination of services and investigations between agencies that are represented on the team;

(3) collect and maintain data as required by the committee; and

(4) submit to the bureau of vital statistics data reports on deaths reviewed as specified by the committee.

(c) A review team shall initiate prevention measures as indicated by the review team's findings.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.

Sec. 264.507. DUTIES OF PRESIDING OFFICER. The presiding officer of a review team shall:

(1) send notices to the review team members of a meeting to review a child fatality;

(2) provide a list to the review team members of each child fatality to be reviewed at the meeting;

(3) submit data reports to the bureau of vital statistics not later than the 30th day after the date on which the review took place; and

(4) ensure that the review team operates according to the protocols developed by the department and the committee, as adapted by the review team.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.

Sec. 264.508. REVIEW PROCEDURE. (a) The review team of the county in which the injury, illness, or event that was the cause of the death of the child occurred, as stated on the child's death certificate, shall review the death.

(b) On receipt of the list of child fatalities under Section 264.507, each review team member shall review the member's records and the records of the member's agency for information regarding each listed child.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.

Sec. 264.509. ACCESS TO INFORMATION. (a) A review team may request information and records regarding a deceased child as necessary to carry out the review team's purpose and duties. Records and information that may be requested under this section include:

- (1) medical, dental, and mental health care information; and
- (2) information and records maintained by any state or local government agency, including:
  - (A) a birth certificate;
  - (B) law enforcement investigative data;
  - (C) medical examiner investigative data;
  - (D) juvenile court records;
  - (E) parole and probation information and records; and
  - (F) child protective services information and records.

(b) On request of the presiding officer of a review team, the custodian of the relevant information and records relating to a deceased child shall provide those records to the review team at no cost to the review team.

(c) This subsection does not authorize the release of the original or copies of the mental health or medical records of any member of the child's family or the guardian or caretaker of the child or an alleged or suspected perpetrator of abuse or neglect of the child which are in the possession of any state or local government agency as provided in Subsection (a)(2). Information relating to the mental health or medical condition of a member of the child's family or the guardian or caretaker of the child or the alleged or suspected perpetrator of abuse or neglect of the child acquired as part of an investigation by a

state or local government agency as provided in Subsection (a)(2) may be provided to the review team.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.  
Amended by:

Acts 2005, 79th Leg., Ch. [268](#), Sec. 1.60, eff. September 1, 2005.

Sec. 264.510. MEETING OF REVIEW TEAM. (a) A meeting of a review team is closed to the public and not subject to the open meetings law, Chapter 551, Government Code.

(b) This section does not prohibit a review team from requesting the attendance at a closed meeting of a person who is not a member of the review team and who has information regarding a deceased child.

(c) Except as necessary to carry out a review team's purpose and duties, members of a review team and persons attending a review team meeting may not disclose what occurred at the meeting.

(d) A member of a review team participating in the review of a child death is immune from civil or criminal liability arising from information presented in or opinions formed as a result of a meeting.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.

Sec. 264.511. USE OF INFORMATION AND RECORDS; CONFIDENTIALITY. (a) Information and records acquired by the committee or by a review team in the exercise of its purpose and duties under this subchapter are confidential and exempt from disclosure under the open records law, Chapter 552, Government Code, and may only be disclosed as necessary to carry out the committee's or review team's purpose and duties.

(b) A report of the committee or of a review team or a statistical compilation of data reports is a public record subject to the open records law, Chapter 552, Government Code, as if the committee or review team were a governmental body under that chapter, if the report or statistical compilation does not contain any information that would permit the identification of an individual.

(c) A member of a review team may not disclose any information that is confidential under this section.

(d) Information, documents, and records of the committee or of a review team that are confidential under this section are not subject to subpoena or discovery and may not be introduced into evidence in any civil or criminal proceeding, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery, or introduction into evidence solely because they were presented during proceedings of the committee or a review team or are maintained by the committee or a review team.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.

Sec. 264.512. GOVERNMENTAL UNITS. The committee and a review team are governmental units for purposes of Chapter 101, Civil Practice and Remedies Code. A review team is a unit of local government under that chapter.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.

Sec. 264.513. REPORT OF DEATH OF CHILD. (a) A person who knows of the death of a child younger than six years of age shall immediately report the death to the medical examiner of the county in which the death occurs or, if the death occurs in a county that does not have a medical examiner's office or that

is not part of a medical examiner's district, to a justice of the peace in that county.

(b) The requirement of this section is in addition to any other reporting requirement imposed by law, including any requirement that a person report child abuse or neglect under this code.

(c) A person is not required to report a death under this section that is the result of a motor vehicle accident. This subsection does not affect a duty imposed by another law to report a death that is the result of a motor vehicle accident.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.

Sec. 264.514. PROCEDURE IN THE EVENT OF REPORTABLE DEATH. (a) A medical examiner or justice of the peace notified of a death of a child under Section 264.513 shall hold an inquest under Chapter 49, Code of Criminal Procedure, to determine whether the death is unexpected or the result of abuse or neglect. An inquest is not required under this subchapter if the child's death is expected and is due to a congenital or neoplastic disease. A death caused by an infectious disease may be considered an expected death if:

(1) the disease was not acquired as a result of trauma or poisoning;

(2) the infectious organism is identified using standard medical procedures; and

(3) the death is not reportable to the Texas Department of Health under Chapter 81, Health and Safety Code.

(b) The medical examiner or justice of the peace shall immediately notify an appropriate local law enforcement agency if the medical examiner or justice of the peace determines that the death is unexpected or the result of abuse or neglect, and that agency shall investigate the child's death.

(c) In this section, the terms "abuse" and "neglect" have the meaning assigned those terms by Section 261.001.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995. Amended by Acts 1997, 75th Leg., ch. 1022, Sec. 95, eff. Sept. 1, 1997; Acts 1997, 75th Leg., ch. 1301, Sec. 2, eff. Sept. 1, 1997; Acts 1999, 76th Leg., ch. 785, Sec. 3, eff. Sept. 1, 1999.

Sec. 264.515. INVESTIGATION. (a) The investigation required by Section 264.514 must include:

(1) an autopsy, unless an autopsy was conducted as part of the inquest;

(2) an inquiry into the circumstances of the death, including an investigation of the scene of the death and interviews with the parents of the child, any guardian or caretaker of the child, and the person who reported the child's death; and

(3) a review of relevant information regarding the child from an agency, professional, or health care provider.

(b) The review required by Subsection (a)(3) must include a review of any applicable medical record, child protective services record, record maintained by an emergency medical services provider, and law enforcement report.

(c) The committee shall develop a protocol relating to investigation of an unexpected death of a child under this section. In developing the protocol, the committee shall consult with individuals and organizations that have knowledge and experience in the issues of child abuse and child deaths.

Added by Acts 1995, 74th Leg., ch. 255, Sec. 2, eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 878, Sec. 1, eff. Sept. 1, 1995.



## **Appendix D: S.C.R. 1, 83<sup>rd</sup> Legislature, Regular Session, 2013**

SENATE CONCURRENT RESOLUTION

WHEREAS, Texas offers numerous opportunities for residents and visitors to take part in water-related recreation; and

WHEREAS, While the benefits of such activities are many, it is vitally important that proper measures be taken to avoid accidents; whether individuals are enjoying lakes, rivers, the Gulf of Mexico, or a public or private pool, water safety is essential to preventing drowning and injuries; and

WHEREAS, Each year, more than 100 Texas children die from drowning, making it one of the leading causes of childhood injury deaths; moreover, the rates of drowning-related deaths in the state are consistently higher than the national average; and

WHEREAS, Studies of seasonal variations have shown that two-thirds of the drowning deaths of young children and adolescents occur in the months of May through August; raising awareness of this issue in advance of the summer months will encourage the citizens of the Lone Star State to exercise caution and will help reinforce the message that water safety is everyone's responsibility; now, therefore, be it

RESOLVED, That the 83rd Legislature of the State of Texas hereby designate April as Water Safety Month; and, be it further

RESOLVED, That in accordance with the provisions of Subsection (d), Section 391.004, Government Code, the designation expires on the 10th anniversary of the date this resolution is passed by the legislature.

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Speaker of the House

I hereby certify that S.C.R. No. 1 was adopted by the Senate on March 13, 2013, by the following vote: Yeas 31, Nays 0.

\_\_\_\_\_  
Secretary of the Senate

I hereby certify that S.C.R. No. 1 was adopted by the House on May 17, 2013, by the following vote: Yeas 134, Nays 0, two present not voting.

\_\_\_\_\_  
Chief Clerk of the House

Approved:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Governor



## **Appendix E: S.B. 66, 83<sup>rd</sup> Legislature, Regular Session, 2013**

AN ACT

relating to studying the causes of and making recommendations for reducing child fatalities, including fatalities from the abuse and neglect of children.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subsections (b) and (c), Section 264.502, Family Code, are amended to read as follows:

(b) The members of the committee who serve under Subsections (a)(1) through (3) shall select the following additional committee members:

- (1) a criminal prosecutor involved in prosecuting crimes against children;
- (2) a sheriff;
- (3) a justice of the peace;
- (4) a medical examiner;
- (5) a police chief;
- (6) a pediatrician experienced in diagnosing and treating child abuse and neglect;
- (7) a child educator;
- (8) a child mental health provider;
- (9) a public health professional;

- (10) a child protective services specialist;
- (11) a sudden infant death syndrome family service provider;
- (12) a neonatologist;
- (13) a child advocate;
- (14) a chief juvenile probation officer;
- (15) a child abuse prevention specialist;
- (16) a representative of the Department of Public Safety; ~~and~~
- (17) a representative of the Texas Department of Transportation;
- (18) an emergency medical services provider; and
- (19) a provider of services to, or an advocate for, victims of family violence.

(c) Members of the committee selected under Subsection (b) serve three-year terms with the terms of ~~[five or]~~ six or seven members, as appropriate, expiring February 1 each year.

SECTION 2. Subsection (f), Section 264.503, Family Code, is amended to read as follows:

(f) ~~[The committee shall issue a report for each preventable child death. The report must include findings related to the child's death, recommendations on how to prevent similar deaths, and details surrounding the department's involvement with the child prior to the child's death.]~~ Not

later than April 1 of each even-numbered year, the committee shall publish a report that contains aggregate child fatality data collected by local child fatality review teams, recommendations to prevent child fatalities and injuries, and recommendations to the department on child protective services operations based on input from the child safety review subcommittee. The committee shall [~~compilation of the reports published under this subsection during the year,~~] submit a copy of the report [~~compilation~~] to the governor, lieutenant governor, speaker of the house of representatives, Department of State Health Services, and department[~~7~~] and make the report [~~compilation~~] available to the public. Not later than October 1 of each even-numbered year, the department shall submit a written response to [~~on~~] the committee's recommendations [~~compilation from the previous year~~] to the committee, governor, lieutenant governor, [~~and~~] speaker of the house of representatives, and Department of State Health Services describing which of the committee's recommendations regarding the operation of the child protective services system the department will implement and the methods of implementation.

SECTION 3. (a) The Protect Our Kids Commission is composed of six members appointed by the governor, one of whom shall be designated as presiding officer, three members appointed by the lieutenant governor, three members appointed by

the speaker of the house of representatives, one member with experience in behavioral health and substance abuse appointed by the commissioner of the Department of State Health Services, one member who represents the Department of Family and Protective Services appointed by the commissioner of the department, and one member who represents the Office of Title V and Family Health of the Department of State Health Services appointed by the office director.

(b) Each member appointed to the commission must have experience relating to the study of the relationship between child protective services and child welfare services and child abuse and neglect fatalities.

(c) In making appointments to the commission, each appointing authority shall make every effort to select individuals whose expertise is not already represented by other members of the commission and who reflect the geographical, cultural, racial, and ethnic diversity of the state.

(d) Members of the commission serve without compensation and are not entitled to reimbursement for expenses.

(e) The commission shall study the relationship between child protective services and child welfare services and the rate of child abuse and neglect fatalities.

(f) The commission shall:

(1) identify promising practices and evidence-based

strategies to address and reduce fatalities from child abuse and neglect;

(2) develop recommendations and identify resources necessary to reduce fatalities from child abuse and neglect for implementation by state and local agencies and private sector and nonprofit organizations, including recommendations to implement a comprehensive statewide strategy for reducing those fatalities; and

(3) develop guidelines for the types of information that should be tracked to improve interventions to prevent fatalities from child abuse and neglect.

(g) The commission may accept gifts and grants of money, property, and services from any source to be used to conduct a function of the commission.

(h) Not later than December 1, 2015, the commission shall submit to the governor, lieutenant governor, and speaker of the house of representatives a report containing:

(1) the commission's findings and a complete explanation of each of the commission's recommendations;

(2) proposed legislation necessary to implement the recommendations made in the report; and

(3) any administrative recommendations proposed by the commission.

(i) The commission is not subject to Chapter 2110,

Government Code.

(j) The Protect Our Kids Commission is abolished and this section expires December 31, 2015.

SECTION 4. The members of the child fatality review team committee under Subsection (a), Section 264.502, Family Code, responsible for selecting the additional members of the committee required by Subsection (b), Section 264.502, Family Code, as amended by this Act, shall make those appointments not later than November 1, 2013.

SECTION 5. This Act takes effect September 1, 2013.

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President of the Senate

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Speaker of the House

I hereby certify that S.B. No. 66 passed the Senate on March 13, 2013, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendment on May 23, 2013, by the following vote: Yeas 31, Nays 0.

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Secretary of the Senate

I hereby certify that S.B. No. 66 passed the House, with amendment, on May 20, 2013, by the following vote: Yeas 147, Nays 0, two present not voting.

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Chief Clerk of the House

Approved:

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Date

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Governor