

# Child Fatality Prevention System: 2020 Annual Legislative Report

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**COLORADO**  
Department of Public  
Health & Environment

# DOCUMENT INFORMATION

**TITLE:** COLORADO CHILD FATALITY PREVENTION SYSTEM, 2020 ANNUAL LEGISLATIVE REPORT  
SUBMITTED BY: THE MEMBERS OF THE COLORADO CHILD FATALITY PREVENTION SYSTEM STATE REVIEW TEAM

**SUBJECT:** THIS REPORT IDENTIFIES SPECIFIC POLICY RECOMMENDATIONS TO PREVENT CHILD DEATHS IN COLORADO AND PROVIDES AN OVERVIEW OF PROGRAMMATIC ACCOMPLISHMENTS FOR STATE FISCAL YEAR 2019-20, AS REQUIRED IN STATUTE.

**STATUTE:** CHILD FATALITY PREVENTION ACT; ARTICLE 20.5 SECTIONS 401-409 OF TITLE 25 OF THE COLORADO REVISED STATUTES

**DATE:** JULY 1, 2020

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## ACKNOWLEDGMENTS

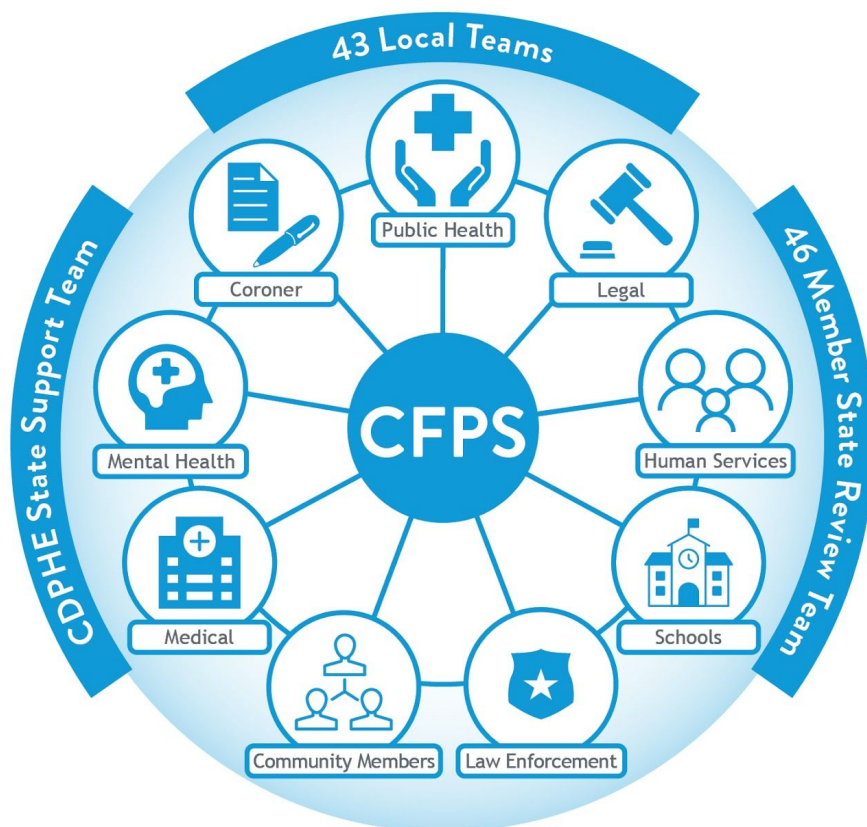
This report is the culmination of countless hours of work across the state. Thank you to all members and partners of the Child Fatality Prevention System who volunteer their time and efforts to reviewing cases and entering data, developing and implementing prevention recommendations, and reducing child deaths in Colorado. For more information on the Child Fatality Prevention System (CFPS), visit [www.cochildfatalityprevention.com](http://www.cochildfatalityprevention.com). This report can be found online at [www.cochildfatalityprevention.com/p/reports.html](http://www.cochildfatalityprevention.com/p/reports.html).

It is with deepest sympathy and respect that we dedicate this report to the memory of those children and families represented within these pages.

## EXECUTIVE SUMMARY

The Child Fatality Prevention Act (Article 20.5 of Title 25, Colorado Revised Statutes) established the Child Fatality Prevention System (CFPS), a statewide network that focuses on preventing child deaths. CFPS applies a public health approach to prevent child deaths by aggregating data from individual child deaths, describing trends and patterns of the deaths, and recommending prevention strategies. CFPS has been conducting retrospective reviews of child deaths in Colorado since 1989. Housed at the Colorado Department of Public Health and Environment (CDPHE), CFPS consists of 43 local child fatality prevention review teams (local teams), a 46-member State Review Team, and the CFPS state support team at CDPHE. Figure 1 shows the wide variety of partners from different disciplines and agencies and the CFPS structure.

Figure 1. CFPS Structure and Partners



The CFPS state support team at CDPHE trains and supports local review teams that include community members and field experts as required by the Child Fatality Prevention Act. These teams complete case reviews of infant, child, and youth deaths in Colorado due to undetermined causes, unintentional injury, violence, motor vehicle and other transportation, child maltreatment, sudden unexpected infant death (SUID), and suicide. The case reviews show trends and patterns in these deaths and help CFPS create strategies to prevent future



deaths. The CFPS State Review Team develops recommendations in an annual legislative report for policymakers and the legislature on how to prevent child deaths. As mandated in statute, this report identifies specific policy recommendations to reduce child deaths in Colorado and provides an overview of programmatic accomplishments for state Fiscal Year 2019-20.

## 2014-2018 CFPS DATA HIGHLIGHTS

**4** deaths  
every week

From 2014 to 2018, 37.4% of deaths occurring in Colorado among infants, children, and youth under age 18 were due to injury and violence. **That is 4 deaths every week.**

**225**

CFPS reviewed 225 deaths in 2018. That is 41 fewer deaths than in 2017.

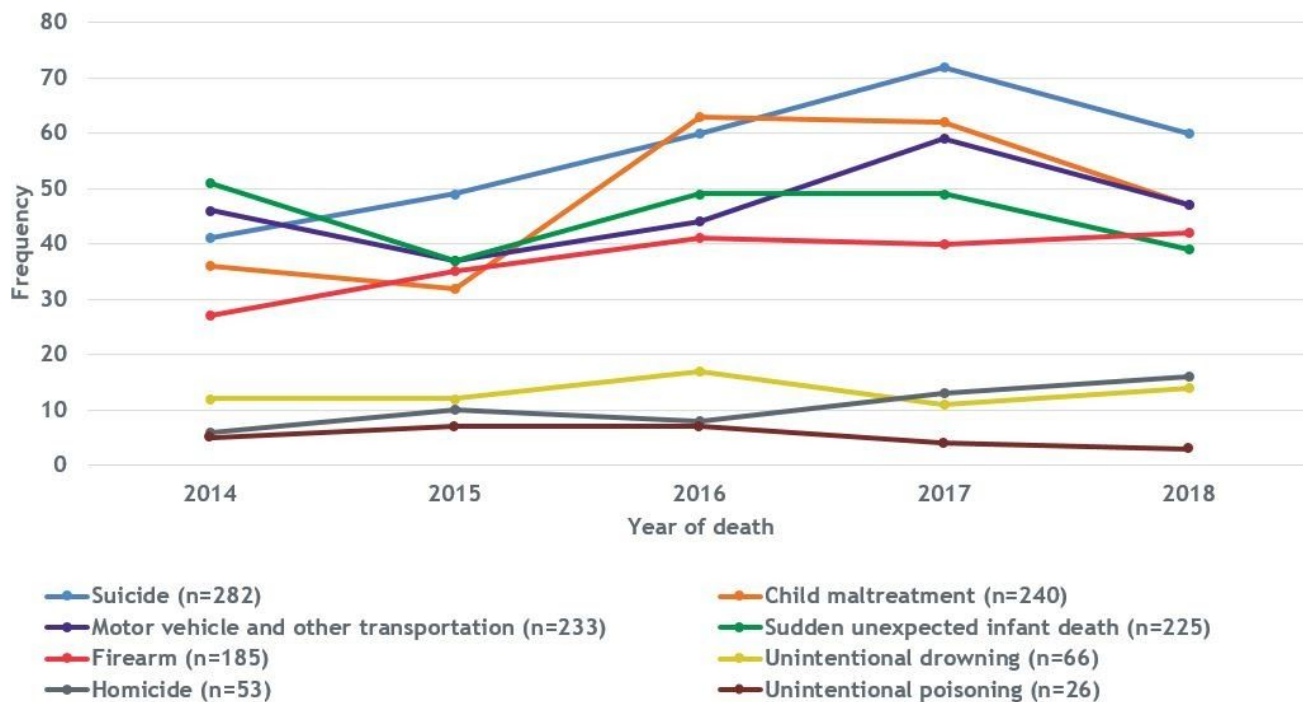
**32%**

There is a **connection between early experiences of child maltreatment and future deaths.** Nearly 32% of children and youth who died by suicide previously experienced child maltreatment as a victim.

The data in this report come from comprehensive reviews of deaths among those under 18 years of age occurring in Colorado between 2014 and 2018. CFPS uses death certificates to identify deaths among those under age 18 in Colorado. The leading causes of death for CFPS among those under age 18 are suicide, child maltreatment, motor vehicle and other transportation, sudden unexpected infant death, and firearms. Figure 2 shows the leading causes of death among infants, children, and youth under age 18 between 2014 and 2018. Several causes of death that were trending upward in previous years, such as suicide, child maltreatment, and motor vehicle and other transportation deaths, decreased between 2017 and 2018. However, firearm deaths, homicide, and unintentional drowning deaths increased in this period. CFPS will monitor these trends in the coming years. More details about trends over time are available in a queryable CFPS data dashboard and cause-specific data briefs located at [www.cochildfatalityprevention.com/p/reports.html](http://www.cochildfatalityprevention.com/p/reports.html).

The overall rate of deaths reviewed by CFPS for the period was 16.5 per 100,000 Colorado residents. This rate combines all causes of death reviewed by CFPS and is interpreted as the overall rate of death among Colorado residents under age 18 due to injury and violence. The overall rate ranged from 15.6 per 100,000 population in 2014 to 18.9 per 100,000 population in 2017. While the upward trend in the rate across the period was not statistically significant, CFPS monitors this trend closely.

Figure 2. Leading causes of death occurring among those under age 18 in Colorado and reviewed by CFPS by year, 2014-2018 (n=1120)



**Non-hispanic Black infants, children, and youth are:**

- 12.3x** more likely to die by homicide
- 4.0x** more likely to die by unintentional drowning
- 3.5x** more likely to die by child maltreatment
- 3.3x** more likely to die by sudden unexpected infant death
- 2.1x** more likely to die by firearm

**Infants, children, and youth residing in frontier counties are:**







- 3.9x** more likely to die by motor vehicle crashes
- 2.9x** more likely to die by firearm

Across several of the leading causes of death, CFPS observed disparities for non-Hispanic Black infants, children and youth as well as for infants, children, and youth residing in rural counties in Colorado. Disparities result from historical trauma and the social conditions facilitated by racism and discrimination, as well as from limited resources and extreme social and geographic isolation. Changing policies and systems that

create and perpetuate inequities can reduce the number of child deaths that occur in Colorado. More information about the impact of social factors on child deaths is outlined in the [CFPS Data Overview](#) section of this report and in cause-specific data briefs available here [www.cochildfatalityprevention.com/p/reports.html](http://www.cochildfatalityprevention.com/p/reports.html).

## CFPS RECOMMENDATIONS TO PREVENT CHILD DEATHS

Policymakers can play a role in ensuring the good health of infants, children, and youth and their families by increasing family and community economic stability, creating positive social norms and meaningful connections, and increasing access to behavioral health services to prevent child deaths. Each year, CFPS partners prioritize prevention recommendations for policymakers to consider. For the 2020 legislative report, this process included several key community engagement steps: 1) reviewing the 2014-2018 CFPS data and local team prevention recommendations; 2) discussing prevention recommendations, including review of the best available evidence of each recommendation; 3) partnering with community advisory councils: Youth Partnership for Health and the Community Action Board; and 4) prioritizing prevention recommendations. CFPS system members recommend implementing the following evidence-based strategies to prevent child death in Colorado. These recommendations are based on the collective expertise of CFPS and do not reflect the official position of CDPHE or of any CFPS member organization.

	<b>Behavioral Health Promotion</b>	Support policies to improve behavioral health care by: 1. Increasing telehealth services, especially in rural areas. 2. Increasing diversity of the behavioral health care workforce. 3. Requiring annual mental health screenings for young people. 4. Integrating behavioral health into primary care.
	<b>Quality, Affordable, &amp; Stable Housing</b>	Support policies that expand access to quality, affordable, and stable housing across Colorado.
	<b>Quality, Affordable, &amp; Stable Child Care</b>	Support policies that expand access to stable, quality, and affordable child care, especially for infants and young children.
	<b>Evidence-Informed Home Visiting</b>	Support policies that expand access to community-based home visiting programs for all families with infants and young children.
	<b>Paid Leave for Families</b>	Support policies that expand access to paid leave for families.
	<b>Motor Vehicle Community Engagement</b>	Expand data collection, analysis, & community engagement to: 1. Better understand disparities in motor vehicle deaths. 2. Identify specific strategies to reduce high risk driving and passenger behaviors. 3. Support a comprehensive statewide young driver safety campaign.

In addition to the prevention recommendations outlined in this report, CFPS made the following recommendations to strengthen child fatality data quality. This would improve how investigative agencies examine child deaths and improve data tracking and analysis:

- Encourage and incentivize law enforcement agencies and coroner offices to use the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) during infant death scene investigations.
- Encourage and incentivize law enforcement agencies and coroner offices to use the Suicide Death Investigation Form when investigating suicide deaths.
- Enhance CFPS data quality by providing technical assistance to local teams on best practices for reviewing motor vehicle deaths that involve young drivers and supplementing CFPS data with other data sources.
- Improve data quality of CFPS child maltreatment data by providing technical assistance to local teams and supplementing CFPS data with other data sources.
- Strengthen CFPS data quality and prevention recommendations by encouraging local teams to use an equity lens.

## CONCLUSION

Over the past six years, the CFPS developed 34 child fatality prevention recommendations and made significant progress toward successfully implementing those recommendations using and developing statewide partnerships and resources. This report reflects the culmination of the collective expertise of system partners across Colorado. The structure of CFPS ensures coordination at the state and local levels and provides an opportunity to advance prevention strategies and improve systems. Changes in policy and enforcement of laws are effective prevention strategies for many types of child deaths. By supporting and adopting the recommendations outlined in this report, Colorado policymakers can reduce child deaths and make Colorado families more resilient to stresses caused by major life events such as the COVID-19 pandemic.

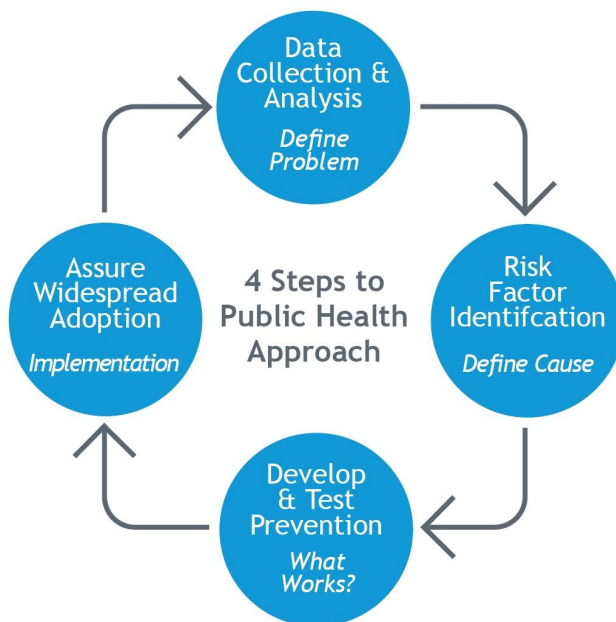
Additionally, policymakers can play a role to increase public support for policies supportive of children and families. This can help shift the norm that places responsibility for children solely on parents and caregivers to a norm that considers caring for and protecting children as a shared, community responsibility. Safeguarding the health and wellbeing of Colorado's infants, children, youth, and families is an increasing concern given the COVID-19 pandemic. With Colorado families physically isolated in their homes and under increasing economic and psychosocial stress, implementing policies that increase access to concrete supports for families like paid family leave, housing, child care, home visiting, and supporting behavioral health is vitally important.

CFPS will continue to monitor the impact of COVID-19 on deaths of infants, children, and youth in Colorado, both deaths directly attributed to the disease itself and deaths indirectly linked to COVID-19 as a result of the economic and social stresses experienced by families.

## INTRODUCTION

The Child Fatality Prevention Act (Article 20.5 of Title 25, Colorado Revised Statutes) established the Child Fatality Prevention System (CFPS), a statewide network that focuses on preventing child deaths. CFPS applies a public health approach to prevent child deaths by aggregating data from individual child deaths, describing trends and patterns of the deaths, and recommending prevention strategies (Figure 1). CFPS has been conducting retrospective reviews of child deaths in Colorado since 1989. Housed at the Colorado Department of Public Health and Environment (CDPHE), CFPS consists of 43 local child fatality prevention review teams (local teams), a 46-member State Review Team, and the CFPS state support team at CDPHE. Figure 2 shows the wide variety of partners from different disciplines and agencies and the structure of CFPS.

Figure 1. A public health approach to child fatality prevention

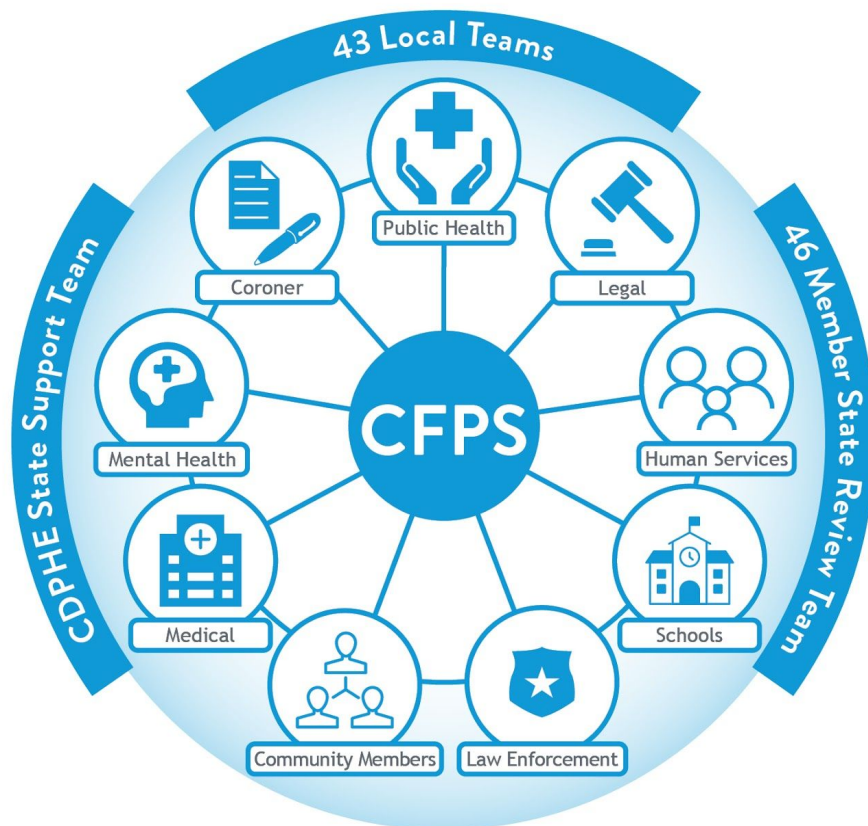


The CFPS state support team at CDPHE trains and supports local teams that include community members and field experts as required by the Child Fatality Prevention Act. The local teams complete case reviews of infant, child, and youth deaths in Colorado due to undetermined causes, unintentional injury, violence, motor vehicle and other transportation, child maltreatment, sudden unexpected infant death (SUID), and suicide. The State Review Team reviews aggregated data and local team recommendations to develop recommendations for policymakers and the legislature on how to prevent child deaths. During the state Fiscal Year 2019-20, CFPS also partnered with two community advisory councils, the Youth Partnership for Health and the Community Action Board, to refine the prevention recommendations (see [Community Engagement](#) section).



As mandated in statute, this report identifies specific policy recommendations to reduce child deaths in Colorado and provides an overview of programmatic accomplishments for state Fiscal Year 2019-20. The data in this report come from comprehensive reviews of deaths among those under 18 years of age occurring in Colorado between 2014 and 2018. Additional data can be accessed in fatality cause-specific data briefs and the CFPS Data Dashboard: [www.cochildfatalityprevention.com/p/reports.html](http://www.cochildfatalityprevention.com/p/reports.html).

Figure 2. CFPS Structure and Partners



# CFPS DATA OVERVIEW

## THE IMPACT OF POLICIES AND SYSTEMS ON CHILD DEATHS

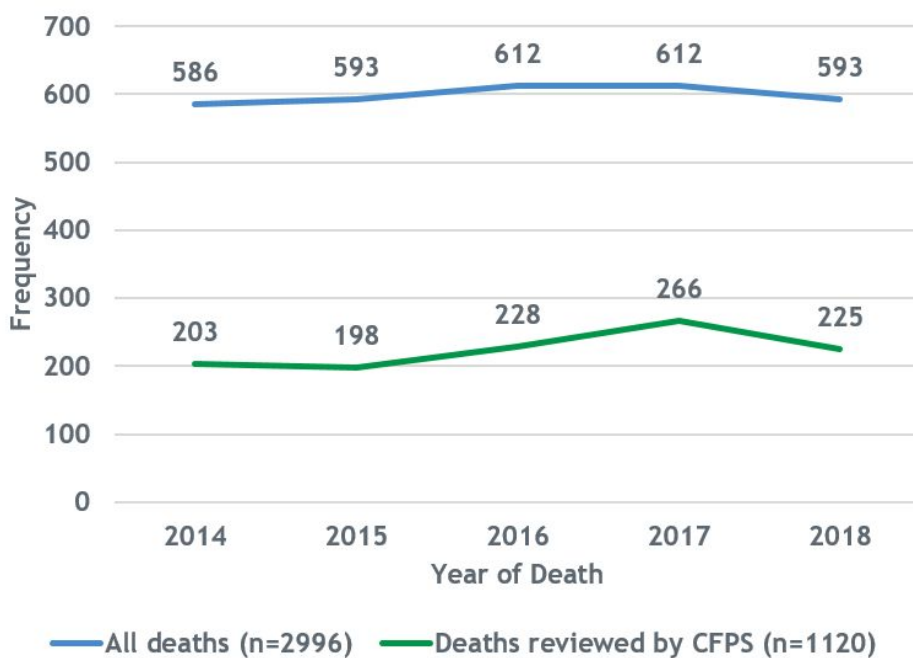
Generations of social, economic, and environmental inequities contribute to some families losing infants, children, and youth.<sup>1</sup> When interpreting the data in this report, it is critical to not lose sight of these systemic, avoidable, and unjust factors. These factors perpetuate the disparities observed in child deaths in Colorado. Researchers work towards understanding how geography, race, ethnicity, sexual orientation, and gender identity correlate with health. It is critical that data systems like CFPS identify, understand, and eliminate life-long inequities that persist across groups. When limitations in the data system exist due to how data is collected, or because data is not collected, CFPS strives to provide additional context and research about how inequities impact child deaths. By changing policies and systems that create and perpetuate inequities, CFPS can reduce the number of child deaths that occur in Colorado. Examples of these inequities include, but are not limited to:

RURAL AND FRONTIER GEOGRAPHY	RACE AND ETHNICITY	SEXUAL ORIENTATION AND GENDER IDENTITY
<p>Limited access to Level 1 trauma centers and mental and behavioral health services.<sup>2</sup></p> <p>Increased stigma associated with mental illness and seeking help.<sup>3</sup></p> <p>Longer response times by emergency medical services.<sup>4</sup></p> <p>→ These and other factors contribute to higher death rates in rural areas, including suicide<sup>5</sup> and passenger vehicle deaths.<sup>6</sup></p>	<p>Historical trauma, racism, and discrimination.<sup>7,8</sup></p> <p>Limited access to high-quality education,<sup>9</sup> employment opportunities,<sup>10</sup> healthy foods,<sup>11</sup> culturally traditional foods,<sup>12</sup> and health care.<sup>13</sup></p> <p>Chronic stress.<sup>14</sup></p> <p>→ These factors result in lasting health impacts for people of color that include infant mortality,<sup>15</sup> high rates of homicide and gun violence,<sup>16</sup> and increased motor vehicle deaths.<sup>17</sup></p>	<p>Discrimination, stigma, and bias.<sup>18</sup></p> <p>Rejection from family, friends, and community.<sup>19</sup></p> <p>Non-inclusive school curricula and anti-harassment policies.<sup>20</sup></p> <p>Insufficient access to LGBTQ-informed health care.<sup>21</sup></p> <p>→ This chronic social stress that LGBTQ children and youth experience influences health across the lifespan, including higher rates of suicide<sup>22</sup> and substance use.<sup>23</sup></p>

## SUMMARY OF 2014-2018 CHILD FATALITY REVIEW FINDINGS

CFPS uses death certificates provided by the Vital Statistics Program within the Center for Health and Environmental Data at CDPHE to identify deaths among people under age 18 in Colorado. Of the 2,996 deaths from 2014 through 2018, 1,120 met the statutory criteria for CFPS child fatality review and received a thorough case review during the 2015 through 2019 calendar years. Figure 1 demonstrates the number of deaths in Colorado among those under age 18 from 2014 through 2018 and the number of deaths CFPS reviewed during this time period. Child deaths during this five-year period ranged from 586 in 2014 to 612 in 2016 and 2017 and averaged about 600 deaths per year. On average, 224 deaths per year met CFPS criteria and received a full review. In 2014, 203 deaths met the CFPS criteria for review, while 225 deaths met the criteria in 2018. The overall number of deaths among infants, children, and youth remained stable throughout the five-year period; however, the proportion of those deaths reviewed by CFPS increased between 2014 (34.6%) and 2018 (37.9%). More details about trends over time are available in a queryable CFPS data dashboard and cause-specific data briefs located at [www.cochildfatalityprevention.com/p/reports.html](http://www.cochildfatalityprevention.com/p/reports.html).

**Figure 1. Total number of deaths and deaths reviewed by CFPS occurring among those under age 18 in Colorado by year, 2014-2018**



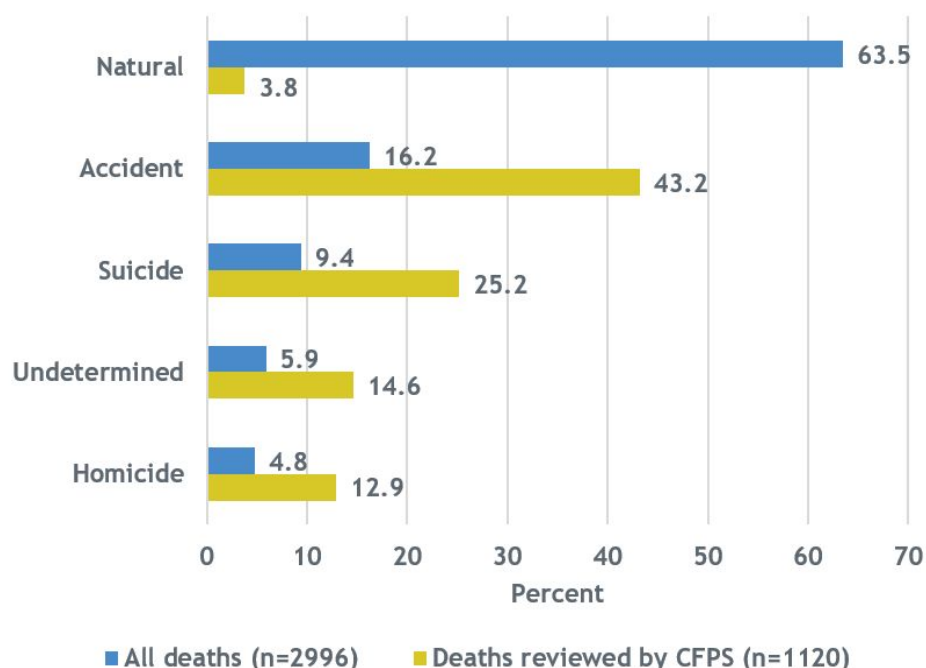
The overall rate of deaths reviewed by CFPS for the period was 16.5 per 100,000 Colorado residents. This rate combines all causes of death reviewed by CFPS and is the overall rate of death among Colorado residents under age 18 due to injury and violence. The overall rate ranged from 15.6 per 100,000 population in 2014 to 18.9 per 100,000 population in 2017. While the upward trend in the rate across the period was not statistically significant, CFPS monitors this trend closely.

When the overall rate of death is examined by race and ethnicity, age, sex, and geography, significant disparities emerge. For instance, non-Hispanic Black infants, children, and youth (32.5 per 100,000 population) die by injury and violence at over twice the rate of non-Hispanic white infants, children, and youth (15.1 per 100,000 population). Racial disparities in injury and violence deaths result from systemic inequities facilitated by racism and discrimination.<sup>24</sup> Infants, children, and youth who live in a frontier county (26.8 per 100,000 population) die by injury and violence at 1.7 times the rate of those who live in an urban county (16.0 per 100,000 population). Geographic disparities are often the result of extreme geographic and social isolation as well as limited access to services.<sup>25</sup>

### Manner of Death

The Colorado death certificate includes five manners of death: natural, accident, suicide, homicide, and undetermined. A coroner or medical examiner classifies the manner of death, typically following a review of the circumstances surrounding the death and a thorough investigation. CFPS reviews approximately one of every three deaths, which includes all of the deaths determined to be accidents, suicides, homicides, and due to undetermined causes. The CFPS state support team preliminarily reviews the remaining natural deaths to determine if there is a need to initiate a full team review. Figure 2 demonstrates that the majority of all deaths among those under age 18 in Colorado during the period were determined to be natural (63.5%, n=1902), accident (16.2%, n=484), suicide (9.4%, n=282), undetermined (5.9%, n=178) and homicide (4.8%, n=145). By contrast, for deaths reviewed by CFPS the most frequent manners of death were accident (43.2%, n=484), suicide (25.2%, n=282), undetermined (14.6%, n=163), homicide (12.9%, n=145) and natural (3.8%, n=42).

**Figure 2. All deaths and all deaths reviewed by CFPS occurring among those under age 18 in Colorado by manner of death, 2014-2018**





## Cause of Death

Colorado coroners also determine the cause of death, which is a specific injury or disease that resulted in the death (e.g., drowning, poisoning, or a motor vehicle crash). The leading causes of death occurring among those under age 18 in Colorado for the years 2014-2018 are perinatal conditions (27.8%, n=833), followed by congenital malformations (16.2%, n=485) and suicide (9.4%, n=282).

For CFPS data analysis purposes, coroners may assign a death to one or more of the major cause of death categories. For example, in the case of a child or youth known to be experiencing a mental health crisis who subsequently dies by suicide, the death may be coded as a death by suicide and a firearm death (depending on the means of death). This death may also be counted as a child maltreatment death if the professional opinion of the local review team identified child neglect where access to lethal means were not restricted.

Figure 3 shows the leading causes of death among infants, children, and youth under age 18 reviewed by CFPS for the years 2014-2018. Among these, the most frequent cause of death over the five-year period was suicide (n=282) followed by child maltreatment (n=240) and motor vehicle and other transportation deaths (n=233), consisting primarily of passenger vehicle deaths (n=160) and pedestrian deaths (n=40). Other leading causes of death included sudden unexpected infant death (SUID) (n=225); firearm (n=185); unintentional drowning (n=66); homicide not due to child maltreatment (n=53); and unintentional overdose or poisoning (n=26) deaths.

**Figure 3. Leading causes of death for deaths occurring among those under age 18 in Colorado and reviewed by CFPS, 2014-2018 (n=1120)**

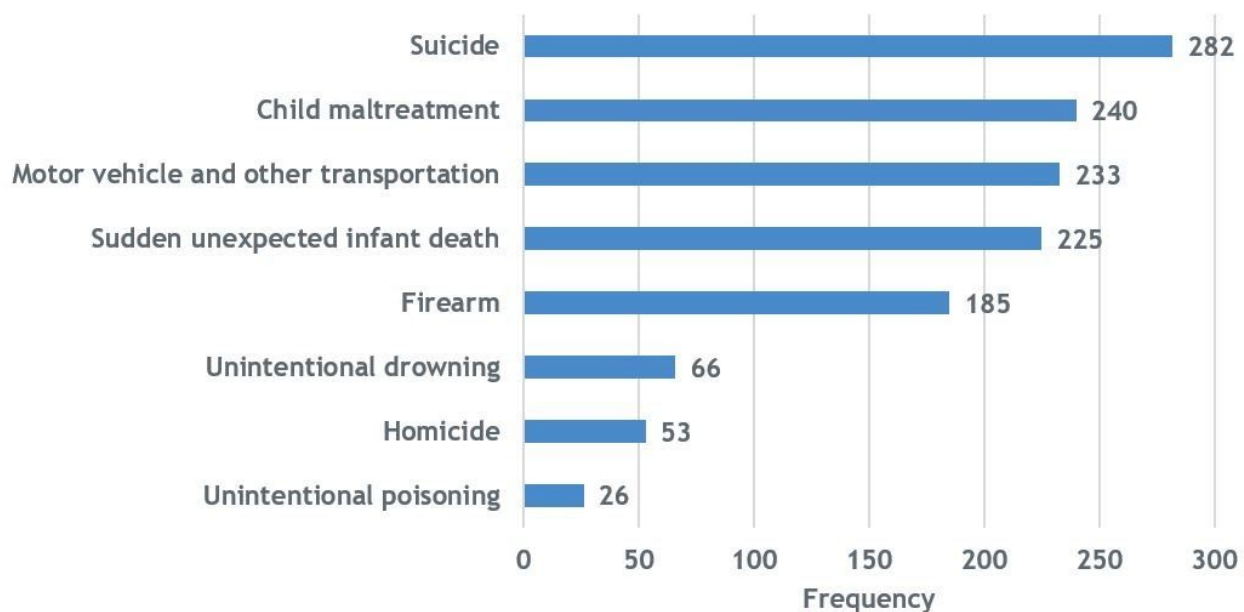
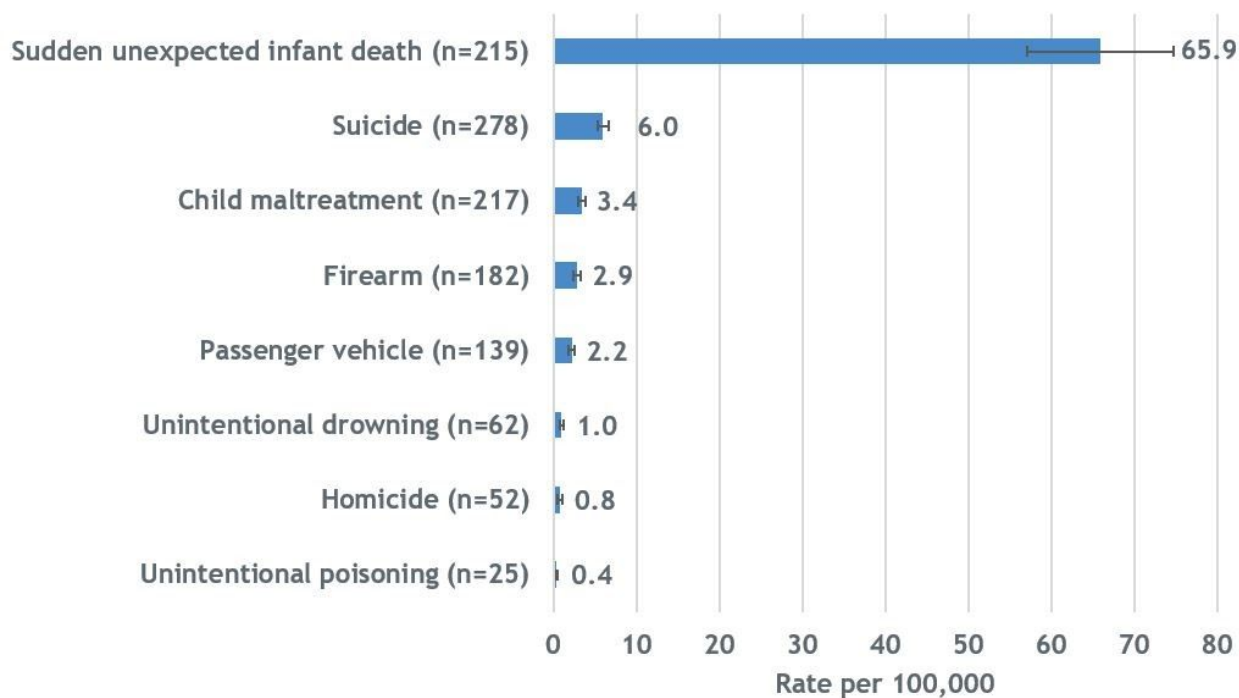


Figure 4 demonstrates the rates of death among Colorado residents for the leading causes of death identified by CFPS from 2014-2018. The highest rate of death was SUID, at 65.9 deaths per 100,000 live births in Colorado. This rate was more than ten times the rate of any other cause of death reviewed by CFPS. Suicide among children and youth ages 5-17 was the second-highest rate at 6.0 deaths per 100,000 population, followed by child maltreatment at 3.4 per 100,000 population. These rates varied by age group. The rate of child maltreatment was highest among infants under age 1 (25.7 per 100,000 population, n=85) and the rate of suicide was highest among youth ages 15-17 (17.2 per 100,000 population, n=183). The rate of child maltreatment deaths among infants under age 1 is nearly one and a half times higher than the rate of suicide among youth ages 15-17.

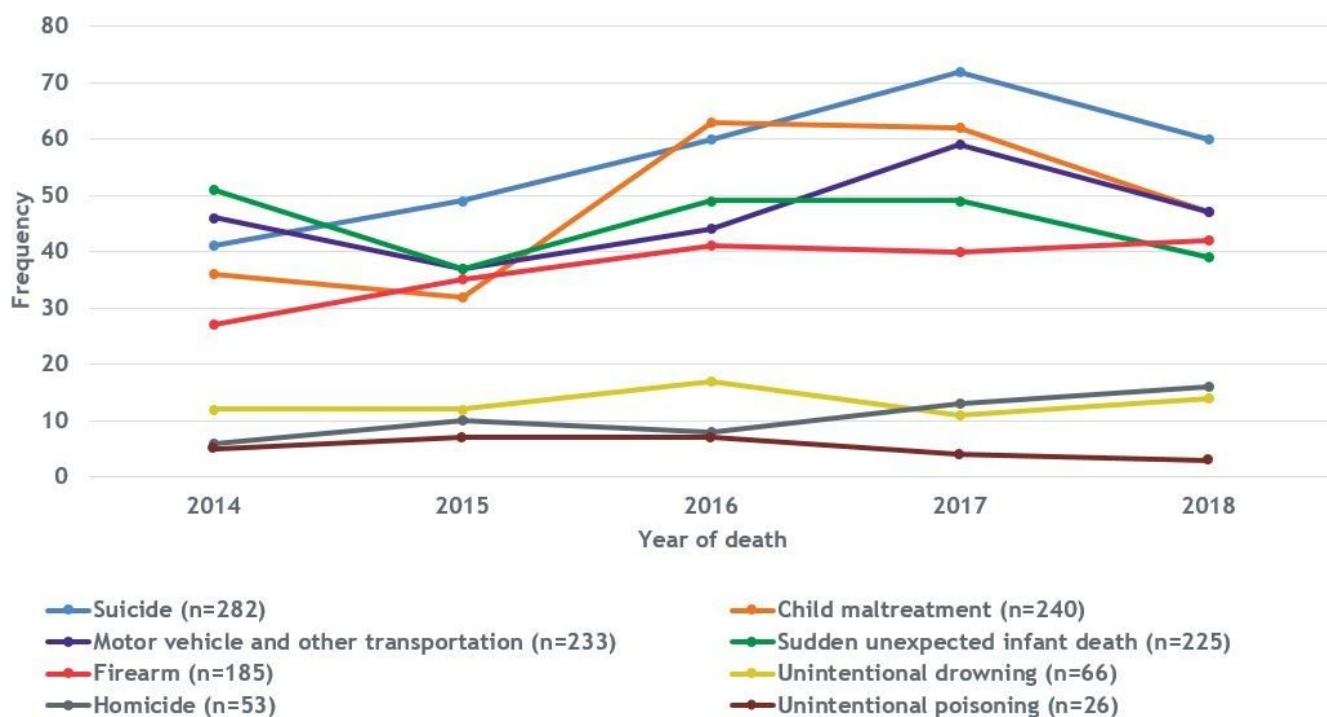
**Figure 4. Rates of death for child fatalities occurring in Colorado among Colorado residents under age 18 and reviewed by CFPS, 2014-2018**



\*Error bars represent 95% confidence limits for rates.

Figure 5 shows the leading causes of death by year of death. Several leading causes of death that were trending upward in previous years, such as suicide, child maltreatment, and motor vehicle and other transportation deaths, observed a decrease between 2017 and 2018. However, firearm deaths, homicide, and unintentional drowning deaths increased in this period. This increase in firearm deaths is attributed to the increase in firearm homicide deaths. CFPS will monitor these trends in coming years.

**Figure 5. Leading causes of death occurring among those under age 18 in Colorado and reviewed by CFPS by year, 2014-2018 (n=1120)**



Leading causes of death differ by age group. Table 1 displays the leading causes of death from 2014-2018 for deaths reviewed by CFPS occurring among those under age 18 in Colorado by age group.

**Table 1. Leading causes of death occurring among those under age 18 in Colorado and reviewed by CFPS by age group, 2014-2018\***

	n	Percent		n	Percent
<b>All (n =1120)</b>			<b>Ages 5 - 9 (n = 96)</b>		
Suicide	282	25.2	Motor vehicle and other transportation	45	46.9
Child maltreatment	240	21.4	Child maltreatment	31	32.3
Motor vehicle and other transportation	233	20.8	Unintentional drowning	13	13.5
Sudden unexpected infant death	225	20.1	Firearm	6	6.3
Firearm	185	16.5	Fall or Crush	6	6.3
<b>Age &lt; 1 (n = 297)</b>			<b>Ages 10 - 14 (n = 178)</b>		
Sudden unexpected infant death	225	75.8	Suicide	95	53.4
Child maltreatment	91	30.6	Motor vehicle and other transportation	43	24.2
Other	11	3.7	Firearm	43	24.2
Unintentional drowning	8	2.7	Child maltreatment	26	14.6
Motor vehicle and other transportation	6	2.0	Homicide	7	3.9
<b>Ages 1 - 4 (n = 154)</b>			<b>Ages 15 - 17 (n=395)</b>		
Child maltreatment	70	45.5	Suicide	186	47.1
Unintentional drowning	29	18.8	Firearm	131	33.2
Motor vehicle and other transportation	25	16.2	Motor vehicle and other transportation	114	28.9
Asphyxia	10	6.5	Homicide	42	10.6
Fire	9	5.8	Child maltreatment	22	5.6

Data Source: Child Fatality Prevention System, Colorado Department of Public Health and Environment.

\*Cause of death categories are not mutually exclusive. Totals may sum beyond 100%.





## CFPS COMMUNITY ENGAGEMENT

Each year, CFPS partners prioritize prevention recommendations for policymakers to consider. For the 2020 legislative report, this process included several key community engagement steps: 1) reviewing the 2014-2018 CFPS data and local team prevention recommendations; 2) discussing prevention recommendations, including review of the best available evidence of each recommendation; 3) partnering with community advisory councils: Youth Partnership for Health and the Community Action Board; and 4) prioritizing prevention recommendations.

### 2014-2018 DATA PRESENTATION AND LOCAL TEAM PREVENTION RECOMMENDATIONS

To review the 2014-2018 data, partners participated in a two-hour virtual data presentation, including a state overview and data on leading causes of death for infants, children, and youth under age 18 in Colorado: child and youth suicide, child maltreatment, motor vehicle and other transportation, SUID, firearm, unintentional drowning, homicide, and unintentional poisoning. A recording is available at [www.cochildfatalityprevention.com/p/reports.html](http://www.cochildfatalityprevention.com/p/reports.html).

For each child death case that they review, local teams develop recommendations to prevent future similar deaths. For the 225 child deaths that occurred in 2018 and reviewed by local teams in 2019, local teams made nearly 500 prevention recommendations. These recommendations ranged from providing additional services and supports to families to changing organizational policies and state laws to improve the health of infants, children, youth, and their families. On an annual basis, the CFPS state support team aggregates these recommendations and shares them widely with system partners. Local team recommendations form the basis for the prevention recommendations in the legislative report.

### PARTNERSHIP WITH COMMUNITY ADVISORY COUNCILS

In an effort to include more community voice and engagement in the development of 2020 prevention recommendations, CFPS consulted the following two community advisory boards.

The **Youth Partnership for Health (YPH)** consists of youth consultants, ages 13-19, representing youth from across Colorado, all selected for their unique experiences that serve as a foundation from which they can provide open and honest feedback. YPH serves as a catalyst for improving outcomes for all young people statewide and includes members who are passionate about the health and well-being of youth. CDPHE compensates YPH members as consultants to provide feedback and suggestions to state and community partners who are working to positively impact the lives of young people in Colorado.

Over the past several years, CFPS partnered with YPH to share data and discuss prevention recommendations, but for the first time in state Fiscal Year 2019-20, YPH endorsed one of the CFPS prevention recommendations for the 2020 Legislative Report. In January 2020, CFPS state support team staff presented CFPS 2014-2018 state overview data and child and youth suicide data to YPH and supported a discussion of potential YPH recommendations to include

in the 2020 Legislative Report. In April 2020, YPH voted unanimously to support the following recommendations for the 2020 CFPS Legislative Report:

- Support the 2020 behavioral health recommendation but add more equity considerations for school-based health centers, telehealth access, and behavioral health workforce diversity.
- Add recommendation to require mandatory mental health screenings for young people (like an annual physical) to the 2020 behavioral health recommendation.

The **Community Action Board (CAB)** is composed of 13 members with a variety of identities and lived experiences. CAB members represent the communities most impacted by, and often left out of, conversations and decisions about public health. CDPHE designed and organized the CAB after hearing feedback from both local and state agencies regarding ways to engage with the communities they serve. The CAB began meeting in fall 2019 and hopes to influence long-lasting policy, systems, and environmental changes to CDPHE programs and procedures.

In March 2020, the CFPS state support team presented 2014-2018 state overview data and motor vehicle and transportation data and requested feedback from CAB members on the long-standing CFPS prevention recommendation to establish a primary seat belt enforcement law in Colorado. This law would allow law enforcement to pull over and cite a driver for not wearing a seat belt. CAB members shared their experiences with seat belt use, including why they think others may or may not use seat belts; what they think the impact of a primary seat belt law would be within their communities; and their ideas for how partners should engage communities to increase seat belt use. CAB members shared concerns about potential inequitable impacts of implementing a primary seat belt enforcement law on communities of color, including racial profiling. To overcome these concerns, CAB members recommended building trust with communities and involving communities in the co-creation of policies, campaigns, outreach, and educational materials to increase seat belt use.







CFPS incorporated feedback from the CAB and YPH into this report. CFPS is committed to increasing community engagement in the process to develop, implement, and evaluate prevention recommendations. CFPS will continue to partner with both advisory councils and seek engagement and feedback to ensure that those most impacted by this work have a voice.

## **PREVENTION RECOMMENDATIONS DISCUSSIONS AND PRIORITIZATION**

After reviewing the 2014-2018 data, local team prevention recommendations, and YPH and CAB feedback, system partners discussed which prevention recommendations to include in the 2020 Legislative Report. During these conversations, partners considered which of the previous 2019 prevention recommendations to keep for the 2020 report, as well as which recommendations to add to the 2020 report. Partners on the CFPS State Review Team and across the 43 local teams then voted on which recommendations to include in the report, considering the discussions and prioritization criteria: evidence base, connection to the CFPS data, impact on equity and unintended consequences, the population health impact(s), and if the recommendation originated from the local teams.

# CFPS RECOMMENDATIONS TO PREVENT CHILD DEATHS

Policymakers can play a role in ensuring the health of infants, children, and youth and their families by increasing family and community economic stability, creating positive social norms and meaningful connections, and increasing access to behavioral health to prevent child deaths. CFPS system members recommend implementing the following evidence-based strategies to prevent child death in Colorado. As part of the content development of the recommendations, the CFPS state support team gathered input from experts from across state agencies, non-profits, and community partners. These recommendations are based on the collective expertise of the system and do not reflect the official position of CDPHE or of any CFPS member organization.

 <b>Behavioral Health Promotion</b>	Support policies to improve behavioral health care by: <ol style="list-style-type: none"> <li>1. Increasing telehealth services, especially in rural areas.</li> <li>2. Increasing diversity of the behavioral health care workforce.</li> <li>3. Requiring annual mental health screenings for young people.</li> <li>4. Integrating behavioral health into primary care.</li> </ol>
 <b>Quality, Affordable, &amp; Stable Housing</b>	Support policies that expand access to quality, affordable, and stable housing across Colorado.
 <b>Quality, Affordable, &amp; Stable Child Care</b>	Support policies that expand access to stable, quality, and affordable child care, especially for infants and young children.
 <b>Evidence-Informed Home Visiting</b>	Support policies that expand access to community-based home visiting programs for all families with infants and young children.
 <b>Paid Leave for Families</b>	Support policies that expand access to paid leave for families.
 <b>Motor Vehicle Community Engagement</b>	Expand data collection, analysis, & community engagement to: <ol style="list-style-type: none"> <li>1. Better understand disparities in motor vehicle deaths.</li> <li>2. Identify specific strategies to reduce high risk driving and passenger behaviors.</li> <li>3. Support a comprehensive statewide young driver safety campaign.</li> </ol>



## SUPPORT POLICIES TO IMPROVE BEHAVIORAL HEALTH CARE BY:

1. Increasing telehealth services, especially in rural areas.
2. Increasing diversity of the behavioral health care workforce.
3. Requiring annual mental health screenings for young people.
4. Integrating behavioral health into primary care.

Policies and associated funding that improve behavioral health (both mental health and substance misuse) for Coloradans can improve overall health and well-being, promote protective factors, and ultimately prevent child deaths. Over the last several years, CFPS identified unmet behavioral health needs of children and youth within its data system:

- Among children and youth ages 5-17 who died by suicide in Colorado between 2014 and 2018 (n=282), 27.0% (n=76) indicated drug or alcohol use as a personal crisis that contributed to the death and 29.1% (n=82) had a history of substance use or abuse.
- Among Colorado children and youth who died by suicide, 51.1% (n=144) received prior mental health services, 33.0% (n=93) were receiving mental health services at the time of their death, and 23.4% (n=66) were on medications for mental illness.
- Of the children and youth who died by suicide, 8.9% (n=25) had issues preventing them from receiving mental health services. Review teams most commonly identified issues related to children and youth choosing not to access or continue care.
- Among infants, children, and youth who died in passenger vehicle crashes in Colorado between 2014 and 2018 (n=160), 33.8% (n=54) indicated drug or alcohol use as a cause of the crash. When narrowed down to passenger vehicle deaths involving a young driver (n=70), 47.1% (n=33) indicated drug or alcohol use as a cause of the crash.
- Among those under age 18 who died by unintentional poisoning or overdose in Colorado between 2014 and 2018 (n=26), 65.4% (n=17) were indicated to have used or abused substances previously.

This recommendation is based on local team, CFPS State Review Team, and past CFPS recommendations and is supported by the Youth Partnership for Health, the youth advisory council to CDPHE, and impacts: child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), unintentional injury deaths (drowning, falls, fire, poisoning), and motor vehicle deaths.



Colorado's governor, legislators, non-profits, hospitals and health systems, researchers, and state and local agencies must work together to improve Colorado's behavioral health system. Beginning in April 2019, Governor Polis created the Colorado Behavioral Health Task Force at the Colorado Department of Human Services. The task force is assessing the current landscape of Colorado's behavioral health system and supports and is developing a roadmap called Colorado's "Behavioral Health Blueprint" to guide improvements by the end of Fiscal Year 2019-20. Given the impacts of the COVID-19 pandemic on behavioral health in Colorado, Governor Polis created a special assignment committee in April 2020. This committee will create an interim report that highlights the impacts of COVID-19 on the behavioral health system, including access to behavioral health services, especially for vulnerable and underserved populations, and will evaluate the behavioral health crisis response in Colorado to COVID-19 to provide recommendations to the Behavioral Health Task Force for improvements to behavioral health services during any potential future crises.

In addition to the robust work happening across the state to address behavioral health, CFPS identified behavioral health promotion as an important prevention recommendation. When behavioral health care systems and providers address the behavioral health needs of children, youth, and caregivers, family functioning improves and has the potential to prevent many types of child deaths. CFPS identified the following four main areas for a comprehensive approach to promote behavioral health across the lifespan.

#### **Increasing telehealth services, especially in rural areas.**

Telehealth is a tool or system of tools to increase access, quality, and efficiency of health care delivery for all types of health care, including behavioral health. According to the Health Resources and Services Administration, telehealth is defined as "the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."<sup>26</sup> Research suggests that telehealth improves access to health care and quality of care and reduces costs.<sup>27, 28</sup>

In Colorado, telehealth options include a spectrum of web-based and telecommunications health care services. These include telemedicine, or the direct care provided remotely to patients; eConsult, which allows providers across the state to consult with other specialists as needed; and ECHO (Extension for Community Health Outcomes) Colorado, an online community of practice for health care providers and other professionals to learn about emerging issues and connect as a cohort.

Privacy concerns and the stigma associated with seeking and receiving behavioral health care services may keep many people from seeking care, especially in rural areas of the state. Telehealth is an opportunity to provide behavioral health care to those who want it, but may not seek care because of the reasons listed above. However, not all communities in Colorado have access to broadband internet, which is needed to facilitate telehealth delivery. Internet

infrastructure must be supported in the communities that need it most. Additionally, telehealth should be offered to community members at home as well as in areas that are both publicly accessible and confidential, such as libraries, in case those seeking behavioral health care services via telehealth cannot access them at home. Fortunately, during the 2019 legislative session, Colorado legislators passed two bills to support broadband access across the state: Senate Bill 19-107 (Broadband Infrastructure Installation) and Senate Bill 19-078 (Open Internet Customer Protections in Colorado).

In addition, the Colorado state legislature successfully passed measures to improve access to telehealth in the state. House Bill 15-1029, signed by former Governor Hickenlooper, created telehealth parity which expands access to telehealth by requiring reimbursement for telehealth services provided in all counties in Colorado. Additionally, private and public insurers, including Medicaid, reimburse telehealth services for physical and behavioral health, which is essential to reducing barriers to access care via telehealth. To ensure health care providers have the training they need to deliver telemedicine, 12 federally funded telehealth resource centers serve all U.S. states and territories to provide free or low-cost training and support for health care providers interested in or already practicing telemedicine.<sup>29</sup>

Telehealth services can also help Colorado address the behavioral health needs during the COVID-19 pandemic. In early March 2020, the Division of Insurance at the Colorado Department of Regulatory Agencies directed health insurance providers to widely publicize the availability of telehealth services to individuals and to remove cost-sharing including co-pays, deductibles, and coinsurance that would normally apply to telehealth visits. The purpose of these activities is to encourage individuals to seek health care during the COVID-19 pandemic (Bulletin No. B-4.104).<sup>30</sup> Similarly, the Colorado Department of Health Care Policy and Financing issued temporary changes to the existing Medicaid telemedicine policy, allowing Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services (IHS) to bill for telehealth and expanding the list of providers eligible to deliver telemedicine services to include physical therapists, occupational therapists, hospice, home health providers and pediatric behavioral health providers.<sup>31</sup>

Given the potential of telehealth to reduce health care costs and improve access to quality care, especially during the COVID-19 pandemic, policymakers should continue to support telehealth as an option for behavioral health care in Colorado.

### **Increasing diversity of the behavioral health care workforce**

One barrier that may limit access to behavioral health for children, youth, and families in Colorado is the lack of diversity among behavioral health care providers. Colorado's behavioral health care workforce should represent the diversity of the communities and people who live, learn, work, and play here. Several studies suggest the current workforce does not.<sup>32, 33</sup> Increasing the racial, ethnic, linguistic and cultural, geographic, sexual orientation, and gender identity diversity of the behavioral health care workforce will mean that providers better meet the needs of all people in Colorado.

The positive impact of a diverse health care workforce is well known.<sup>34, 35</sup> Increasing the diversity of the behavioral health providers in Colorado will better represent the diversity of the state and better meet the needs of patients. It will also improve behavioral health outcomes and decrease inequities among Colorado's communities.<sup>36</sup> According to the National Conference of State Legislatures, state policymakers can promote health care workforce diversity by:<sup>37</sup>

- Creating clear career paths, or pipelines, to help underrepresented people get the training they need to enter the health care workforce.
- Providing loan repayment and financial incentives.
- Establishing workforce centers to monitor the supply and demand for specific health care providers and evaluate the effectiveness of educational and workforce strategies.
- Encouraging professional schools to prioritize diversity of students, staff, and curricula.
- Engaging community health workers who represent the communities they serve, for example, Promotores de Salud.

Behavioral health care employers also need to create and sustain a workplace environment that is inclusive and supportive of diverse staff once they are hired. All staff can be trained in equity both with other staff and with patients to promote engagement in care, reduce barriers and stigma associated with seeking behavioral health care. Addressing the workplace environment and culture will ensure that diverse staff members have what they need to stay in their positions.

Efforts should be made to increase diversity across all qualified behavioral health care providers. The Mental Health Professionals Act is under a sunset review (House Bill 20-1206) and may potentially limit the scope of practice for some providers already providing behavioral health care services in our state. Given the shortage of these providers, policymakers should support providers across a continuum of care to increase access to care, especially for communities with limited access due to geography, language, and culture. Supporting a wide variety of behavioral health care providers can increase access to community supports, such as faith-based communities.

Ensuring the behavioral health care providers are representative, well supported and trained, and include a spectrum of behavioral health supports is one way that Colorado can meet the diverse needs of the state's children, youth, and families and prevent behavioral health crises that may result in fatality.

### **Requiring annual mental health screenings for young people**

In Colorado, there is no requirement for young people to be screened annually for mental health concerns by health care providers. Screening for mental health concerns, such as depression and suicide, in the primary care setting is generally accepted as an effective tool to support mental health.<sup>38, 39</sup> Evidence-based suicide screening tools, such as the Ask Suicide-Screening Questionnaire (ASQ), which is validated in a primary care setting for youth

ages 10-24, are critical to meeting the increasing need among youth in Colorado to be connected to appropriate and responsive suicide care. Increasingly, primary care providers are encouraged to increase screening efforts. For instance, the American Academy of Pediatrics recommends pediatricians incorporate screening for mental health into their practices.<sup>40</sup>

Research suggests that screening must be supported by appropriate and adequate treatment and follow-up, including repeat screenings, to be effective.<sup>41</sup> Pediatricians and other primary care providers can serve as trusted adults in the lives of young people by confidentially screening young people for mental health concerns at their annual wellness visits or physicals. The age of consent for mental health treatment (outpatient psychotherapy) was recently lowered to age 12 in Colorado, which offers an important opportunity to coordinate systems and providers, including screenings, response, and follow-up, in order to support young people who are seeking mental health care.

Health care professionals use a variety of screening tools to assess mental health, and partners across the state participate in efforts to increase standard practice in behavioral health. For instance, Senate Bill 19-195 Child And Youth Behavioral Health System Enhancements requires the Colorado Department of Human Services, Office of Behavioral Health to make recommendations for standardized behavioral health screening tools for primary care providers. Once the recommendations are finalized, CDPHE is responsible for training providers and maintaining the tools.

Policymakers can continue to support youth mental health by ensuring that mental health screenings are standard practice as part of annual well-child exams or annual physicals in primary care for all youth.

### **Integrating behavioral health into primary care**

Integration of behavioral health into primary care is another way to improve the behavioral health of families in Colorado. Co-locating behavioral health care services within primary care settings ensures that families have access to trained professionals who can help them improve their behavioral health. Research indicates that integration of behavioral health care into primary care reduces patients' self-reported depression and increases their satisfaction with health care services.<sup>42</sup>

Integrated care is especially needed in rural communities, where access to care is a long-standing problem. This is often due to shortages in qualified clinicians, long travel times to health care facilities, and limited access to mental and behavioral health services overall. Nationally, there are about 6,000 areas that are federally designated as having a shortage of mental health care professionals; about 70% of those are rural areas.<sup>43</sup>

In Colorado, school-based health centers support behavioral health integration for both rural and urban communities. There are 61 operational school-based health centers (SBHCs) in



Colorado and CDPHE funds 52 of them through the School-Based Health Center Grant Program. School-based health centers are health care facilities located inside a school or on school grounds. These centers increase access to health care for children and youth while maximizing students' in-school time by reducing the time spent attending offsite appointments. SBHCs are staffed by multidisciplinary teams of medical and behavioral health specialists. Some centers also have dental professionals, health educators, and/or health insurance enrollment specialists. CDPHE-funded SBHCs provide integrated primary, behavioral, and oral care to more than 33,000 children and youth in Colorado. Services include, but are not limited to, preventive care such as well-child exams, immunizations, and health screenings. Services also include health education and promotion, mental health, and counseling services.

2018 legislation allocated funding to address opioid and substance use disorders in SBHCs, but more funding is needed to enable SBHCs across the state to increase the capacity of health care providers, expand services, and engage more youth and their families as patients. Additional funding would also help SBHCs collect better data on what patients need, how patients use SBHCs, and what health care gaps may persist.

During widespread school closures during the COVID-19 pandemic, SBHCs have been vital in providing comprehensive health care, including offering telehealth, mobile health care, and ongoing support for students who are not currently in school.<sup>44</sup> Policymakers can expand SBHC behavioral health care services by giving funding priority to SBHCs that serve a disproportionate number of uninsured or underinsured children and youth from birth to age 21, a low-income population, or both. The funding goal is to invest in SBHCs that provide high-quality, integrated health care for children and youth to improve health. Colorado can also expand behavioral health care services for youth by increasing access to mobile crisis units, especially at schools. Crisis units provide access to behavioral health care services and can provide much-needed support for SBHCs and school-based behavioral health clinicians.

State and local policymakers can play a role in supporting behavioral health access in Colorado. Policymakers and partners involved in the assessment of Colorado's behavioral health system can include these recommendations as part of the "Behavioral Health Blueprint" and the special assignment committee's interim report that highlights the short- and long-term impacts of COVID-19 on the behavioral health system, as previously mentioned in the introduction to this recommendation.



# QUALITY, AFFORDABLE, AND STABLE HOUSING

## SUPPORT POLICIES THAT EXPAND ACCESS TO QUALITY, AFFORDABLE AND STABLE HOUSING ACROSS COLORADO.

Quality, affordable and stable housing is essential for the health and well-being of everyone, but especially for children, youth, and families. The impact of housing on child, youth, and family health, economic, educational, and social outcomes is well documented.<sup>45, 46, 47, 48, 49</sup> When children have stable housing, it can protect them from injury and violence, including child abuse and neglect.<sup>50</sup> Additionally, housing stability is known to be protective against suicide.<sup>51</sup> In total between 2014-2018, 282 children and youth ages 5-17 died by suicide in Colorado, and CFPS identified 240 cases where child maltreatment either directly caused or contributed to the death of an infant, child, or youth in Colorado. Increasing access to quality, affordable, and stable housing may help prevent future deaths from child maltreatment and suicide in Colorado.

**Quality housing** includes the physical condition and the quality of the social and physical environment in which the home is located, as well as air quality; home safety; space per individual; and the presence of mold, asbestos, or lead.<sup>52</sup>

**Affordable housing** is housing that costs less than 30% of a family's annual income. If a family spends more than 30% of its income on housing, it is considered a cost burden.<sup>53</sup>

**Stable housing** does not have a common definition but can include not having to move frequently which may mean children have to change schools frequently, not living in overcrowded housing or staying with relatives, and not having trouble paying rent or spending the majority of household income on housing.<sup>54</sup>

While the impacts of housing on health outcomes have long been understood, many families still face challenges accessing and affording quality and stable housing. Research shows that families with children are the most likely to be evicted and experience housing instability.<sup>55, 56</sup> Due to a long-standing history of discriminatory housing and lending practices, Black and Latino people have and continue to face more challenges securing safe, affordable and stable housing than white people.<sup>57</sup> People of color and low- and moderate-income renters are the most impacted by rising housing costs. Among renters in the U.S., women of color are the most rent-burdened population - 61% of women of color pay more than 30% of their income on

rent.<sup>58</sup> Despite the burden of housing costs, research demonstrates that providing families with rental assistance can improve child health outcomes.<sup>59</sup> While housing is a complex problem, there are solutions to ensure secure, safe, affordable housing. Policymakers can promote family and child health by supporting policies that ensure access to stable, affordable, and quality housing. These policies can have a profound impact particularly on low- and moderate-income families and families of color, which are the households and communities most impacted by the lack of affordable, safe, stable housing. Several policy solutions are highlighted below.

**This recommendation is based on local team and CFPS State Review Team recommendations and impacts:** child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), and unintentional injury deaths (drowning, falls, fire, poisoning).

**Increase funding for rental assistance<sup>60</sup> and provide protection against income discrimination.** While programs that provide rental assistance to Colorado families exist, the need often outweighs the available resources. Additionally, rental assistance is only helpful when families can use it. Families may experience difficulty finding housing if landlords are allowed to refuse them because of their source of income and other outstanding debts such as child support payments, taxes, utilities, past evictions, or vehicle repossessions. To address this concern, in January 2019 Denver prohibited discriminatory practices in purchase and rental housing transactions on the basis of source of income (Ordinance 18-0788).

Policymakers can ensure all families who need rental assistance can access it by increasing funding for the two following programs administered by the Division of Housing at the Colorado Department of Local Affairs. The Next Step 2-Gen Rapid Re-housing program, which supports families experiencing homelessness with quick access to housing, rental assistance such as move-in assistance and rent subsidies, and case management services to ensure families' housing remains stable,<sup>61</sup> and the federal Family Unification Program, which ensures families can stay together during times of housing instability or homelessness by providing non-time-limited rental assistance to families.<sup>62</sup>

**Ensure access to additional support services.** Housing supports without additional accompanying social supports such as food assistance, transportation, and child care may be less effective. Housing support services should include access to legal services<sup>63</sup> and other free and low-cost case management supports to protect families from eviction. Organizations should also reduce barriers that families face when accessing public assistance systems, such as for food and rental assistance.<sup>64</sup>

**Provide a continuum of housing supports.** Family and community housing needs vary. Policymakers should fund housing supports across a continuum including services like

emergency shelter and rapid-rehousing for homeless families; rental assistance and other public assistance for families who may not have stable housing or who need minimal assistance to afford housing; and programs that promote homeownership to help families build financial stability and intergenerational wealth.<sup>65, 66</sup>

**Address the lack of affordable housing while considering the availability of amenities, such as access to services, transportation, and employment.** Policymakers and communities can protect and increase affordable housing by preserving existing affordable rental units; protecting renters from rising costs or pressure to move and assisting long-term residents who wish to stay in the neighborhood (i.e., rent control), ensuring that a share of new development is affordable, creating incentives to develop affordable housing, and harnessing housing growth to expand financial resources.<sup>67</sup>

Housing is an important social factor for protecting children from violence and injury and improving health. Given the COVID-19 pandemic, many families are experiencing increased financial and economic strain, which makes access to stable, quality, and affordable housing even more critical. Policymakers can help make Colorado families and communities more resilient to global crises like the COVID-19 pandemic by supporting access to stable, quality, and affordable housing.



# STABLE, QUALITY, AND AFFORDABLE CHILD CARE

## SUPPORT POLICIES THAT ENSURE ACCESS TO STABLE, QUALITY, AND AFFORDABLE CHILD CARE, ESPECIALLY FOR INFANTS AND YOUNG CHILDREN.

Pursuant to C.R.S. 25-20.5-407 (1) (i), the Child Fatality Prevention System (CFPS) State Review Team collaborates with the Colorado Department of Human Services (CDHS) Child Fatality Review Team (CFRT) to make joint recommendations to prevent child fatalities. Based on the systematic review of cases reviewed by both systems, CFRT and CFPS jointly recommend supporting policies that ensure access to stable, quality, and affordable child care, especially for infants and young children.

**This is a joint Colorado Department of Human Services (CDHS) Child Fatality Review Team and CFPS State Review Team recommendation.** The CDHS CFRT reviews incidents of fatal, near-fatal, or egregious abuse or neglect determined to be a result of child maltreatment when the child or family had previous involvement with the child welfare system within the last three years. CFRT identifies factors that may have led to the incident and assesses the sufficiency and quality of services provided to families and their prior involvement with the child welfare system. CFRT puts forth policy and practice recommendations based on identified strengths and systemic gaps and/or deficiencies that may help prevent future incidents of abuse or neglect. These recommendations also strengthen systems that deliver services to children and families.

This is the second year that CFRT and CFPS jointly put forward the recommendation to improve access to child care. In 2019, CFRT and CFPS completed a methodical, joint review of the 79 fatal incidents from 2013 to 2017 that met the review criteria for both systems. CFRT and CFPS then identified trends associated with the circumstances surrounding these deaths, which revealed that lack of access to stable, quality, and affordable child care was a contributing factor in 19% of the 62 deaths among infants and children under 5 years old. Since the need for quality, affordable child care has only increased in Colorado due to the COVID-19 pandemic, both systems continue to jointly support this recommendation. A recent study of the impact of COVID-19 on child care estimates that 4.5 million child care slots could be lost due to the pandemic. The same analysis estimates that 55% of Colorado's child care slots could be lost, effectively doubling the need for licensed child care slots in the state.<sup>68</sup>



**This recommendation is based on local team, CFPS State Review Team, and past CFPS recommendations impacts:** child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), unintentional injuries deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

Child care is an important factor to protect against family stress and is an evidence-based strategy to support families and prevent child maltreatment.<sup>69, 70, 71</sup> Subsidized child care has been shown to decrease child maltreatment, including both abuse and neglect.<sup>72</sup> Child maltreatment is less likely to occur when children are in families where caregivers have less economic strain and stress.<sup>73</sup> Additionally, child care encourages family engagement and allows caregivers to work outside the home, which contributes to family economic stability. Quality child care often includes early learning and education, which can positively impact infant and child development for children under 5 years old.<sup>74</sup>

While the health and social benefits of child care are well established, access to child care that is not only affordable but also stable and of high quality remains limited in Colorado. Many Colorado families are not able to afford child care, which may lead to increased financial and emotional stress and may force families to make decisions based on money rather than what they think is best for their infants and young children. Child Care Aware of America estimates the annual cost of center-based child care in Colorado is \$15,600 and \$10,400 for home-based care. The annual cost of college tuition at a four-year college in Colorado is \$11,140, which means that center-based child care costs exceed the costs of higher education.<sup>75</sup>

Though the high cost of child care in Colorado is a major barrier for many families, the lack of stable, affordable, and quality child care, especially for infants and those under age 5, disproportionately impacts families with the lowest incomes, families living in rural communities, and Hispanic or Latino families. A family with two children would have to spend 110% of their annual income to afford center-based child care in Colorado.<sup>76</sup> Across the U.S., 60% of rural communities lack adequate child care resources to meet rural families' needs.<sup>77</sup> Additionally, nearly 60% of Hispanic or Latino families live in areas considered to be child care deserts.<sup>78</sup>

In addition to decreasing the economic burden on families across the state, increasing access to child care also benefits society through increasing caregiver employment and earnings and decreases the gender pay gap between men and women.<sup>79</sup> The societal economic benefits of child care make it clear the need to shift the perceived responsibility of children and child care from personal or individual family responsibility to shared responsibility. Policymakers can play a role in increasing public support for policies supportive of children and families, such as child care.<sup>80</sup>

In response to the COVID-19 pandemic, the Emergency Child Care Collaborative began meeting in March 2020 to create an emergency child care system in Colorado. Initiated by Governor Polis, the Colorado Department of Human Services and Gary Community Investments collaborate with various partners including early childhood providers, advocacy groups, school districts, and foundations. Funded through the federal Child Care and Development Funds (CCDF) and foundation funding, the public-private partnership extends free child care (a full tuition credit) for essential workers, including those working in health care, public safety, and other sectors identified in Updated Public Health Order 20-24 issued by the Colorado Department of Public Health and Environment.<sup>81</sup>

While emergency child care is essential during the pandemic, these supports are short-lived and are not able to fully address the larger child care gaps and needs in Colorado. State and local policymakers and organizations have an opportunity to further support strategies that ensure access to stable, quality, and affordable child care, such as those highlighted below.

#### **Support implementation of Senate Bill 19-063: Infant and Family Child Care Action Plan.**<sup>82</sup>

The Infant and Family Child Care Action Plan includes several recommendations to increase the availability of family child care homes and infant child care. Recommendations include providing financial, business, and professional support to prospective and existing family child care home providers and centers serving infants; increasing access to training and professional supports that enable infant care professionals and family child care providers to provide high-quality care; adding resources to the child care licensing process to increase support and training to providers and decrease time to obtain a background check; clarifying, coordinating, and resolving differences among state and local regulatory agencies to remove administrative and financial burdens and assure safe environments for children in family child care homes; and examining how early education and other policies impact the availability of licensed infant care and family child care homes.

**Supporting implementation of the Colorado Shines Brighter Strategic Plan.**<sup>83</sup> The Colorado Shines Brighter Strategic Plan includes activities to maximize the number of high-quality early care and education options available to families, especially for families living in rural areas, families of infants and toddlers, and families of children with special needs. Activities include increasing the availability of affordable, convenient, and quality care, especially for infants and toddlers; providing more equitable and culturally relevant care; increasing inclusivity and access for children with special needs; continuing to invest in quality-enhancing professional development opportunities and workforce recruitment and retention across the early care and education (ECE) landscape; continuing to develop a diverse early childhood workforce; increasing knowledge and supports around child care licensing and offer essential business supports to child care providers; centralizing and increasing parent and caregiver access to early childhood information; increasing transition knowledge and associated supports by building relationships between families and early childhood professionals; expanding access to early childhood mental health consultation; investing in rural outreach through micro-grants and other in-person and digital supports to increase the number of licensed and quality child

care providers; integrating disparate data sources to improve Colorado's understanding of how programs and services interact to best serve and support children and families; and enhancing cross-sector collaboration to build data systems that support coordinated care and capture long-term outcomes

**Increase funding and reduce systemic barriers for programs that provide concrete supports to families.**

There are several existing programs that provide concrete supports to families that could benefit from modifications to reduce systemic barriers that keep families from accessing the programs. For example, Colorado families can access child care assistance programs, specifically the Colorado Child Care Assistance Program (CCCAP). However, some counties in the state require families applying for CCCAP to first seek child support from the non-custodial parent prior to being eligible for CCCAP, which limits access to the program. In addition, families in Colorado may be eligible for Colorado Works/Temporary Assistance to Needy Families (TANF), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the Supplemental Nutrition Assistance Program (SNAP). These programs support families in being able to afford child care.<sup>84</sup> While families can enroll in many of these benefits on Colorado PEAK, a centralized system where families can be screened and apply for a variety of economic supports, administering organizations can further minimize barriers and increase enrollment to these programs through additional online applications, less frequent re-enrollment requirements, not including child support payments in family income calculations, and expanding eligibility.

**Support policies that provide training and education to family, friend, and neighbor caregivers.**

By passing policies that provide training and education to these caregivers, there will be an opportunity to increase the quality of care in licensed-exempt settings. This is important as many families choose this care option because of the high cost of child care in licensed child care centers.

**Increase access to care for families seeking substance misuse treatment.** During the 2019 legislative session, state policymakers passed House Bill 19-1193, Behavioral Health Supports for High-Risk Families, which created a pilot program to provide child care services to pregnant or parenting individuals seeking or participating in substance use disorder treatment. Additional funding is needed to increase access to innovative child care resources like this program, especially for families experiencing high-stress levels due to life events like seeking substance misuse treatment.

**Dedicate additional resources to support child care workforce development.** Further supporting child care workforce development in Colorado can increase the number of child care slots in Colorado and the quality of care provided by well-trained professionals. Current opportunities to develop the workforce include House Bill 19-1005, Early Childhood Educator Tax Credit, which established a refundable, annual tax credit for credentialed early childhood educators working at qualified facilities and House Bill 19-1210, Local Government Minimum Wage, which allowed local governments to establish their own minimum wage laws.

County-level increases in the minimum wage may increase salaries for early childhood educators and child care providers and build towards paying the early childhood workforce a liveable wage.

While Colorado policymakers, state agencies, and non-profit partners have made strides to increase access to quality, affordable, and stable child care for families in the state, the current and growing need for care far exceeds the supply. Given the impact of the COVID-19 pandemic on child care facilities and homes, policymakers can continue to support Colorado families and communities more resilient to global crises like the COVID-19 pandemic by supporting access to stable, quality, and affordable child care.



# EVIDENCE-INFORMED HOME VISITATION

## SUPPORT POLICIES THAT EXPAND ACCESS TO COMMUNITY-BASED HOME VISITING PROGRAMS FOR ALL FAMILIES WITH INFANTS AND YOUNG CHILDREN.

Children get off to a better, healthier start when caregivers and parents have the supports and the skills needed to raise them. Community-based home visiting programs are family support and service delivery programs that take place in a location that is convenient and comfortable for the family, including the family home or a neutral location such as a park or library. Participation in these programs is voluntary and families may choose to opt-out whenever they want. Home visitors may be trained nurses, social workers, child development specialists, and trained community members. Visits vary by model, from a focus on linking pregnant women with prenatal care, to promoting strong parent-child attachment, or coaching parents on learning activities that foster their child's development and supporting parents' role as their child's first and most important teacher. Home visitors evaluate a family's needs and provide tailored services. The exact services and topics vary based on the specific home visiting program and may include teaching parenting skills and modeling effective techniques; promoting early learning in the home, providing information and guidance on a wide range of topics including breastfeeding, infant safe sleep, injury prevention, home safety, child health, and nutrition; conducting screenings and providing referrals to address postpartum depression, substance use, and family violence; and linking families to available resources and services related to basic needs, housing, child care, food assistance, employment, and insurance.

**This recommendation is based on local team, CFPS State Review Team and past CFPS recommendations and impacts:** child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), unintentional injury deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

Home visiting programs contribute to positive health outcomes. These programs improve child health and development; school readiness; parenting skills; caregiver health; and family income, employment, and economic self-sufficiency. They also reduce family violence or crime and child maltreatment. Home visiting programs help families by connecting with services and referrals.<sup>85</sup> Between 2014 and 2018, CFPS identified 240 cases where child maltreatment either directly caused or contributed to the death of an infant, child, or youth



in Colorado. The rates of child maltreatment deaths were significantly higher for infants and children ages 0-4 compared to older populations.

Community-based home visiting programs support the Strengthening Families' Protective Factors Framework.<sup>86</sup> Strengthening Families is an approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. The goal is to engage families, programs, and communities in building five factors, which can protect children and youth from child maltreatment: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence. In 2018, home visiting programs in Colorado served more than 8,594 families. However, the National Home Visiting Resource Center estimates that an additional 312,200 pregnant caregivers and families with 392,700 infants and children in Colorado would benefit from participation in an evidence-informed home visiting program.<sup>87</sup>

There is not a single county in Colorado that has home visiting programs to meet the overall needs of families in the county. Families may be eligible for home visiting services, but may not access them, or there may not be enough home visiting services in a community to meet the need. Nurse-Family Partnership, that serves first time, low-income mothers in all 64 counties in Colorado, may be the only home visiting program in a county, especially in rural counties. Thus there is great opportunity to add to the service array, so that all families who would benefit from home visiting who desire it may have that option.

To support families effectively, home visitors need to establish trusting relationships with families. Having access to home visitors who belong to their communities, speak their language, and understand their culture can encourage families from vulnerable communities to participate in home visitation programs. For example, Promotores de Salud are community health workers who address the needs of Latino communities. Promotores have been shown to improve maternal and child health by increasing breastfeeding, children's immunization rates, promoting better nutrition, and helping families reduce barriers to health care.<sup>88, 88, 90</sup> A program currently offered in Colorado that considers a family's language and culture is Home Instruction for Parents of Preschool Youngsters (HIPPY). However, more models could adopt this approach and use community health workers, including Promotores, to support families and improve health outcomes for vulnerable populations.

One aspect of home visitation that is not a focus of current evidence-based models includes bereavement home visitation for families who experience the death of a child. Bereavement home visitors offer support and resources to grieving parents, caregivers, and siblings. Ohio is unique in providing bereavement support to all families who unexpectedly lose a child under the age of two.<sup>91</sup> The cornerstone of Ohio's bereavement support is the home visit. In addition to directly supporting parents, home visitors can offer guidance for other children in the home. Parents who receive these home visits report finding them helpful to their grieving process.<sup>92</sup> The impact of bereavement visitation on siblings, including children parents have following the death of a child, is a topic that deserves more attention and research.

Colorado can ensure that all families with infants and young children benefit from home visiting by supporting funding mechanisms for these programs. Enacting policies that require health insurance reimbursement of home visitation is essential to expanding these programs. Additionally, efforts are underway to increase and align funding for home visiting programs in Colorado. Colorado's Early Childhood Leadership Commission recently approved the creation of the Home Visiting Investment Strategy Task Force. The group of home visiting programs, state and county agencies, pediatricians, family resource centers, early childhood councils, philanthropy, and families will develop an investment strategy to guide the release of the next federal funding for Maternal, Infant, Early Childhood Home Visiting funds, pursue additional federal funding opportunities, and align with private funding for home visiting. Also, Colorado's planned implementation of the federal Family First Prevention Services Act (2016) allows the state to use federal child welfare funding to fund prevention services including home visiting to support families and prevent out-of-home placements for children. While extensive planning for the act is well underway, Colorado's implementation has been delayed due to the COVID pandemic and will begin in 2021. The state also needs to consider workforce implications in order to ensure that there are enough trained home visitors to meet the needs of Colorado families.

The COVID-19 pandemic has stressed families in many ways. School and child care closures, job loss, and health concerns increased financial, housing, and food insecurity for many Colorado families. These additional stressors can negatively impact children's and family's physical and behavioral health. Fortunately, home visiting programs in Colorado have continued to support families through virtual home visits during this time. Vulnerable families need compassionate, responsive support more than ever at a time when local and state governments are facing historic budget deficits. In this time of extreme need, policymakers can help Colorado children and families by maintaining funding levels for home visitation.



# PAID LEAVE FOR FAMILIES

## SUPPORT POLICIES THAT ENSURE PAID LEAVE FOR FAMILIES.

Paid family leave is a government or employer policy that provides employees paid time to step away from work to care for themselves and their families. Access to paid leave allows for closer bonding among family members and protects against infant mortality and child maltreatment.<sup>93</sup> Research shows that paid family leave reduces hospitalizations for abusive head trauma as well as reduces parental stress and maternal depression, both risk factors for child maltreatment.<sup>94</sup> Additionally, paid leave promotes family financial stability by helping families maintain employment and stay above the poverty level.<sup>95, 96</sup> Studies also show that paid leave improves breastfeeding, which has significant health benefits for both mothers and babies, including protecting against sudden unexpected infant deaths (SUID).<sup>97, 98</sup> Both breastfeeding and the ability to take longer leave are associated with lower rates of child abuse and neglect.<sup>99</sup> Between 2014 and 2018, CFPS identified 225 SUID and 240 child maltreatment deaths. These deaths may have been prevented if caregivers had access to paid family leave.

**This recommendation is based on local team, CFPS State Review Team and past CFPS recommendations and impacts:** child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), unintentional injury deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

As part of Senate Bill 19-188, CDPHE created *The Health Benefits of Paid Family and Medical Leave: A Report for the Colorado Department of Labor and Employment's Family and Medical Leave Implementation Task Force*. The report outlines evidence of the positive impact of paid family and medical leave and includes evidence that supports families should have at least twelve weeks of paid leave for maximum health impact.<sup>100</sup> Despite the evidence and widespread support for paid leave in the U.S., the U.S. is one of only two countries that has not adopted a national paid leave policy. Federal law allows some employees to take *unpaid* leave through the Family and Medical Leave Act of 1993 (FMLA). However, an estimated 40% of the U.S. workforce is not eligible for FMLA,<sup>101</sup> and employees who are eligible still may not be able to afford to take unpaid time off.<sup>102</sup>

A 2012 report by the U.S. Department of Labor found that nearly one in four women who took leave to have a baby returned to work within two weeks, half of which only took one week or less.<sup>103</sup> In 2019, only 19% of U.S. civilian workers had access to paid family leave through their

employers<sup>104</sup> and fewer than 40% had access to the partial pay benefits for pregnancy and childbirth offered by employer-provided short-term disability insurance.<sup>105</sup> In Colorado, nearly 40% of mothers took only unpaid leave for their most recent pregnancy, reporting an inability to afford to take leave and job not offering paid leave as primary factors affecting their decision to take leave.<sup>106</sup>

When paid leave is available to Colorado families, it is not equitably accessible to everyone. Data from the Health eMoms survey show that non-Hispanic white moms, moms with more than a high school education, and those living in the Denver Metro area are the most likely to have access to any paid leave.<sup>107</sup> Workers in the lowest-paid jobs, such as those who work seasonal jobs or hourly and shift work, are least likely to have paid caregiver leave and least likely to be able to afford to take unpaid leave. In 2019, only 6% of the lowest-wage workers had access to paid family leave, compared to 34% of the highest wage workers.<sup>108</sup> Parents and caregivers who are financially able to take longer parental leave choose to do so and their children are healthier as a result.<sup>109</sup> Since many parents and caregivers are not able to afford to take unpaid leave, families with the fewest resources will continue to experience health inequities associated with the lack of paid leave.

Eight states (California, Connecticut, Massachusetts, New York, New Jersey, Oregon, Rhode Island, and Washington) and the District of Columbia currently offer or will offer paid leave.<sup>110</sup> In Colorado, Boulder and Pueblo counties offer paid leave for county employees. Although paid family and medical leave proposals have been introduced in every legislative session since 2015, Colorado policymakers have not been successful in creating a state insurance program to fund paid family leave. Due to the disruption to the legislative session caused by the COVID-19 pandemic, paid leave will not be introduced during the 2020 legislative session. However, the immense health and financial strain experienced globally by the COVID-19 pandemic highlights the importance of paid leave. In March 2020, Congress passed the Families First Coronavirus Response Act to provide up to 80 hours of paid sick leave for the 33 million American workers without any paid leave.<sup>111</sup> The act also allows for up to 10 weeks of paid expanded family and medical leave at two-thirds the employee's regular pay rate.<sup>112</sup> While both the paid sick leave and the paid family and medical leave are restricted to those experiencing COVID-19, those caring for others experiencing COVID-19, or those with children under 18 whose school or child care center is closed because of COVID-19, this may indicate the federal government's willingness to support paid leave and the potential for widespread adoption of paid leave law in the U.S.

Paid leave is especially important for low-wage workers and caregivers of color who are less likely to have access to paid leave and are disproportionately impacted by financial pressures associated with unpaid leave.<sup>113</sup> CFPS encourages local and state policymakers and employers to support policies that promote paid family leave to support parents and caregivers to take adequate time to care for and bond with their children.



# MOTOR VEHICLE COMMUNITY ENGAGEMENT

## EXPAND DATA COLLECTION, ANALYSIS, & COMMUNITY ENGAGEMENT TO:

1. Better understand disparities in motor vehicle deaths.
2. Identify specific strategies to reduce high-risk driving and passenger behaviors.
3. Support a comprehensive statewide young driver safety campaign.

According to CFPS data, motor vehicle deaths disproportionately impact two groups in Colorado: youth ages 15-17, and Hispanic infants, children, and youth. CFPS identified several disparities reflected in the CFPS 2014-2018 data set. Youth ages 15-17 had the highest age-specific rate of deaths at 7.1 deaths per 100,000 population which is significantly higher than for all other age groups. Of those, 58.1% (n=86) were not wearing seat belts or properly restrained. The rate of Hispanic infants, children, and youth who died in passenger vehicle crashes in Colorado during this period was 3.1 per 100,000 population, compared to their non-Hispanic white peers at 1.8 per 100,000 population. Of those Hispanic infants, children, and youth passenger vehicle deaths 72.3% (n=47) were improperly restrained, compared to 46.2% (n=36) of non-Hispanic whites.

Although the CFPS data has not consistently included gender and sexual orientation for infants, children, and youth who die in a motor vehicle crash, the Healthy Kids Colorado Survey, 2017 (HKCS) indicates additional potential disparities.<sup>114</sup> HKCS shows that youth who identify as LGBTQ self-report engaging in higher-risk driving and passenger behavior including driving after consuming alcohol or marijuana or riding with an impaired driver, significantly more often than their cisgender and heterosexual peers.

This recommendation is based on local team and past CFPS recommendations and feedback from the CDPHE Community Advisory Board. This recommendation aligns with goals of the Colorado Department of Transportation's 2020-2023 Colorado Strategic Transportation Safety Plan and the Colorado Young Drivers Alliance.

Based on CFPS and HKCS data that indicates motor vehicle deaths disproportionately impact these groups, CFPS recommends CDPHE and Colorado Department of Transportation (CDOT) expand data collection and analysis and engage community members in three main areas:

1. Better understand disparities in motor vehicle deaths.
2. Identify specific strategies to reduce high-risk driving and passenger behaviors.
3. Support a comprehensive statewide young driver safety campaign.



### **Better understand disparities in motor vehicle deaths.**

The National Fatality Review-Case Reporting System (NFR-CRS), the CFPS data collection tool, added a “Life Stressors” section in its newest update, which will expand CFPS’s ability to understand how factors such as stress due to race, sexual orientation and/or gender identity, economic and housing stability, history of substance use, and neighborhood safety contribute to passenger vehicle deaths among children and youth. CFPS will provide technical assistance to local teams on best practices for reviewing motor vehicle deaths that involve young drivers to strengthen data quality. CFPS will also explore opportunities to link with the Colorado Department of Revenue data to improve the understanding of the impacts of driver’s education on motor vehicle deaths involving young drivers. Analysis of this data may highlight more specific prevention strategies to reduce high-risk driving and passenger behaviors.

### **Identify specific strategies to reduce high-risk driving and passenger behaviors.**

Prior CFPS prevention recommendations included: 1) establishing a primary seat belt law in Colorado, which would allow law enforcement to stop and cite a driver for non-restraint use; and 2) strengthening Colorado’s Graduated Driver’s License Law (GDL) to establish restrictions for adolescent drivers that decrease with driver experience and age. These recommendations were based on existing studies demonstrating the strategies’ efficacy in reducing unrestrained and young driver deaths. Recent studies about states that passed a primary seat belt law between 2000 and 2016 showed an increase in seat belt use after the implementation of the law, but less of decrease in unrestrained deaths than in previous studies, after controlling for characteristics such as vehicle miles traveled, additional traffic safety legislation, and state median income.<sup>115, 116</sup> Modern improvements in vehicle safety features, technology, and road design for speed reduction also impact decreased unrestrained death rates. CFPS recommends that CDPHE continue to monitor current and new research on this and related subjects in order to identify emerging effective and inclusive strategies that reduce high-risk driving and passenger behaviors.

National research suggests disparities in deaths among Hispanic infants, children, and youth may be correlated with Hispanic caregivers being less likely to use safety restraints in certain situations such as while on a short drive or in a rush, having an inadequate number of restraints, and someone holding the infant or child while driving.<sup>117</sup> The Community Advisory Board and the CFPS State Review Team stated significant concerns about the impact of differential traffic safety enforcement practices on people of color and the need to focus on expanding community-focused engagement strategies over increasing enforcement based policies. Based on this research and these recommendations, CDPHE and CDOT should expand how they partner and engage with local communities across Colorado, particularly those disproportionately impacted by motor vehicle deaths, to increase and sustain proper seat belt and restraint use among everyone in the vehicle. This engagement may include, but is not limited to: building understanding from community members on best ways to increase seat belt use, increase adherence to Colorado’s GDL, and reduce high-risk driving and passenger behaviors; building trust between community leaders, law enforcement, and government

agencies; and co-creating inclusive and culturally responsive communication, educational, and awareness materials.

**Support a comprehensive statewide young driver safety campaign.**

GDL laws are most effective when combined with comprehensive media campaigns. A recent study demonstrated New Jersey significantly reduced young driver crashes and deaths after implementing a comprehensive public-awareness campaign and educational programs years after the state implemented a GDL law.<sup>118</sup> In 2004, when the Colorado General Assembly improved Colorado's GDL law to limit the number of passengers new drivers could have in the car, CDPHE collaborated with other state agencies to implement a young driver safety campaign that included educating youth and parents about the new law. As a result, Colorado's motor vehicle fatality rate among teens ages 15-19 decreased by 69% from 31.9 per 100,000 teens in 2004 to 9.8 in 2014 and has remained stable since then. State agencies have not worked on a comprehensive statewide driver safety campaign with resources to improve parent, youth, and community leader awareness of young driver safety and Colorado's GDL for the last five years. Instead of making further changes to Colorado's already effective GDL law, state agencies should collaborate with community partners to develop a culturally responsive campaign and programs to educate parents and youth about Colorado's existing GDL law. This strategy aligns with the goals of CDOT's 2020-2023 Colorado Strategic Transportation Safety Plan and the Colorado Young Drivers Alliance. CDPHE and CDOT should support the development, implementation, and evaluation of a comprehensive community-informed statewide young driver safety and GDL campaign including public awareness and educational programs.

## CFPS RECOMMENDATIONS TO IMPROVE DATA QUALITY

Pursuant to Colorado Revised Statutes (C.R.S.) 25-20.5-407 (1)(g), CFPS is required to report on system strengths and weaknesses identified during the child death review process. For the purpose of the report, “system” is defined as state and local agencies or Colorado laws that potentially impact the health and well-being of children. “Systematic child-related issues” means any issues involving one or more agencies. System strengths are included in **Appendix A: CFPS Prevention Activities: Analysis and Updates on Prevention Recommendations**.

CFPS identified weaknesses primarily related to how data is collected, shared, analyzed, and used by different systems. CFPS prioritized five recommendations to strengthen the quality and utility of child death data. These recommendations include ideas to improve how investigative agencies examine child deaths and ideas to improve systems to track and analyze data. Enhancing data quality may improve the use of the data to inform decisions about which prevention programs and policies to recommend and implement in Colorado.



### ENCOURAGE AND INCENTIVIZE LAW ENFORCEMENT AGENCIES AND CORONER OFFICES TO USE THE SUDDEN UNEXPLAINED INFANT DEATH INVESTIGATION REPORTING FORM (SUIDIRF) DURING INFANT DEATH SCENE INVESTIGATIONS.

CFPS State Review Team recommendation.

Infant death scene investigations are critical to a comprehensive understanding of the circumstances and factors contributing to unexplained infant deaths. A full infant death scene investigation includes a thorough examination of the death scene, a review of clinical history, and an autopsy. CFPS has limited ability to determine the circumstances related to infant deaths when death scene investigators do not conduct a full infant death scene investigation or if they do not complete the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) ([www.cdc.gov/sids/SUIDRF.htm](http://www.cdc.gov/sids/SUIDRF.htm)). Having this information can help the system identify risk factors associated with infant deaths and improve future prevention efforts.

The CDC designed the SUIDIRF to assist investigative agencies in understanding the circumstances and factors contributing to unexplained infant deaths and to establish a standardized death scene investigation protocol for the investigation of all sudden unexpected infant deaths (SUID).<sup>119</sup> The form guides investigators through the steps involved in an investigation, produces information that researchers can use to recognize new threats and risk factors for SUID, and improves the classification of infant deaths that occur in a sleep environment.

Although the SUIDIRF is a useful tool for death scene investigators, Colorado historically has among the lowest rates of all states for filling out the SUIDIRF.<sup>120</sup> According to the most

recent information collected by the National Conference of State Legislatures, only 12 states require special SUID training for infant death scene investigators.<sup>121</sup> Due to CFPS promoting the use of the SUIDIRF over several years, Colorado data indicates an increase in the proportion of SUID investigations where the SUIDIRF was used (31.4% in 2014 to 66.7% in 2018). Encouraging and incentivizing law enforcement agencies and coroner offices to use the SUIDIRF in Colorado may improve information collected about unexplained infant deaths and enhance SUID prevention efforts across the state. CFPS is committed to ensuring that training is not a barrier to law enforcement and death scene investigators' ability to use the SUIDIRF form. CFPS will provide training resources and opportunities to support Colorado's law enforcement and death scene investigators learning about and using this form to support data quality.



**ENCOURAGE AND INCENTIVIZE LAW ENFORCEMENT AGENCIES AND CORONER OFFICES TO USE THE SUICIDE DEATH INVESTIGATION FORM WHEN INVESTIGATING SUICIDE DEATHS.**

Joint Suicide Prevention Commission and CFPS State Review Team recommendation.

Data systems in Colorado, including the CFPS and the Colorado Violent Death Reporting System (CoVDRS), often have missing and unknown data related to suicide circumstances. Death scene investigators typically collect limited information about a child or youth's sexual orientation, gender identity, mental health history, and access to lethal means, especially regarding firearm storage and ownership. For example, among the 116 suicide deaths by firearm that occurred among children and youth in Colorado from 2014 through 2018, safe and secure weapon storage data was missing for a large proportion of the deaths reviewed. Information regarding whether the weapon was stored locked was missing for 27.6% (n=32) of the deaths. Information regarding whether the firearm was stored loaded was missing for 50.0% (n=58) of these cases.

To improve the case review process and conduct quality, case-specific reviews, CFPS recommends that law enforcement agencies and coroner offices develop protocols and implement standardized use of the Suicide Death Investigation Form ([www.colorado.gov/cdphe/suicide-investigation-form](http://www.colorado.gov/cdphe/suicide-investigation-form)). This would ensure law enforcement officers and coroner investigators consistently collect sexual orientation, gender identity, and detailed circumstance data when investigating a suspected suicide death.

The CFPS Investigative and Data Quality Subcommittee, Office of Suicide Prevention (OSP), and the Suicide Prevention Commission drafted the Suicide Death Investigation Form in Fiscal Year 2016-17. Content experts from numerous organizations worked collaboratively to produce this comprehensive investigation tool, and 10 counties across Colorado piloted the form. The CFPS Investigative and Data Quality Subcommittee gathered feedback from death scene investigators who piloted the form and made improvements based on their suggestions

and experience using the form. CDPHE made the form and an accompanying guidance manual available online ([www.colorado.gov/cdphe/suicide-investigation-form](http://www.colorado.gov/cdphe/suicide-investigation-form)). CFPS and Colorado Violent Death Report System (CoVDRS) partners continue to promote the form to coroners and law enforcement through presentations at the Colorado Coroners Association and at the Colorado Sheriffs Association meeting.

To begin measuring progress on this recommendation, CFPS added two questions to the National Center for Fatality Review and Prevention's (NCFRP) Case Reporting System. For each child and youth suicide death, the questions ask: 1.) Was a suicide death investigation form (or jurisdictional equivalent) completed during the death scene investigation? and 2.) If so, was the form shared with the local child fatality prevention review team to aid in the child death review process? These measures will be assessed for child and youth suicide deaths that occurred in 2019. In Fiscal Year 2020-21, in partnership with OSP, CFPS will develop and implement a mini-grant program to encourage and incentivize death scene investigators across the state to utilize the form.

Implementing policies and protocols within agencies investigating potential deaths by suicide will improve the quality of data received by CFPS, increase understanding of the circumstances of suicide deaths in Colorado, and help to identify common risks and points for intervention. For example, OSP relies on data coroners, law enforcement, and other death investigators collect to guide current and future priorities and funding allocation to prevent suicide in Colorado. These data directly inform opportunities for prevention and intervention and help to identify gaps in programming.

Encouraging and incentivizing the use of the Suicide Investigation Form will increase data collected about firearms. CFPS previously recommended allocating state funds for research on contributing factors for firearm injury and violence: risk and protective factors, social determinants of racial inequities, and effective prevention strategies to prevent future deaths. Long-standing federal restrictions on firearm research under the Dickey Amendment (1996) effectively banned the CDC from using its funding to "advocate or promote gun control." Federal funding for firearm research and prevention dropped 94% after the Dickey Amendment passed. As a result, CDC historically had little federal funding to research gun violence or for states to directly work on gun violence issues. This makes firearm research one of the least funded causes of death. However, during Fiscal Year 2019-20, the federal government began allocating funding to support firearm research. Policymakers may also decide to allocate state funding to develop and fund a firearms research grant program. Both increasing use of the Suicide Death Investigation Form and supporting firearm research will enable CFPS and OSP to better understand the circumstances of suicide deaths, specifically firearm suicide deaths, and inform opportunities for prevention and intervention. CFPS is committed to ensuring that training is not a barrier to law enforcement and death scene investigators' ability to use the Suicide Death Investigation Form. CFPS will provide training resources and opportunities to support Colorado's law enforcement and death scene investigators learning about and using this form to support data quality.





**ENHANCE CFPS DATA QUALITY BY PROVIDING TECHNICAL ASSISTANCE TO LOCAL TEAMS ON BEST PRACTICES FOR REVIEWING MOTOR VEHICLE DEATHS THAT INVOLVE YOUNG DRIVERS AND SUPPLEMENTING CFPS DATA WITH OTHER DATA SOURCES.**

CFPS state support team recommendation based on identified data needs.

From 2014-2018 there were 70 infants, children, or youth who died in passenger vehicle crashes involving 73 young drivers (ages 18 and under). Driver's permit and license information for these young drivers was missing about 35% of the time. The cause of the missing information is not clear. Possible reasons for missing information include: the CFPS support team at CDPHE has not provided sufficient guidance to local teams about how important this information is for guiding prevention work; uncertainty on the part of death scene investigators and local teams about how to ask about driver's permit and license type; lack of knowledge about how graduated driver licensing (GDL) works in Colorado.

Colorado's GDL law was first enacted in 1999 to increase the protections and amount of behind-the-wheel training necessary for beginner drivers. In 2005, Colorado passed additional components to the GDL law restricting the number of passengers that a driver under 18 years old can transport and prohibiting any minor driver who has held a license for less than one year from driving between midnight and 5 a.m. Although CFPS data suggests that this piece of legislation was successful in reducing deaths due to motor vehicles, partners across the state have expressed that the law is unclear and confusing for young people, their families, and prevention professionals working on motor vehicle safety.

Collecting accurate information about the driver's permit or license held by a young driver involved in a motor vehicle crash is incredibly valuable to inform prevention work. This data will allow CFPS to better understand if factors correlated with the crash, such as the presence of a supervising adult, the number and age of passengers riding with a young driver, or any violations of the driver's permit or Colorado's GDL law. Improved data will also inform more specific prevention recommendations and strategies.

One way the system plans to increase driver's license data quality for young drivers is by developing and disseminating driver's permit and GDL-specific guidance for local teams. In Fiscal Year 2018-19, CFPS developed GDL guidance for local teams to support case reviews and increase driver's license data quality in the system. The purpose of the guide is to increase understanding of GDL and assist teams in discussing possible GDL violations. As an example, the guidance instructs local teams to ask if a young driver had a graduated driver's license, and if so, whether they violated any GDL restrictions at the time of the crash. In Fiscal Year 2020-21, CFPS will update the guidance to include information about learner's permits and widely distribute this guidance to local teams. In addition to supporting teams to understand and discuss this often confusing topic, the guidance will increase the system's

understanding of the circumstances of motor vehicle deaths involving young drivers and help to identify common risks and points for intervention.

Another way to improve CFPS's understanding of motor vehicle deaths is to supplement the CFPS data system with other state-level data systems. This can be done through formal data-sharing agreements. In Fiscal Year 2020-21, CFPS will explore the opportunity to link with the Colorado Department of Revenue data to improve the understanding of the impacts of driver's education on motor vehicle deaths involving young drivers.

To support enhanced data collection, the CFPS state support team commits to intentional and timely quality assurance of motor vehicle deaths in the system to ensure that the information on these deaths is as thorough and complete as possible. Finally, data about motor vehicle deaths involving young drivers will guide data-informed decisions for recommendations and strategies to prevent similar deaths in the future.



**IMPROVE QUALITY OF CFPS CHILD MALTREATMENT DATA BY PROVIDING TECHNICAL ASSISTANCE TO LOCAL TEAMS AND SUPPLEMENTING CFPS DATA WITH OTHER DATA SOURCES.**

CFPS state support team recommendation based on identified data needs.

Child maltreatment includes physical, sexual, and emotional abuse, as well as neglect. Although Colorado's Children's Code (C.R.S. 19-1-103 (1)) and legal definitions of child abuse and child neglect serve as guidance for CFPS, local teams make determinations of child maltreatment based on available information from the case reviews and professional judgments and include representatives from county departments of human services. In this system, the determination of child maltreatment is the subjective opinion of the local team members and does not trigger any prosecution or have any legal ramifications.

As such, deaths classified as child maltreatment by local teams will not be the same as official counts of child abuse or child neglect deaths reported by the Colorado Department of Human Services (CDHS). Often, deaths determined to be child maltreatment by CFPS but not by CDHS are deaths that were either not reported to county departments of human services or the incident did not meet the statutory definition of child maltreatment that guides the work of CDHS.

The opposite is also true. Local teams do not always identify deaths as related to child maltreatment, even when these deaths have been substantiated by county human services. For instance, local teams initially identified 66.7% (n=24) of the 36 child maltreatment deaths substantiated by county human services in 2018. The 12 deaths not identified as child maltreatment by local teams during the multidisciplinary review were most often found to have exposure to hazards or poor supervision that contributed to the death but did not rise to

the level of child abuse or neglect, according to the opinion of the local team members. One way the system plans to improve child maltreatment data quality is by increasing technical assistance and training to local teams about CFPS's role in identifying when child maltreatment caused or contributed to the deaths.

In addition to local teams determining if child maltreatment directly caused or contributed to a death, CFPS collects data regarding the history of child maltreatment prior to the death of an infant, child, or youth. Experiences of child maltreatment, considered to be one of the significant Adverse Childhood Experiences (ACEs),<sup>122</sup> have a large impact on health throughout the lifespan<sup>123</sup> and are associated with future outcomes such as suicide.<sup>124</sup> CFPS is committed to understanding how early experiences of child maltreatment may contribute to the fatal circumstances leading to death among children and youth under age 18. Understanding and improving the quality of data regarding the history of child maltreatment will help to identify actions that would reduce future deaths in Colorado.

History of child maltreatment data collected by CFPS includes a referral or substantiation from child protective services or documentation on the autopsy report, law enforcement report, or medical records. However, information about child maltreatment history is missing or unknown for a large proportion of deaths reviewed. For instance, information on the history of child maltreatment was missing or unknown for 23.8% (n=67) of suicide deaths that occurred in Colorado among children and youth ages 5-17 between 2014 and 2018.

One way to improve child maltreatment history data is to supplement the CFPS data system with other state-level data systems. This can be accomplished through formal data-sharing agreements and by using additional data sources to supplement CFPS data. In Fiscal Year 2020-21, CFPS will explore the opportunity to link with the Colorado Department of Human Services Division of Child Welfare data system (Trails) to improve the understanding of the impacts of child maltreatment on child deaths.



#### **STRENGTHEN CFPS DATA QUALITY AND PREVENTION RECOMMENDATIONS BY ENCOURAGING LOCAL TEAMS TO USE AN EQUITY LENS.**

CFPS state support team Recommendation based on identified data needs.

Conducting multidisciplinary child death reviews promotes a better understanding of how to prevent future deaths and improve the lives of families and communities. Convening a multidisciplinary review team in Colorado has historically meant bringing together members with a wide variety of professional backgrounds and expertise. This includes coroners, legal professionals, public health, human services, law enforcement, medical staff, and school representatives. Many professionals on the team bring valuable personal and lived

experiences to the review. However, the widening disparities in deaths of infants, children, and youth signals the urgent need to bring more diverse voices to the table.

Child death review teams will be more effective when additional team members with lived experiences and who represent the ethnic and cultural diversity in the community are present at the review.<sup>125</sup> Youth and community input at the child death review helps to bring families' lived experiences to the surface and leads to improved understanding of the social and environmental determinants of child deaths. For instance, young people and community representatives at the review may reframe causation of the death to social responsibility, rather than placing blame on individuals (e.g., parents, caregivers).

In addition to including youth and community representatives in local team meetings, regular training should occur with the entire local team to build knowledge about equity and address internal biases. The whole team should be accountable for shifting toward a social responsibility lens. This comprehensive and equitable response to child death review enables teams to recommend upstream prevention strategies centered on addressing the social determinants of health. Training to develop a shared understanding helps the team be a safe and inclusive space that celebrates and values diversity, including youth and community representatives. Local teams should also compensate youth and community representatives for their time and expertise and, when possible, teams should host meetings at times that are accessible to all members (outside daytime work hours) and provide meals and child care.

Some of this work is underway. CFPS engaged local team coordinators about inviting youth and community representatives to meetings at the Shared Risk and Protective Factors Conference in May 2019. Additionally, CFPS partners are engaging in a variety of equity-based trainings during the 2020 calendar year. In February 2020, system partners met for a two-hour diversity, equity, and inclusion introductory training with a trained consultant. To continue learning about equity, the CFPS state support team staff created the CFPS Equity Learning Series, an eight-week virtual learning opportunity that introduces equity and its importance in child death reviews starting in May 2020. Additional trainings and learning opportunities will cover topics such as implicit bias in summer and fall of 2020.

In April 2020, CFPS added two questions to the “Review Meeting Process” section of the National Center for Fatality Review and Prevention’s (NCFRP) Case Reporting System (CRS), the national data collection tool. For each death, the questions ask if a young person, community representative, and/or family leader were present at the review meeting. This will allow the system to measure progress on this recommendation. Also in April 2020, NCFRP revised the CRS to include a new “Life Stressors” section. The goal of this section is to better understand the environmental stressors impacting a child, their family, or their community. Life stressors include racism, discrimination, poverty, food insecurity, and housing instability. Including youth and community representatives with personal and lived experiences during the child death review process will improve the knowledge and understanding of these social and economic stressors that affect families.

## CONCLUSION

The goal of the Child Fatality Prevention System is to promote the health of infants, children, and youth and their families by increasing economic stability, creating positive social norms and meaningful connections, and increasing access to behavioral health to prevent child deaths. Over the past six years, the system developed 34 child fatality prevention recommendations and made significant progress towards successfully implementing those recommendations using and developing statewide partnerships and resources. This report reflects the culmination of the collective expertise of system partners across Colorado. The structure of the Colorado Child Fatality Prevention System ensures coordination at the state and local levels and provides an opportunity to advance prevention strategies and systems improvements. Changes in policy and enforcement of laws are effective prevention strategies for many types of child deaths.<sup>126</sup> Colorado policymakers can reduce child deaths and make Colorado families more resilient to stresses caused by major life events such as the COVID-19 pandemic by supporting and adopting the recommendations outlined in this report.

Additionally, policymakers can play a role in increasing public support for policies supportive of children and families and help shift the norm that places responsibility for children solely on parents and caregivers to a norm that considers caring for and protecting children a shared, community responsibility. Safeguarding the health and wellbeing of Colorado's infants, children, youth, and families is an increasing concern given the COVID-19 pandemic. With Colorado families physically isolated in their homes and under increasing economic and psychosocial stress, implementing policies that increase access to concrete supports for families like paid family leave, housing, child care, home visiting, and supporting behavioral health is especially important.

CFPS will continue to monitor the impact of COVID-19 on deaths of infants, children, and youth in Colorado, both those deaths directly attributed to the disease itself and those deaths that are indirectly linked to COVID-19 as a result of the economic and social stresses experienced by families.

## APPENDIX A: ANALYSIS AND UPDATES ON CFPS PREVENTION RECOMMENDATIONS

Since 2006, the CFPS has made annual prevention recommendations to policymakers to prevent child deaths in Colorado. State agencies and other partners made significant progress towards accomplishing the majority of the recommendations. An analysis and summary of the recommendations from the previous six years is described in the table below. Details of past CFPS recommendations are located in previous CFPS annual reports: [www.cochildfatalityprevention.com/p/reports.html](http://www.cochildfatalityprevention.com/p/reports.html).

### Analysis and Updates on CFPS Prevention Recommendations

Recommendation Year	Recommendation	Progress Toward Recommendation
<b>Completed Recommendations</b>		
2014	Incorporate safe sleep education and how to address safety concerns related to infant safe sleep practices as part of the Colorado Department of Human Services Child Welfare Training System for child welfare professionals.	In 2015, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, which coordinates the Child Welfare Training System on behalf of the Colorado Department of Human Services, developed a training curriculum for child welfare professionals to improve their knowledge and skills regarding infant safe sleep. The training was incorporated into the Child Welfare Training System in September 2015 to improve the ability of child welfare professionals to provide information to parents and other caregivers about infant sleep-related risks and how to ensure safe sleeping environments. As of June 2018, 1497 learners have successfully completed the training since it was launched in 2015.
2014	Modify child care licensing requirements and regulations regarding infant safe sleep to better align with the American Academy of Pediatrics	Effective April 1, 2015, Colorado Department of Human Services (CDHS) Office of Early Childhood amended rules that regulate licensed child care centers and homes to incorporate best practices for infant safe sleep environments. In spring 2017, Qualistar Colorado released a web-based, mandatory safe sleep training for licensed child care providers: Prevention of Sudden Infant Death Syndrome (SIDS) and Use of Safe Sleep Practices.



	(AAP) safe sleep recommendations.	
2014	Increase funding for the Colorado Department of Public Health and Environment to expand the Colorado Household Medication Take-Back Program at pharmacies across the state.	The Colorado Department of Public Health and Environment receives an annual appropriation of \$300,000 in general funds to implement the Colorado Household Medication Take-Back Program for medication take-back activities.
2014	Incorporate safe sleep education and how to address safety concerns related to infant safe sleep practices as part of the Colorado Department of Human Services Child Welfare Training System for child welfare professionals.	In 2015, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, which coordinates the Child Welfare Training System on behalf of the Colorado Department of Human Services, developed a training curriculum for child welfare professionals to improve their knowledge and skills regarding infant safe sleep. The training was incorporated into the Child Welfare Training System in September 2015 to improve the ability of child welfare professionals to provide information to parents and other caregivers about infant sleep-related risks and how to ensure safe sleeping environments.
2015	Continue to provide dedicated resources for the implementation of Colorado's Child Welfare Plan, "Keeping Kids Safe and Families Healthy 2.0," to make prevention programs for families with young children available in every county in Colorado.	The Colorado Department of Human Services continues to dedicate resources and efforts to implement Colorado's Child Welfare Plan, "Keeping Kids Safe and Families Healthy 2.0." In early 2015, CDHS launched a statewide hotline to facilitate reporting of suspected cases of child abuse and neglect, which was one of the components of the Child Welfare Plan. The hotline (1-844-CO-4-KIDS) operates out of a centralized location and is Colorado's first child-abuse hotline of its kind. In 2017, CDHS unveiled the Colorado Child Maltreatment Prevention Framework for Action. The purpose of the framework is to help local communities and state agencies create a more focused and integrated approach to prevent child maltreatment and promote

		child well-being. Fifteen communities across Colorado began comprehensive planning processes to implement the plan starting in fall 2017. Community plans were final and implementation began summer 2018.
2015	Modify Colorado Department of Human Services' rules regulating family foster care homes to better align with the American Academy of Pediatrics (AAP) infant safe sleep recommendations, including training for foster families regarding infant safe sleep.	<i>2015 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation</i> In 2016, CFPS and CDHS partners reviewed the current rules regulating family foster care homes to assess alignment with the Academy of Pediatrics infant safe sleep recommendations. As a result, CDHS' Division of Child Welfare included a mandatory infant safe sleep webinar as part of foster care training through the Child Welfare Training System. Additionally, in Fiscal Year 2018-19, the Division of Child Welfare issued an operation memo to counties and child placement agencies regarding safe sleep recommendations.
2015	Provide funding for the Colorado Consortium for Prescription Drug Abuse Prevention to promote uptake of the Quad-Regulator Policy for Prescribing and Dispensing Opioids through increased training and education of prescribers.	The Colorado Consortium for Prescription Drug Abuse continues to promote the Quad-Regulator Policy for Prescribing and Dispensing Opioids through increased training and education of prescribers. The Consortium is now directly funded by the state of Colorado and no longer needs support from CDPHE. CDPHE continues to attend Consortium meetings and CDPHE staff continue to serve as chairpersons of the Consortium's workgroups.
2016	Improve Colorado's Traffic Accident Report to include more specific information about motor vehicle crashes.	The Colorado Department of Transportation, Colorado Department of Revenue, Colorado State Patrol, local law enforcement, and other members of the Statewide Traffic Records Advisory Committee (STRAC) created a committee to update the crash form. Members of the STRAC, law enforcement, public works, and other crash data users met in Fiscal Year

		<p>2017-18 to identify necessary changes to the form. The new form was released in October 2019 and will improve Colorado’s data-driven decision making with better initial data collection by officers in the field. For additional updates, visit the STRAC website: <a href="http://www.codot.gov/about/committees/strac">www.codot.gov/about/committees/strac</a>.</p>
2016	Support policies that ensure the long-term financial stability of free full-day preschool and free full-day kindergarten.	<p>Citing well-documented impacts on a child’s academic performance and lifelong success, Colorado legislators passed House Bill 19-1262 (State Funding For Full-day Kindergarten) successfully securing funding for all-day Kindergarten in Colorado during the 2019 legislative session.</p>
2017, 2018, 2019	Improve substance use data quality by exploring additional data sources to supplement CFPS data.	<p>CFPS is committed to understanding the contribution of substances, including alcohol, tobacco, marijuana, and prescription drugs, to the fatal circumstances leading to death among children and youth under 18 years of age occurring in Colorado. The system regularly collects information on substance use, substance abuse disorders, and mental health histories through law enforcement and coroners’ reports; however, the data collected on these topics is often incomplete and may present an incomplete picture of the role of substance use in child deaths across Colorado. In Fiscal Year 2017-18, CFPS met with partners at the Office of Behavioral Health at the Colorado Department of Human Services to explore a data-sharing agreement between systems. While there was initial interest in this work, the data-sharing agreement has yet to be finalized. In Fiscal Year 2018-19, CFPS continued to participate in Illuminate Colorado’s Impact on Children of Caregiver Substance Use Project funded by the ZOMA Foundation (<a href="http://www.illuminatecolorado.org/iccsu">www.illuminatecolorado.org/iccsu</a>). This workgroup is exploring the impact of caregiver substance use on children’s lives by collecting indicators from a variety of statewide data systems to create a more comprehensive and contextualized understanding of the impact of substance use. Additionally, CFPS explored increasing data quality by adding a question to the National Center for Fatality Review and Prevention’s (NCFRP) Case Reporting System on the impact of substance use in child deaths in Colorado to supplement</p>

		<p>existing questions in the tool. After a robust discussion, CFPS decided not to add this question to the tool. Instead, CFPS developed a data report <i>The Role of Substance Use in Child Fatality in Colorado</i> in January 2020 (available here: <a href="http://www.cochildfatalityprevention.com/p/reports.html">www.cochildfatalityprevention.com/p/reports.html</a>). This report includes a discussion of the context surrounding substance use in Colorado; highlights CFPS data for our leading causes of death as well as other population data sources; and focuses on inequities in sexual orientation, gender identity, race, and ethnicity.</p>
2018	<p>Raise awareness and provide education to child welfare providers and community agencies on safe firearm storage to prevent child deaths involving firearms.</p>	<p><i>2018 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation</i></p> <p>In Fiscal Year 2018-2019, CFPS and CFRT presented to several stakeholders including Child Abuse and Neglect Public Awareness Campaign, and provided testimony to the Early Childhood School Readiness Legislative Committee. CFRT and CFPS also partnered with Illuminate Colorado who secured funding to produce several safe storage briefs based on the joint recommendation outlining safe firearm storage to be shared with in-home service providers and families. Additionally, CDHS' Division of Child Welfare worked with the Child Welfare Training System to conduct a continuous quality improvement process to assess if and how firearm safety is currently covered by trainings offered in the system and where it could be incorporated. The process identified six courses where safe firearm storage education and awareness could be inserted in order to bring greater awareness to their learning community about firearm safe storage. A "microburst" learning on firearms is now a required part of the "Safety Through Engagement" course, which includes a gun safety video, quiz, and job aid for use with families.</p>
2018, 2019	<p>Improve CFPS data quality by providing technical assistance to local teams on best practices for firearm fatality reviews.</p>	<p>In Fiscal Year 2018-19, CFPS developed firearm-specific guidance for CFPS local teams to support case reviews and increase firearm data quality in the system. The purpose of the guide is to assist teams in discussing aspects of firearm deaths that may not be readily clear from the case review or easy to discuss. This guidance includes a set of questions to supplement the firearms questions in the National Center for Fatality Review and Prevention's (NCFRP)</p>

		Case Reporting System. As an example, the guidance prompts local teams to ask whether the child or youth had formal training in firearm use and safety. Additionally, CFPS added two new questions to the NCFRP's Case Reporting System to collect data around if the firearm was stored securely and if the youth 1) knew where the firearm was stored; 2) knew how to access the firearm; 3) had fired firearms before and 4) had formal firearm training. Ongoing, CFPS will continue to support local teams in reviewing firearm deaths, and additional information on firearms is collected as part of Colorado's Suicide Investigation Form ( <a href="http://www.colorado.gov/cdphe/suicide-investigation-form">www.colorado.gov/cdphe/suicide-investigation-form</a> ).
2019	Fund firearm research to understand contributing factors for firearm injury and violence, including risk and protective factors, social determinants of observed racial inequities, and effective prevention strategies to prevent future firearm deaths.	During Fiscal Year 2019-20, for the first time in more than two decades, U.S. Congress allocated \$25 million to the study of firearm violence. Allocated to the CDC and the National Institutes of Health, Colorado researchers are currently applying to a federal funding opportunity. CFPS will collaborate with these researchers to bring the most up to date information to our system. Additionally, policymakers may also decide to allocate state funding to develop and fund a firearms research grant program.
<b>Ongoing Recommendations</b>		
2014, 2015, 2016, 2017, 2018, 2019	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of	Based on the historical evidence-base for this type of legislation, the CFPS has recommended this policy in its annual legislative report for over 10 years. During the 2018 legislative session, a primary seat belt bill was defeated in committee with a 3-2 vote. A primary seat belt bill was not introduced during the 2019 legislative session. A primary seat belt law recommendation was not included in the 2020 CFPS recommendations, but CDPHE will work to conduct additional data analysis to identify disparities and correlating factors among infants, children, and youth who died in a motor vehicle crash as a result of being unrestrained to inform additional prevention recommendations. CDPHE

	seating position) in the vehicle is not properly restrained.	and CDOT will also engage members of communities with lower seat belt use rates in the development and implementation of culturally responsive occupant protection strategies.
2014, 2015, 2017	Increase funding for the Office of Suicide Prevention to implement the following activities: 1) expand the statewide community grant program and increase funding levels for youth suicide prevention; 2) expand the implementation and evaluation of means restriction education training (Emergency Department- Counseling on Access to Lethal Means (ED-CALM)) at hospitals statewide; 3) expand implementation and evaluation of a full-spectrum of school-based suicide prevention programs that promote resilience, school connectedness and positive youth development as protective factors from suicide and the development and standardization of	<p>In Fiscal Year 2016-17, the Office of Suicide Prevention (OSP) received an additional appropriation of \$100,000. OSP dedicated the funding to expand the community grant program and implement the Zero Suicide framework for health systems. The Zero Suicide framework (<a href="http://zerosuicide.sprc.org/about">zerosuicide.sprc.org/about</a>) is a system-level approach that improves the quality of care in health systems to include suicide prevention as a core organizational mission. By spring 2017, all 17 of Colorado's community mental health centers were trained in the framework, as well as 11 other health care entities. Three OSP community grantees were awarded five years of funding for Zero Suicide starting July 1, 2017. OSP updated the Suicide Prevention Toolkit for Primary Care Practices to align with Zero Suicide and it is currently being disseminated statewide in hard copy and electronically. In fall 2018, Colorado received a five-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to help support the implementation of the Zero Suicide model within Colorado health care systems (\$725,000 in Year 1 and \$700,000 for each subsequent year). This funding supports evidence-based clinical trainings, Zero Suicide Academies, and learning collaboratives, as well as infrastructure to assist local health systems with implementation needs and electronic health system build-outs within 5 counties.</p> <p>The American Foundation for Suicide Prevention awarded Colorado researchers a grant to expand the implementation and evaluation of ED-CALM to six additional hospitals throughout Colorado. Conducted from October 2016 to September 2019, the study demonstrated that a brief online training for counselors, coupled with free medication and firearm locking devices, helped caregivers make changes at home to improve safety. The free, online training "Lethal Means Counseling: A Role for Colorado Emergency Departments to Reduce Youth Suicide" is available on <a href="http://www.train.org/colorado">www.train.org/colorado</a> (course number 1076412). Additionally, OSP expanded the Colorado Gun Shop Project</p>



	<p>protocols for K-12 schools for prevention, intervention, and postvention; and 4) expand means safety initiatives, including training clinicians to counsel on access to lethal means and safety planning and implement the Gun Shop Project in more counties; 5) expand implementation of the Zero Suicide framework within health systems.</p>	<p>to over thirty counties in Colorado in Fiscal Year 2018-19. This project provides educational information and suicide resources to gun shop owners to display in stores.</p> <p>Starting in 2016, CDPHE (OSP and the Interpersonal Violence Unit) began supporting widespread adoption of Sources of Strength including funding for schools to implement the evidence-based program, but also receiving CDC funding for a four-year research grant to evaluate the program in 24 schools across Colorado to measure the effectiveness on multiple violence outcomes: sexual violence, bullying, and suicide. In 2018, the Colorado Attorney General's Office also contributed funding to expand the implementation of the program in up to 40 schools during the 2018 spring semester. That funding continued in 2019 to support 50 schools. Over 100 schools and organizations in Colorado are implementing the program. OSP and Colorado Department of Human Services' Office of Behavioral Health funded several Train-The-Trainer events for the program. Schools funded through OSP will begin to implement the Sources program through Certified Local Trainers at the local level, a more sustainable, cost-effective, and locally-driven model.</p> <p>In 2017, OSP was awarded a five-year Garrett Lee Smith Youth Suicide Prevention grant through SAMHSA. This federally funded grant supports OSP's efforts to fully support youth (ages 10-24) suicide prevention efforts in eight Colorado counties with high counts and rates of youth suicide. This work funds 4.0 FTE across the eight counties to coordinate and align youth suicide prevention efforts. It also funds Sources of Strength, QPR trainings, Collaborative Assessment and Management of Suicidality (CAMS) trainings, and the Follow-Up Project.</p> <p>During the 2018 legislative session, the legislature passed Senate Bill 18-272 (Crisis and Suicide Prevention Training Grant Program), creating a grant program for schools and school districts to enhance suicide prevention and crisis response through training for all staff. Seventeen schools or districts were awarded three years of funding to support school suicide prevention and</p>
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		<p>crisis training, along with the option to fund school climate work.</p> <p>More information about all these efforts can be found at <a href="http://www.colorado.gov/cdphe/categories/services-and-information/health/prevention-and-wellness/suicide-prevention">www.colorado.gov/cdphe/categories/services-and-information/health/prevention-and-wellness/suicide-prevention</a>.</p>
2014	Require newly licensed K-12 educators and special service providers (nurses, school psychologists, school counselors, and social workers) to complete suicide prevention trainings.	In 2016, the Suicide Prevention Commission conducted a statewide survey of mental health providers, including those within school settings, to help identify preferences and barriers to accessing clinical suicide prevention training. Survey results indicate a need for additional training and to address barriers to existing training. An overwhelming majority of respondents had either professional or personal experiences with suicide, although a quarter of respondents reported that they had not attended any suicide prevention training within the past five years.
2018	Support training for mental health and substance use disorder providers on evidence-based treatment approaches for suicidal youth.	<p>The Colorado Office of Suicide Prevention (OSP) has prioritized the Collaborative Assessment and Management of Suicidality (CAMS) clinical trainings as they are evidence-based, client-centered, and the treatment can be provided in any modality or theoretical orientation. The Office of Suicide Prevention leverages federal grant funding to bring CAMS training opportunities to Colorado, hosting five training events each year across the state with a goal of training 500 providers each year.</p> <p>Additionally, during the 2018 and 2019 legislative sessions, Colorado legislators passed House Bill 18-272 (Crisis and Suicide Prevention Training Grant Program), creating a grant program for schools and school districts to enhance suicide prevention and crisis response through training for all staff (for more information access the OSP's 2018-2019 Annual Report at <a href="http://www.colorado.gov/cdphe/categories/services-and-information/health/prevention-and-wellness/suicide-prevention">www.colorado.gov/cdphe/categories/services-and-information/health/prevention-and-wellness/suicide-prevention</a>); House Bill 19-1017 (Kindergarten Through Fifth Grade Social and Emotional Health Act), which increases access to school social workers in elementary schools in high-need pilot sites; House Bill 19-1032 (Comprehensive Human Sexuality Education); House Bill 19-1120</p>

		<p>(Youth Mental Health Education &amp; Suicide Prevention), which reduces the age of consent to 12 years old to increase mental health access for youth and establishes new mental health and suicide prevention standards; House Bill 19-1203 (School Nurse Grant Program) creates a grant program to increase school nurses; House Bill 19-1129 (Prohibit Conversion Therapy for a Minor); House Bill 19-1177 (Extreme Risk Protection Orders); Senate Bill 19-195 (Child And Youth Behavioral Health System Enhancements); and Senate Bill 19-010 (Professional Behavioral Health Services for Schools), expanding the school-based behavioral health professionals grant program by \$3 million, all to promote behavioral health of Colorado's children and youth.</p>
2015	<p>Support policies that impact the priorities of the Colorado Essentials for Childhood project:</p> <p>1) increase family-friendly business practices across Colorado; 2) increase access to child care and after school care; 3) increase access to preschool and full-day kindergarten; and 4) improve the social and emotional health of mothers, fathers, caregivers, and children.</p>	<p>Essentials for Childhood is a Centers for Disease Control and Prevention (CDC)-funded child maltreatment prevention initiative that supports the creation of safe, stable, and nurturing relationships and environments for children and families in Colorado. In Fiscal Year 2018-19, Colorado was awarded the second round of funding under the CDC's Essentials for Childhood grant. As part of this new project, five pilot communities (Denver, Morgan, Mesa, Montezuma, Kiowa/Prowers) were selected to work on improving family economic security through addressing systemic barriers to food systems and child care assistance, educating on family-friendly policies that reduce stress for families, particularly low wage workers, and to enhance social norms around help-seeking for caregivers and collective prosperity or the role the policymakers and decision-makers have in preventing child abuse and neglect. The Essentials for Childhood program and CFPS jointly fund these five communities.</p> <p>In Fiscal Years 2016-17 and 2017-18, local child fatality prevention review teams (local teams) began working toward implementation of organizational and county-level policies aligned with Essentials for Childhood's strategic priorities. The goal of this work was to expand the focus of the project from state-level policies and coalitions to the local level. During the same period, CFPS partnered with Essentials staff to develop and disseminate a State of the State Report, capturing local level policies from across the state of</p>

		<p>Colorado designed to create safe, stable and nurturing relationships, environments and communities for families, which is updated periodically to include new examples. During this time period, the Essentials for Childhood program and Executives Partnering to Invest in Children (EPIC) partnered to host business forums designed to educate business owners and employers about family-friendly employer practices and policies to implement at their places of employment. Colorado Essentials for Childhood staff and EPIC hosted six business forums since 2016. In addition, staff updated the Family Friendly Toolkit (<a href="https://sites.google.com/site/familyfriendlycolorado/toolkit">sites.google.com/site/familyfriendlycolorado/toolkit</a>) with case-studies from Colorado businesses and others as well as best practices for worker health and well-being. Over 1800 hard copies of the toolkit have been disseminated to partners across the state, and the electronic toolkit has been shared with national partners as well as agencies from other states. Additionally, Essentials for Childhood staff partnered with Health Links to develop a family-friendly assessment (<a href="http://www.healthlinkscertified.org/certification/family-friendly">www.healthlinkscertified.org/certification/family-friendly</a>) focused on identifying employers' needs and opportunities to create environments that are supportive of families</p> <p>As in previous legislative sessions, during the 2019 legislative session, Colorado legislators introduced several state bills that supported Colorado's Essentials for Childhood priorities. The following bills passed: House Bill 19-1013 (Child Care Expenses Tax Credit Low-income Families), House Bill 19-1052 (Early Childhood Development Special Districts), House Bill 19-1280 (Child College Savings Accounts), House Bill 19-1194 (School Discipline For Preschool Through Second Grade), House Bill 19-1005 (Early Childhood Educator Tax Credit), House Bill 19-1262 (State Funding For Full-day Kindergarten), House Bill 19-1210 (Local Government Minimum Wage), House Bill 19-1193 (Behavioral Health Supports For High-risk Families), House Bill 19-1017 (Kindergarten Through Fifth Grade Social And Emotional Health Act), Senate Bill 19-085 (Equal Pay for Equal Work Act), Senate Bill 19-063 (Infant And Family Child Care Action Plan), Senate Bill 19-010 (Professional Behavioral Health Services for Schools) and Senate Bill 19-188 (FAMLI Family</p>
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		Medical Leave Insurance Program). House Bill 19-1194 (Child Tax Credit) did not pass.
2015	Mandate that hospitals develop and implement policies to provide education and information about infant safe sleep promotion and to require the practice and modeling of safe sleep behaviors in labor/delivery and neonatal intensive care unit (NICU) hospital settings.	The Infant Safe Sleep Partnership has worked to engage hospitals and health care settings to provide them with model safe sleep policies and provide training opportunities to improve skills and knowledge of infant safe sleep. A “Safe Sleep, Every Sleep” infographic for providers was created using CFPS data showing that more infants died from sudden unexpected infant death (SUID) than children and youth died in motor vehicle crashes during 2011-2015. The partnership also continued to partner with Colorado’s birthing hospitals to implement the Cribs for Kids® National Infant Safe Sleep Hospital Certification program. The partnership expanded to include partners from the HealthOne system at Sky Ridge Medical Center, who currently have and implement a model safe sleep policy. Additionally, the partnership developed and disseminated a baby box statement for providers with information about what is known and not known about the efficacy and use of baby boxes across Colorado and nationally. Starting in Fiscal Year 2019-20, Illuminate Colorado began facilitating the partnership. Illuminate has strong collaborations with health care systems and birthing hospitals, which will enhance the partnership’s work to engage hospitals on safe sleep.
2016	Mandate that all health care settings develop and implement policies to provide education and information about infant safe sleep promotion.	Additionally, in Fiscal Year 2018-19 CFPS linked data sets with the Colorado Immunization Information System (CIIS) to explore the impact of immunization, a known protective factor against SUID, on infants who die in Colorado. The results indicated that 89.2% of infants who died by SUID between 2009 and 2017 had an immunization record in CIIS. Of those infants who had an immunization record in CIIS, 58.3% were not up to date with the American Academy of Pediatrics (AAP) immunization schedule at the time of death. When comparing infants who were up to date with immunizations and those who were not, there were very few significant differences. However, one significant finding was that 16.2% of infants not up to date lived in a rural or frontier county, compared to 8.8% of those up to date with vaccines, which may speak to access to vaccines in rural areas. While we did not see many

		differences between populations, CFPS will still encourage health care providers to increase access to immunizations.
2015	Increase funding to the Child Fatality Prevention System (CFPS) to support the implementation and evaluation of youth programs that promote pro-social activities, resilience, and positive youth development as protective factors against child fatalities statewide.	CFPS continues to partner with state agencies to implement and evaluate youth programs that promote protective factors against child deaths statewide. In Fiscal Year 2015-16, the Maternal and Child Health (MCH) program at CDPHE selected the prevention of youth suicide and bullying as one of its state-level priorities. As part of this priority, state and local MCH programs implemented strategies that build and promote the protective factors of community connectedness, school connectedness, and economic stability. Additionally, MCH staff provide technical assistance for preventing bullying and youth suicide to CFPS local teams. In Fiscal Years 2016-17 and 2017-18, CFPS provided supplemental funding to local teams to enhance suicide prevention efforts. Local team prevention activities include suicide prevention messaging campaigns developed by youth engaged in Sources of Strength; hosting Youth Mental Health First Aid training courses for adults and youth; conducting focus groups with middle and high school-aged youth to understand opportunities for youth suicide prevention and mental health promotion in partnership with community organizations; and safe reporting for local media and community groups. In 2017, OSP was awarded a 5-year Garrett Lee Smith (GLS) SAMHSA youth suicide prevention grant, which funds work in eight Colorado counties with high rates and counts of youth (defined as ages 10-24) suicide.
2016	Mandate all schools in Colorado implement a full spectrum of suicide prevention programming, including programs that promote resilience and positive youth development as protective factors for suicide.	While there are no mandates for schools to have established policies and procedures for comprehensive suicide prevention on campus, many protocols and toolkits already exist and are made available to schools in Colorado upon request. Additionally, during the 2018 and 2019 legislative sessions, Colorado legislators passed House Bill 18-272 (Crisis and Suicide Prevention Training Grant Program), creating a grant program for schools and school districts to enhance suicide prevention and crisis response through training for all staff; House Bill 19-1017 (Kindergarten Through Fifth Grade Social and Emotional Health Act), which increases access to school social workers in elementary



		<p>schools in high-need pilot sites; House Bill 19-1032 (Comprehensive Human Sexuality Education); House Bill 19-1120 (Youth Mental Health Education &amp; Suicide Prevention), which reduces the age of consent to 12 years old to increase mental health access for youth and establishes new mental health and suicide prevention standards; House Bill 19-1203 (School Nurse Grant Program) creates a grant program to increase school nurses; House Bill 19-1129 (Prohibit Conversion Therapy for a Minor); House Bill 19-1177 (Extreme Risk Protection Orders); Senate Bill 19-195 (Child And Youth Behavioral Health System Enhancements); and Senate Bill 19-010 (Professional Behavioral Health Services for Schools), expanding the school-based behavioral health professionals grant program by \$3 million, all to promote behavioral health of Colorado's children and youth.</p>
2015, 2016, 2017, 2018, 2019	<p>Mandate the use of the Centers for Disease Control and Prevention's Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) for law enforcement agencies and coroner offices during infant death scene investigations.</p>	<p>The CFPS Investigative and Data Quality Subcommittee of the CFPS State Review Team prioritized the development and facilitation of training for law enforcement agencies and coroner offices to improve skills and knowledge of the SUIDIRF to be used during infant death scene investigations. This activity is a priority of the Sudden Unexpected Infant Death (SUID) Case Registry Grant, a CDC-funded project to improve surveillance (incidence, risk factors, and trends) of SUID that Colorado has participated in since 2009. Since 2015, CFPS has provided death scene investigators (both coroner and law enforcement) with several training opportunities and death scene investigation kits. Trainings include infant death scene investigation best practices, use of the SUIDIRF, and doll re-enactments. In partnership with death scene investigators, CFPS is developing a comprehensive Colorado-specific SUIDIRF training and partnering with national experts to develop an online SUIDIRF training module. Work is also happening on the local level. In Fiscal Year 2016-17, CFPS funded Jefferson/Gilpin County Child Fatality Prevention Team to host an infant death scene investigation training for coroners and law enforcement officers. The result of this training was the development of a Jefferson County-specific SUIDIRF. Due to CFPS promoting the use of the SUIDIRF, data indicated an increase in the proportion of SUID investigations where the SUIDIRF was used (31.4% in 2014 to 66.7% in 2018).</p>

2016, 2017, 2018, 2019	Mandate the use of a suicide investigation form for law enforcement and coroners when investigating suicide deaths.	<p>The CFPS Investigative and Data Quality Subcommittee in partnership with the Office of Suicide Prevention and the Suicide Prevention Commission drafted the Suicide Death Scene Investigation Form (<a href="http://www.colorado.gov/cdphe/suicide-investigation-form">www.colorado.gov/cdphe/suicide-investigation-form</a>) in Fiscal Year 2016-17. Content experts from numerous organizations worked collaboratively to produce this comprehensive investigation tool that will improve Colorado's understanding of suicide deaths and aid in the identification of new prevention strategies. During Fiscal Year 2016-17, 10 counties across Colorado piloted the form. The CFPS Investigative and Data Quality Subcommittee gathered feedback from death scene investigators who piloted the form and made improvements based on their suggestions. In Fiscal Year 2017-18, the form and an accompanying guidance manual were made available online. CFPS and Colorado Violent Death Report System (CoVDRS) partners promoted the form to coroners and law enforcement through presentations at law enforcement and coroner's meetings throughout the state. In addition, to begin measuring progress made on this data quality recommendation, CFPS added two questions to the National Center for Fatality Review and Prevention's (NCFRP) Case Reporting System. The questions are asked for each youth suicide death and inquire 1) whether a suicide death scene investigation form (or jurisdictional equivalent) was completed during the death scene investigation, and if so, 2) if the form was shared with the local child fatality prevention review team to aid in the child death review process. Partners continue to raise awareness of the purpose and availability of the form with death scene investigators across Colorado.</p>
2016, 2017	Strengthen practices related to sharing child maltreatment data across local agencies in Colorado.	<p><i>2016 and 2017 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation</i></p> <p>In Fiscal Year 2016-17, CFPS conducted a needs assessment of several Denver metro area local teams regarding information sharing, background research on other state processes to share information, and key informant interviews with partners at various state and local agencies. Additionally, efforts to coordinate various statewide projects to increase information sharing related to child maltreatment, focusing on access to municipal court records, began</p>

		<p>during the fall of 2017 with an in-person convening of interested agencies and partners, including Colorado Department of Human Services, Child Protection Ombudsman of Colorado, Colorado Department of Public Safety, court-appointed professionals, representatives from Colorado municipal courts, state and local law enforcement, state and local prosecutors, State Court Administrator's Office, Colorado Supreme Court and Colorado Department of Public Health and Environment. While the project gained support from legislators during the 2018 legislative session, a legislative request for an interim study committee, the Municipal Court Record Storage and Access Interim Committee proposal, was ultimately denied. In Fiscal Year 2018-19, the Child Protection Ombudsman of Colorado continued convening interested partners to increase access to municipal court records.</p>
2016	Enhance the Graduated Drivers Licensing (GDL) law to increase the minimum age for a learner's permit to 16 years and expand restricted driving hours to 10:00 pm-5:00 am.	<p>Colorado's GDL law was first enacted in 1999 to increase the protections and amount of behind-the-wheel training necessary for beginning drivers. In 2005, Colorado passed additional components to the GDL law restricting the number of passengers that a driver under 18 years old can transport and prohibiting any minor driver who has held a license for less than one year from driving between midnight and 5 a.m. Although CFPS data suggests that this piece of legislation was successful in reducing deaths due to motor vehicles, partners across the state have expressed that the law is unclear and confusing for young people, their families, and prevention professionals as well as difficult for officers to enforce. Additionally, data collected about GDL by CFPS case reviews are limited. In Fiscal Year 2018-19, CFPS developed GDL guidance for local teams to support case reviews and increase driver's license data quality in the system. In Fiscal Year 2020-21, CFPS will update the guidance to include information about learner's permits and widely distribute this guidance to local teams. In addition to supporting teams to understand and discuss this often confusing topic, the guidance will increase the system's understanding of the circumstances of motor vehicle deaths involving young drivers and help to identify common risks and points for intervention. In</p>
2019	<p>Strengthen Colorado's graduated driver licensing law to better align with best practice by:</p> <ol style="list-style-type: none"> <li>1. Increasing the minimum age for a learner's permit from age 15 to 16 and the minimum age for an intermediate (restricted) license from age 16 to 17.</li> <li>2. Expanding the restricted hours for intermediate</li> </ol>	

	drivers from between 12 a.m. and 5 a.m. to between 10 p.m. and 5 a.m.	Fiscal Year 2020-21, CFPS will explore the opportunity to link with the Colorado Department of Revenue data to improve the understanding of the impacts of driver's education on motor vehicle deaths involving young drivers.
2016, 2017, 2018, 2019	Support policies that ensure paid parental leave for families.	Colorado legislators did not come to an agreement to pass a bill to create the Family Medical Leave Insurance (FAMLI) program during the 2019 legislative session. Similar to bills proposed in 2015, 2016, 2017, and 2018, the FAMLI program would have set up a state insurance program that establishes a pool of money, administered by the Colorado Department of Labor and Employment, so employees can take the time they need to care for themselves and to live up to their family responsibilities in caring for a sick child or parent and still be able to make ends meet. Policymakers passed an amended version of Senate Bill 19-188 that requires the Colorado Department of Labor and Employment to analyze the implementation of paid family and medical leave and includes a Task Force to oversee the result of the actuarial analysis. Additionally, CDPHE was tasked with producing a report identifying the health impact of paid family leave for the Task Force: <i>The Health Benefits of Paid Family and Medical Leave: A Report for the Colorado Department of Labor and Employment's Family and Medical Leave Implementation Task Force</i> ( <a href="https://drive.google.com/file/d/1oJWLYfnDpnHpCtPlwG4j9mONUVzoJIWi/view">drive.google.com/file/d/1oJWLYfnDpnHpCtPlwG4j9mONUVzoJIWi/view</a> ).
2017  2018	Support policies to improve behavioral health for children, youth, and families in Colorado.  Support policies to improve caregiver behavioral health, such as: • Screening and referral	During the 2019 legislative session, Colorado legislators passed bills to promote the behavioral health of Colorado's children, youth, and families. Many of these bills were designed to improve access to treatment and behavioral health care providers and services, including House Bill 19-1193 (Behavioral Health Supports For High-risk Families) created a pilot program to provide child care services to pregnant or parenting individuals seeking or participating in substance use disorder treatment; House Bill 19-1017 (Kindergarten Through Fifth Grade Social and Emotional Health Act); House Bill 19-1269 (Mental Health Parity Insurance Medicaid); House Bill 19-1044 (Advance Behavioral Health Orders Treatment); Senate Bill 19-195 (Child And

2019	<p>during the perinatal period.</p> <ul style="list-style-type: none"> <li>• Health insurance coverage.</li> <li>• Behavioral health integration into primary care.</li> </ul> <p>Support policies to improve behavioral health care in Colorado, such as:</p> <ol style="list-style-type: none"> <li>1. Increasing telehealth services, especially in rural areas.</li> <li>2. Increasing diversity of the behavioral health care workforce.</li> <li>3. Integrating behavioral health into primary care.</li> </ol>	<p>Youth Behavioral Health System Enhancements); and Senate Bill 19-010 (Professional Behavioral Health Services for Schools). Additionally, many bills were passed to address and treat opioid misuse disorders among Coloradans: House Bill 19-1287 (Treatment For Opioids And Substance Use Disorders), House Bill 19-1044 (Advance Behavioral Health Orders Treatment), House Bill 19-1009 (Substance Use Disorders Recovery), Senate Bill 19-008 (Substance Abuse Treatment in Criminal Justice), Senate Bill 19-227 (Harm Reduction Substance Use Disorders), Senate Bill 19-228 (Substance Use Disorders Prevention Measures), Senate Bill 19-079 (Electronic Prescribing Controlled Substances), and Senate Bill 19-001 (Expand Medication-assisted Treatment Pilot Program).</p> <p>Additionally, a variety of bills were introduced to improve caregiver and family behavioral health by reducing family stressors, such as House Bill 19-1013 (Child Care Expenses Tax Credit Low-income Families), House Bill 19-1052 (Early Childhood Development Special Districts), House Bill 19-1280 (Child College Savings Accounts), House Bill 19-1194 (School Discipline For Preschool Through Second Grade), House Bill 19-1005 (Early Childhood Educator Tax Credit), House Bill 19-1262 (State Funding For Full-day Kindergarten), House Bill 19-1210 (Local Government Minimum Wage), Senate Bill 19-085 (Equal Pay for Equal Work Act), Senate Bill 19-063 (Infant And Family Child Care Action Plan), House Bill 19-1032 (Comprehensive Human Sexuality Education) and Senate Bill 19-188 (FAMLI Family Medical Leave Insurance Program). House Bill 19-1194 (Child Tax Credit) did not pass.</p>
2017, 2018, 2019	Support policies that ensure access to quality, affordable child care for families.	<p><i>2019 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation</i></p> <p>As in previous legislative sessions, during the 2019 legislative session, state policymakers committed to understanding and addressing the lack of access to child care in Colorado by passing several bills. House Bill 19-1005 Early Childhood Educator Tax Credit establishes a refundable, annual tax credit for credentialed early childhood educators working at qualified facilities, and Senate Bill 19-063 requires the development of a strategic action plan to</p>

		address the shortage of infant child care and family-home child care. House Bill 19-1262 State Funding For Full-day Kindergarten increases access to full-day kindergarten and ensures that caregivers are not charged kindergarten tuition. House Bill 19-1013 Child Care Expenses Tax Credit Low-income Families, which extends existing tax credits for families earning less than \$25,000 annually. Lastly, House Bill 19-1193 Behavioral Health Supports for High-Risk Families creates a pilot program to provide child care services to pregnant or parenting individuals seeking or participating in substance use disorder treatment. House Bill 1194 (Child Tax Credit) did not pass.
2017, 2018, 2019	Support policies that expand access to community-based home visiting programs for all families with new infants.	According to the National Home Visiting Resource Center, Colorado currently offers at least six nationally-known home visiting programs and many smaller, local programs. Statewide, over 80 local agencies operate at least one of the home visiting models. While home visiting programs serve many families in Colorado, there are still many families who could benefit from participation in an evidence-informed home visiting program. Currently, there is not a single county in Colorado that has home visiting programs to meet the overall needs of families in the county. Scaling up community-based home visiting programs in Colorado has the potential to enable all families with new infants to benefit from participation in the programs.
2019	Support policies that expand access to quality, affordable, and stable housing across Colorado.	Despite the documented impact of housing on children's health and wellbeing, many families in Colorado are not able to access quality, affordable, and stable housing. Recognizing the importance of housing on child and family health, Colorado policymakers passed several bills during the 2019 legislative session to expand access to quality, affordable, and stable housing in Colorado: House Bill 19-1309 Mobile Home Park Act Oversight, which strengthens the existing Mobile Home Act and creates new standards for Mobile Home residents and Mobile Home Park landowners; House Bill 19-1118 Time Period To Cure Lease Violation, increasing the amount of notice a landlord must provide to a tenant before a landlord can initiate eviction; House Bill 19-1009 Substance Use Disorders Recovery, which allocated funding



		for people experiencing homelessness and dealing with addiction for housing and other supports; House Bill 19-1328 Landlord And Tenant Duties Regarding Bed Bugs charges landlords with timely inspections of impacted units and makes them responsible for all of the costs associated with mitigating bed bugs; House Bill 19-1170 Residential Tenants Health And Safety Act, which supports renters powers and prevents landlord retaliation; and House Bill 19-1106 Rental Application Fees creates more regulation of rental fees charged by landlords.
2019	Encourage Colorado's school districts to delay school start times (after 8:30 a.m.).	Emerging research on the impact of sleep on the mental health of young people suggests that delaying school start times may protect against poor mental health outcomes. School districts across Colorado have pushed back start times for students, starting with Montezuma-Cortez district in 2012. In 2020, Cherry Creek, Boulder Valley, District 27J, Greeley-Evans, Poudre, Thompson, and Adams districts will all have delayed school start times. This recommendation has also gained momentum nationally with California passing a law mandating later start times statewide in 2019.

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