Child Fatality Prevention System

2021 Annual Legislative Report

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, 2021

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ACKNOWLEDGMENTS

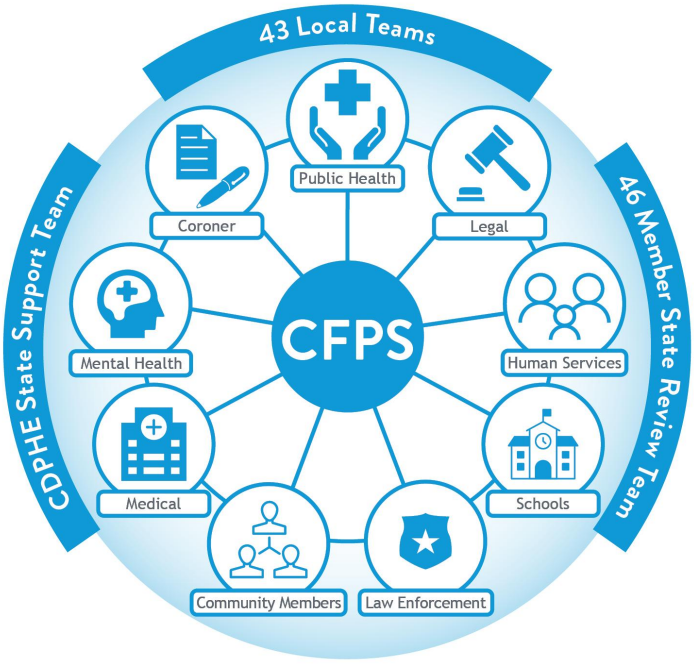
Dedicated advocates across the state make this report possible. Thank you to all members and partners of the Child Fatality Prevention System who give their time and efforts to reviewing cases and entering data, developing and implementing prevention recommendations, and preventing child deaths in Colorado. For more information on the Child Fatality Prevention System (CFPS), visit www.cochildfatalityprevention.com. This report can be found online at 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 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 2020-21.

2015-2019 CFPS DATA HIGHLIGHTS

4 deaths every week

From 2015 to 2019, 38.4% of deaths occurring in Colorado among infants, children, and youth under age 18 were due to injury and violence. **That is over 4 deaths every week.**

232

CFPS reviewed 232 deaths in 2019. That is 7 more deaths than in 2018.

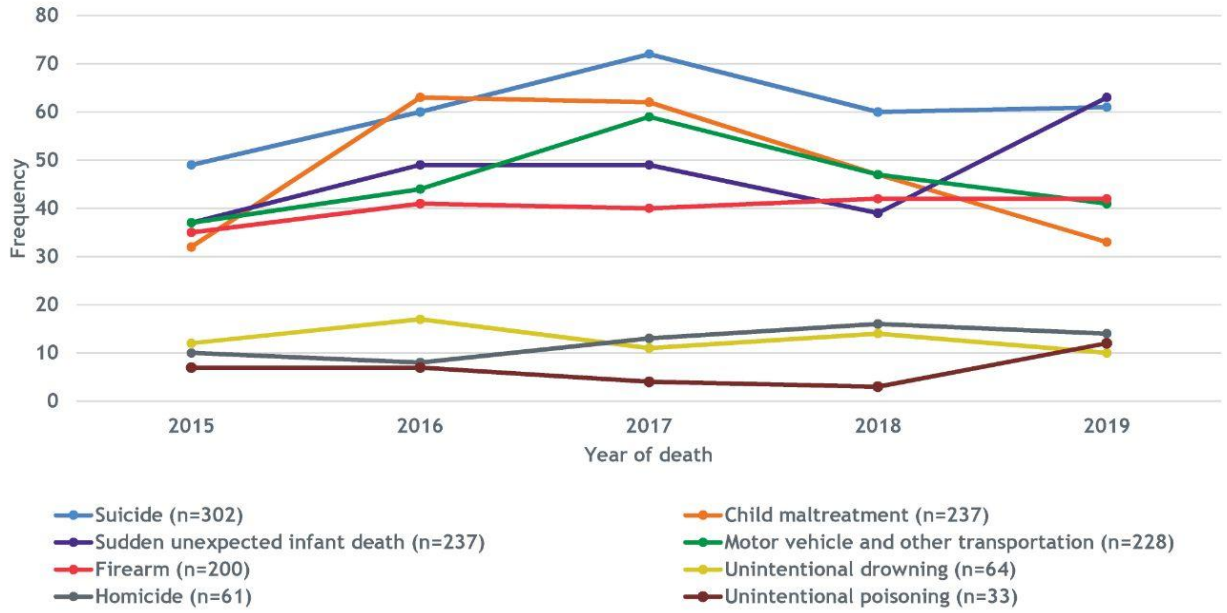
31%

There is a **connection between early experiences of child maltreatment and future deaths.** Nearly 31% 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 younger than 18 years of age occurring in Colorado between 2015 and 2019. CFPS uses death certificates to identify deaths among those younger than age 18 in Colorado. The leading causes of death for CFPS among those younger than age 18 are suicide, child maltreatment, sudden unexpected infant death, motor vehicle and other transportation crashes, and firearms. Figure 2 shows the leading causes of death among infants, children, and youth younger than age 18 between 2015 and 2019. 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 2019. However, firearm deaths, homicide, and unintentional poisoning 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.

The overall rate of deaths reviewed by CFPS for the period was 16.9 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 younger than age 18 due to injury and violence. The overall rate ranged from 14.4 per 100,000 population in 2015 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 younger than age 18 in Colorado and reviewed by CFPS by year, 2015-2019 (n=1149)



Across several of the leading causes of death, CFPS observed significant disparities for non-Hispanic Black, non-Hispanic American Indian or Alaska Native, and Hispanic infants, children and youth, as well as for young people residing in rural counties in Colorado. Disparities result from historical trauma and the social conditions facilitated by racism and discrimination, and 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, in cause-specific 2015-2019 data briefs, and in the CFPS report: *The Role of Policies and Systems in Child Deaths in Colorado*, all available here www.cochildfatalityprevention.com/p/reports.html.

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

12.0x as likely to die by homicide*
3.8x as likely to die by child maltreatment*
3.5x as likely to die by SUID*
3.4x as likely to die by unintentional drowning*
2.5x as likely to die by firearm*

...when compared with non-Hispanic white infants, children, and youth.

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

4.5x as likely to die by motor vehicle crashes*
2.6x as likely to die by unintentional drowning
1.9x as likely to die by firearm
1.6x as likely to die by SUID
1.5x as likely to die by child maltreatment

...when compared with those living in an urban county.

**Difference is statistically significant.*

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 2021 legislative report, this process included several key community engagement steps: 1) reviewing the 2015-2019 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.

 **Behavioral Health Promotion**	Support policies to improve behavioral health care by: 1. Increasing telehealth services, especially in rural areas. 2. Integrating behavioral health into primary care. 3. Increasing access to mental health services and supports for young people. 4. Supporting policies and programs that strengthen youth connections to trusted adults.
 **Quality, Affordable, & Stable Housing**	Support policies that expand access to quality, affordable, and stable housing across Colorado.
 **Quality, Affordable, & Stable Child Care**	Support policies that ensure access to quality, affordable, and stable child care, especially for infants and young children.
 **Evidence-Informed Home Visitation**	Support policies that expand access to community-based home visiting programs for all families with infants and young children.
 **Broadband Internet Access**	Support policies that expand access to broadband internet to improve access to educational, social, and health care opportunities for families.
 **Infant Safe Sleep Promotion**	Support policies that expand safe sleep education, modeling, and discharge safety screening in birthing hospitals.

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.
- 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 seven years, the CFPS developed 27 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 are effective prevention strategies for many types of child deaths. By supporting and adopting the recommendations outlined in this report, policymakers can save lives and make Colorado families more resilient to stresses caused by major life events like the COVID-19 pandemic.

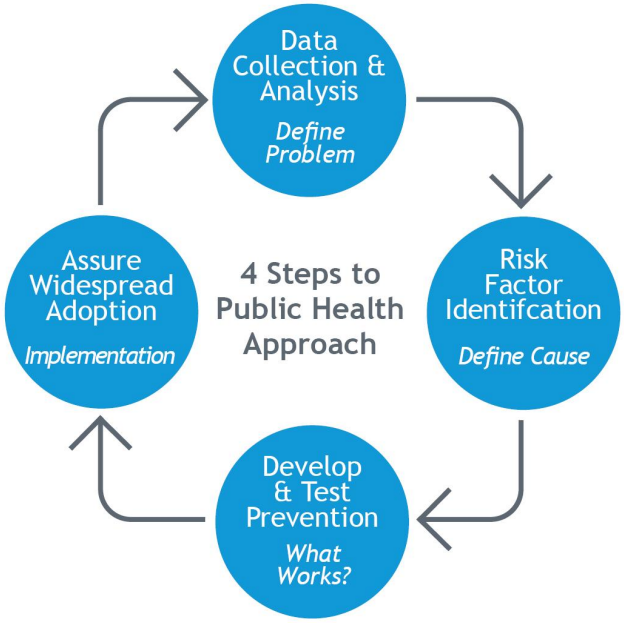
Additionally, policymakers play a role in increasing public support for policies supportive of children and families. This can help shift the norm that places responsibility for children solely on parents and caregivers to a norm that considers caring for and protecting children as a shared, community responsibility. Safeguarding the health and well-being of Colorado's infants, children, youth, and families is an increasing concern given the COVID-19 pandemic. With Colorado families facing long-lasting social, psychological, and economic impacts of the pandemic, implementing policies that increase access to concrete supports for families like broadband internet, housing, child care, home visiting, and supporting infant safe sleep and behavioral health is vitally important.

While this report considers the context and impact of the pandemic on the recommendations, public health child death review processes are retrospective, and as such, the deaths in this report all pre-date the COVID-19 pandemic. In 2021, CFPS will review deaths that occurred during the 2020 calendar year. For each case that is reviewed, teams are asked to consider the role the pandemic played in the death. CFPS will share data from the deaths of infants, children, and youth through 2020 in the 2022 Annual Legislative Report, released July 1, 2022.

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 at least 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.

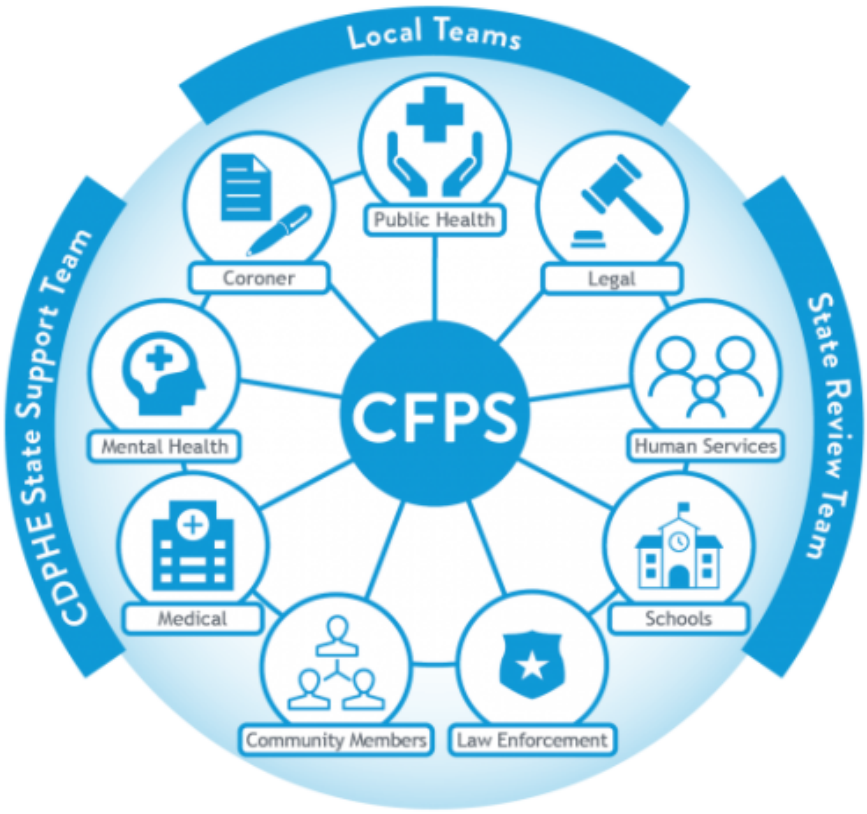
Figure 1. A public health approach to child fatality prevention



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, homicide, 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 state-level recommendations for policymakers and the legislature on how to prevent child deaths. As in previous years, during the state Fiscal Year 2020-21, CFPS also partnered with two community advisory councils, the Youth Partnership for Health and the Community Action Board, to refine the state-level 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 2020-21. The data in this report come from comprehensive reviews of deaths among those under 18 years of age occurring in Colorado between 2015 and 2019. Public health child death review processes are retrospective, and as such, the deaths in this report all pre-date the COVID-19 pandemic. In 2021, CFPS will review deaths that occurred during the 2020 calendar year. For each case that is reviewed, teams are asked to consider the role the pandemic played in the death. Specifically, teams are asked if the death was directly or indirectly impacted by the pandemic and about any circumstances related to the pandemic that might have impacted the child or young person's life and death such as school closures, stay at home orders, and other disruptions. CFPS will share data from the deaths of infants, children, and youth through 2020 in the 2022 Annual Legislative Report, released on July 1, 2022. Access additional data in fatality cause-specific data briefs and the CFPS Data Dashboard: www.cochildfatalityprevention.com/p/reports.html.

Figure 2. CFPS Structure and Partners



CFPS DATA OVERVIEW

For purposes of this report, ***inequities*** are defined as systemic, avoidable, and unjust factors that prevent people from reaching their highest level of health. ***Disparities*** are differences in health outcomes between people related to social or demographic factors such as race, ethnicity, gender, sexual orientation, or geographic region. Measuring disparities helps measure our progress toward achieving equity.[1,2]

THE IMPACT OF POLICIES AND SYSTEMS ON CHILD DEATHS

Generations of social, economic, and environmental inequities contribute to the deaths of infants, children, and youth.[3] People exposed to these factors (outlined in the table below) experience additional harm, resulting in higher rates of death. When interpreting the data, it is critical to not lose sight of these systemic, avoidable, and unjust factors. 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 and understand the life-long inequities that persist across groups in order to eliminate them. When limitations in the data system exist due to how data are collected, or because data are 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:

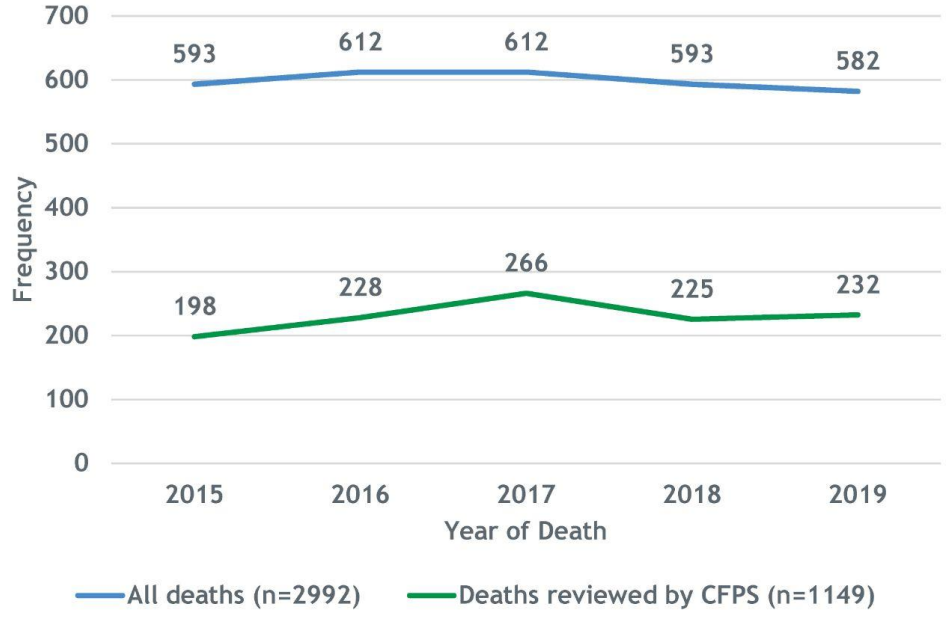
RURAL AND FRONTIER GEOGRAPHY	RACE AND ETHNICITY	SEXUAL ORIENTATION AND GENDER IDENTITY
Limited access to Level 1 trauma centers and mental and behavioral health services.[4] Increased stigma associated with mental illness and seeking help.[5] Longer response times by emergency medical services.[6] **→ These and other factors contribute to higher death**	Racism, discrimination, and historical trauma.[9,10] Limited access to high-quality education,[11] employment opportunities,[12] healthy foods,[13] culturally traditional foods,[14] and health care.[15] Chronic stress.[16] **→ These factors result in lasting health impacts for**	Discrimination, stigma, and bias.[20] Rejection from family, friends, and community.[21] Non-inclusive school curricula and anti-harassment policies.[22] Insufficient access to LGBTQ+-informed health care.[23] **→ This chronic social stress that LGBTQ+**

rates in rural areas, including suicide[7] and passenger vehicle deaths.[8]	people of color that include infant mortality,[17] high rates of homicide and gun violence,[18] and increased motor vehicle deaths.[19]	children and youth experience influences health across the lifespan, including higher rates of suicide[24] and substance use.[25]

SUMMARY OF 2015-2019 CHILD FATALITY REVIEW FINDINGS

CFPS uses death certificates provided by the Vital Statistics Program at CDPHE to identify deaths among people under age 18 in Colorado. CFPS does a preliminary review of all deaths to determine which should receive a full team review based on CFPS statutory criteria. Of the 2,992 deaths from 2015 through 2019, 1,149 met criteria and received a thorough case review during the 2016 through 2020 calendar years. Figure 1 demonstrates the number of deaths in Colorado among those younger than age 18 from 2015 through 2019 and the number of deaths CFPS reviewed during this time period. Child deaths during this five-year period ranged from 582 in 2019 to 612 in 2016 and 2017 and averaged about 600 deaths per year. On average, 230 deaths per year met CFPS criteria and received a full review. In 2015, 198 deaths met the CFPS criteria for review, while 232 deaths met the criteria in 2019. 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 2015 (33.4%) and 2019 (39.9%). More detailed data are available in a queryable CFPS data dashboard and cause-specific data briefs located at www.cochildfatalityprevention.com/p/reports.html.

Figure 1. Total number of deaths and deaths reviewed by CFPS occurring among those younger than age 18 in Colorado by year, 2015-2019



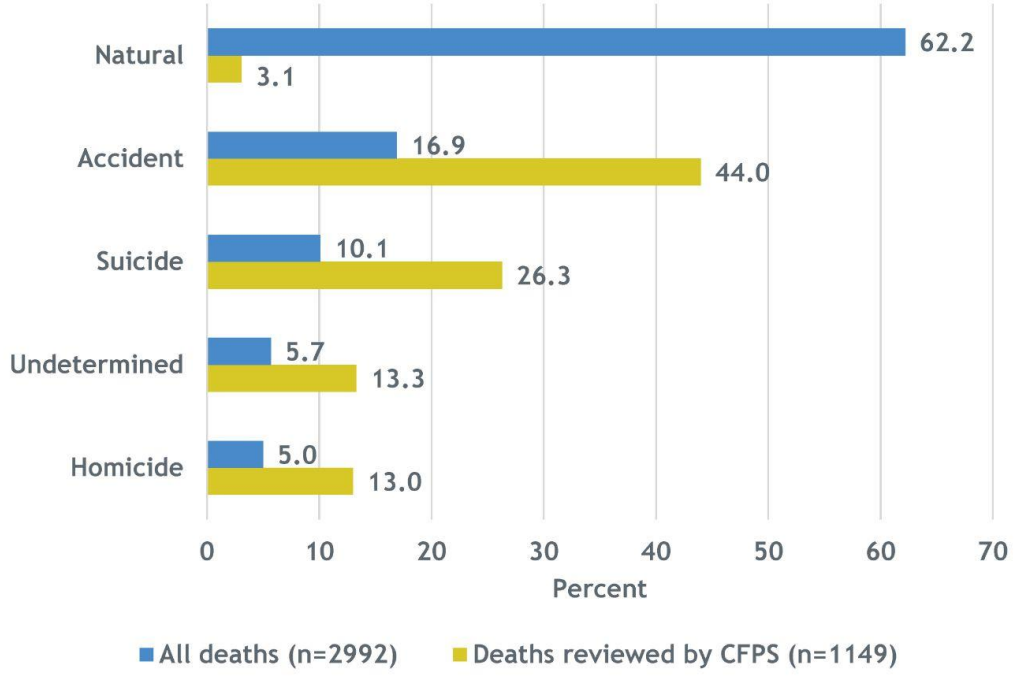
The overall rate of deaths reviewed by CFPS for the period was 16.9 per 100,000 Colorado residents. This rate combines all causes of death reviewed by CFPS and is interpreted as overall rates of death among Colorado residents younger than age 18 due to injury and violence. The overall rate ranged from 14.4 per 100,000 population in 2015 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 (31.8 per 100,000 population) die by injury and violence at over twice the rate of non-Hispanic white infants, children, and youth (14.6 per 100,000 population). Racial disparities in deaths by injury and violence result from systemic inequities facilitated by racism and discrimination.[26] Infants, children, and youth who live in a frontier county (27.4 per 100,000 population) die by injury and violence at 1.7 times the rate of those who live in an urban county (16.4 per 100,000 population). Geographic disparities are often the result of extreme geographic and social isolation as well as limited access to services.[27] Access *The Role of Policies and Systems in Child Deaths in Colorado* for a whole report dedicated to understanding systemic and social factors that contribute to these disparities and cause-specific data briefs for more information (www.cochildfatalityprevention.com/p/reports.html).

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 younger than age 18 in Colorado during the period were determined to be natural (62.2%, n=1861), accident (16.9%, n=505), suicide (10.1%, n=302), undetermined (5.7%, n=170), and homicide (5.0%, n=149). By contrast, for deaths reviewed by CFPS the most frequent manners of death were accident (44.0%, n=505), suicide (26.3%, n=302), undetermined (13.3%, n=153), homicide (13.0%, n=149), and natural (3.1%, n=36).

Figure 2. All deaths and all deaths reviewed by CFPS occurring among those younger than age 18 in Colorado by manner of death, 2015-2019



Cause of Death

Colorado coroners also determine the cause of death, which is a specific injury or disease that resulted in the death (i.e., drowning, poisoning, or a motor vehicle crash). The leading causes of death occurring among those younger than age 18 in Colorado for the years 2015-2019 are perinatal conditions (27.8%, n=833), congenital malformations (15.6%, n=467), and suicide (10.1%, n=302).

For CFPS data analysis purposes, the cause of death categories are not mutually exclusive. 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 younger than age 18 reviewed by CFPS for the years 2015-2019. Among these, the most frequent cause of death over the five-year period was suicide (n=302) followed by child maltreatment (n=237) and sudden unexpected infant death (SUID) (n=327). Other leading causes of death included motor vehicle and other transportation deaths (n=228), consisting primarily of passenger vehicle deaths (n=159) and pedestrian deaths (n=39); firearm (n=200); unintentional drowning (n=64); homicide not due to child maltreatment (n=61); and unintentional overdose or poisoning deaths (n=33).

Figure 3. Leading causes of death for deaths occurring among those younger than age 18 in Colorado and reviewed by CFPS, 2015-2019 (n=1149)

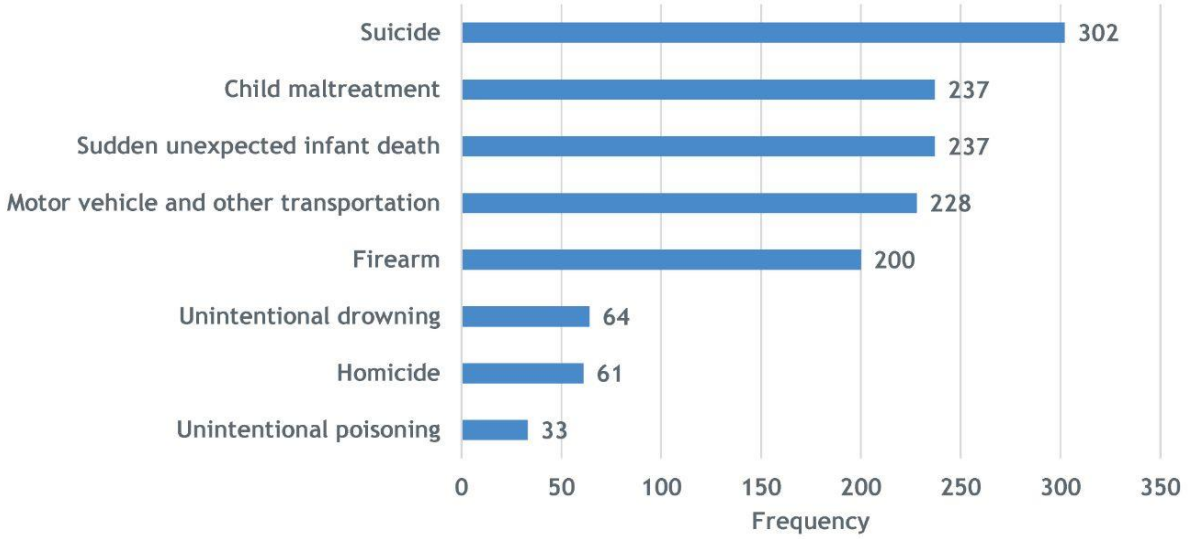
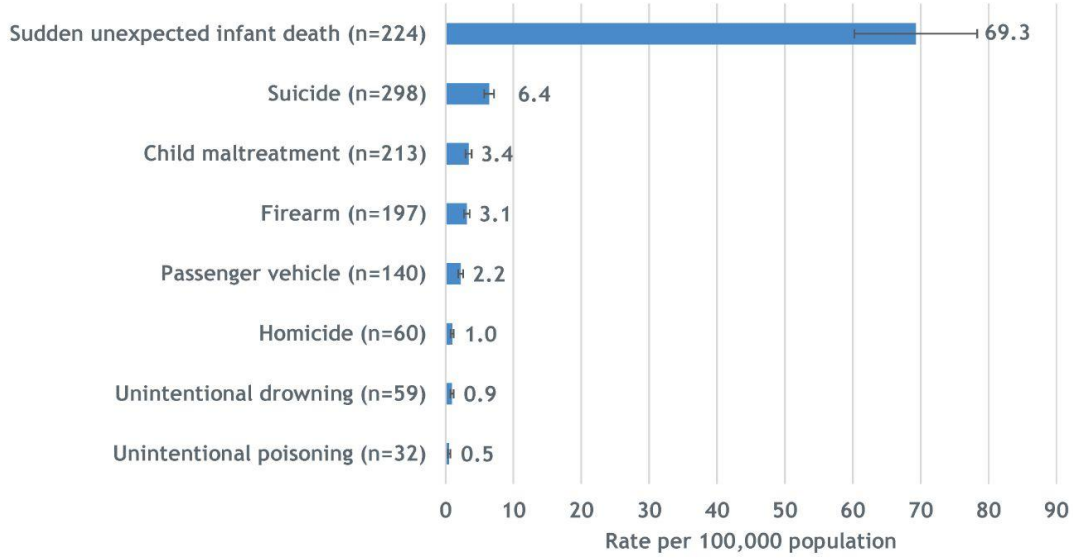


Figure 4 demonstrates the rates of death among Colorado residents for the leading causes of death identified by CFPS from 2015-2019. The highest rate of death was SUID, at 69.3 deaths per 100,000 live births in Colorado. This rate was more than ten times the rate of any other cause of death reviewed by CFPS. Suicide among children and youth ages 5-17 was the second highest rate at 6.4 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 younger than age 1 (25.0 per 100,000 population, n=82) and the rate of suicide was highest among youth ages 15-17 (18.6 per 100,000 population, n=202).

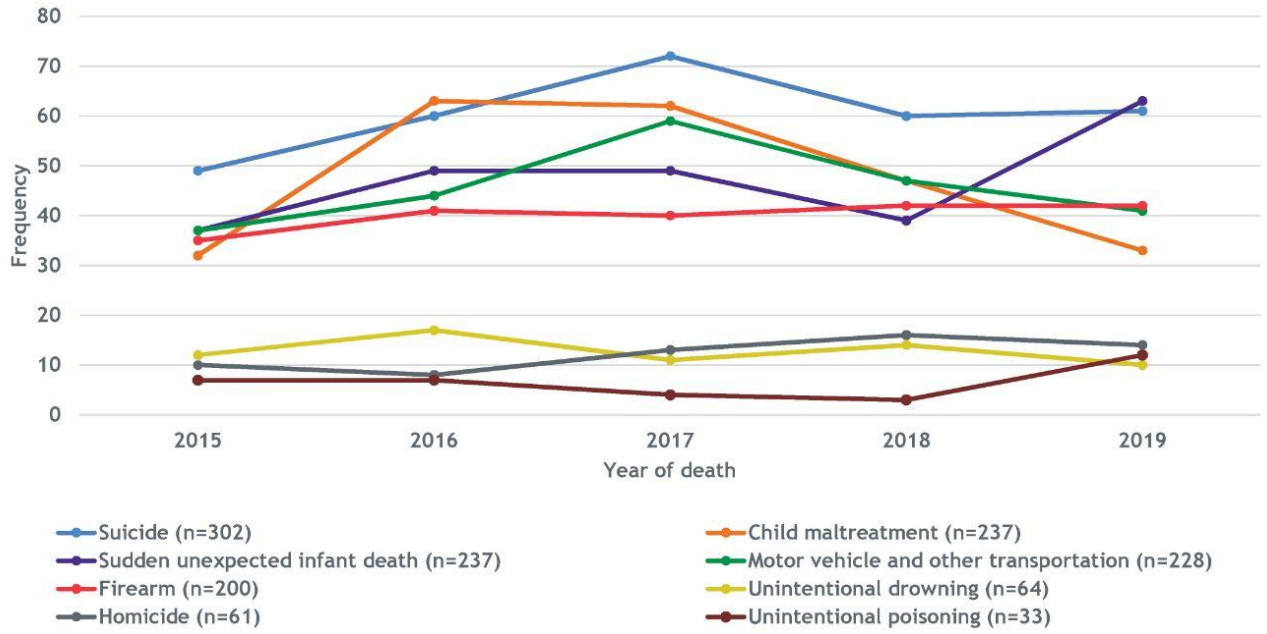
Figure 4. Rates of death occurring in Colorado among Colorado residents younger than age 18 and reviewed by CFPS, 2015-2019



*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 child maltreatment and motor vehicle and other transportation deaths, observed a decrease between 2018 and 2019. The only causes of death that experienced any increase between 2018 and 2019 were suicide, sudden unexpected infant death (SUID), and unintentional poisoning 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, 2015-2019 (n=1149)



Leading causes of death differ by age group. Table 1 displays the leading causes of death from 2015-2019 for deaths reviewed by CFPS occurring among those younger than age 18 in Colorado by age group.

Table 1. Leading causes of death occurring among those younger than age 18 in Colorado and reviewed by CFPS by age group, 2015-2019*

	n	Percent			n	Percent
All (n =1149)				**Ages 5 - 9 (n = 94)**		
Suicide	302	26.3		Motor vehicle and other transportation	44	46.8
Child maltreatment	237	20.6		Child maltreatment	33	35.1
Sudden unexpected infant death	237	20.6		Unintentional drowning	12	12.8
Motor vehicle and other transportation	228	19.8		Firearm	6	6.4
Firearm	200	17.4		Fall or Crush	5	5.3
Age < 1 (n = 305)				**Ages 10 - 14 (n = 182)**		
Sudden unexpected infant death	237	77.7		Suicide	96	52.8
Child maltreatment	88	28.9		Firearm	46	25.3
Unintentional drowning	10	3.3		Motor vehicle and other transportation	38	20.9
Other**	6	2.0		Child maltreatment	33	18.1
Motor vehicle and other transportation	6	2.0		Homicide	9	5.0
Ages 1 - 4 (n = 145)				**Ages 15 - 17 (n=423)**		
Child maltreatment	60	41.4		Suicide	205	48.5
Motor vehicle and other transportation	29	20.0		Firearm	144	34.0
Unintentional drowning	24	16.6		Motor vehicle and other transportation	111	26.2
Asphyxia	10	6.9		Homicide	49	11.6
Fire	8	5.5		Child maltreatment	23	5.4

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%.

** Most 'Other' deaths are due to other undetermined causes.

CFPS COMMUNITY ENGAGEMENT

Each year, CFPS partners prioritize prevention recommendations for policymakers to consider. For the 2021 legislative report, this process included several key community engagement steps: 1) reviewing the 2015-2019 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.

2015-2019 DATA PRESENTATION AND LOCAL TEAM PREVENTION RECOMMENDATIONS

To review the 2015-2019 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.

For each child death case that they review, local teams develop recommendations to prevent future similar deaths. For the 232 child deaths that occurred in 2019 and were reviewed by local teams in 2020, 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 in the development of 2021 prevention recommendations, CFPS again 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 last three years, CFPS partnered with YPH to share data and discuss prevention recommendations. For the 2020 Legislative Report, YPH endorsed the Behavioral Health Promotion recommendation and added a component of the recommendation to require mandatory mental health screenings for young people. For the 2021 Legislative Report, YPH

again provided feedback and considerations to improve the Behavioral Health Promotion 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 to influence long-lasting policy, systems, and environmental changes to CDPHE programs and procedures.

In state Fiscal Year 2020-21, the CAB again provided feedback on CFPS program and prevention recommendations. The CFPS state support team presented 2015-2019 state level data and the 2020 prevention recommendations and spoke with CAB members about how their past feedback was used and what might be missing or needed to strengthen future reports. CAB members shared several recommendations to improve the work of CFPS:

- Establish more accountability and follow-up for implementation or adoption of the prevention recommendations.
- Continue to address diversity, equity, and inclusion in CFPS work at all levels.
- In addition to presenting the recommendations, share relevant resources and ways to get involved in supporting the recommendations.

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 2015-2019 data, local team prevention recommendations, and YPH and CAB feedback, system partners discussed which prevention recommendations to include in the 2021 Legislative Report. During these conversations, 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 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.

 **Behavioral Health Promotion**	Support policies to improve behavioral health care by: 1. Increasing telehealth services, especially in rural areas. 2. Integrating behavioral health into primary care. 3. Increasing access to mental health services and supports for young people. 4. Supporting policies and programs that strengthen youth connections to trusted adults.
 **Quality, Affordable, & Stable Housing**	Support policies that expand access to quality, affordable, and stable housing across Colorado.
 **Quality, Affordable, & Stable Child Care**	Support policies that ensure access to quality, affordable, and stable child care, especially for infants and young children.
 **Evidence-Informed Home Visitation**	Support policies that expand access to community-based home visiting programs for all families with infants and young children.
 **Broadband Internet Access**	Support policies that expand access to broadband internet to improve access to educational, social, and health care opportunities for families.
 **Infant Safe Sleep Promotion**	Support policies that expand safe sleep education, modeling, and discharge safety screening in birthing hospitals.

COLORADO CHILD FATALITY PREVENTION SYSTEM

BEHAVIORAL HEALTH PROMOTION

SUPPORT POLICIES TO IMPROVE BEHAVIORAL HEALTH CARE BY:

1. **Increasing telehealth services, especially in rural areas.**
2. **Integrating behavioral health into primary care.**
3. **Increasing access to mental health services and supports for young people.**
4. **Supporting policies and programs that strengthen youth connections to trusted adults.**

Policies and associated funding that improve behavioral health (both mental health and substance misuse) for Coloradans improve overall health and well-being, promote protective factors, and ultimately prevent child deaths. Over the last five 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 2015 and 2019 (n=302), 29.5% (n=89) had a history of substance use or abuse.
- Among Colorado children and youth who died by suicide, 51.7% (n=156) received prior mental health services, 33.4% (n=101) were receiving mental health services at the time of their death, and 25.2% (n=76) were on medications for mental illness.
- Of the children and youth who died by suicide, 7.6% (n=23) had issues preventing them from receiving mental health services. Children and youth choosing not to access or continue care is a commonly reported issue according to CFPS review teams.
- Among infants, children, and youth who died in passenger vehicle crashes in Colorado between 2015 and 2019 (n=159), 37.1% (n=59) indicated drug or alcohol use as a cause of the crash. When narrowed down to passenger vehicle deaths where a young driver was responsible for causing the crash (n=66), 50.0% (n=33) indicated drug or alcohol use as a cause of the crash.
- Among those younger than age 18 who died by unintentional poisoning or overdose in Colorado between 2015 and 2019 (n=33), 51.5% (n=17) were indicated to have used or abused substances previously.

This recommendation is based on local team, CFPS State Review Team, past CFPS recommendations. It is supported by the Colorado Youth Partnership for Health 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 work together to improve Colorado's behavioral health system.

Beginning in 2019, Governor Polis created the Colorado Behavioral Health Task Force at the Colorado Department of Human Services. The task force assessed the landscape of Colorado's behavioral health system and supported and developed a roadmap in September 2020 called Colorado's Behavioral Health Blueprint (cdhs.colorado.gov/behavioral-health-reform) to guide improvements in the system. Given the impacts of the COVID-19 pandemic on behavioral health in Colorado, Governor Polis also created a special assignment committee to highlight the impacts of COVID-19 on the behavioral health system, including access to behavioral health services especially for vulnerable and underserved populations, and evaluate the behavioral health crisis response to COVID-19. The committee also provided recommendations to the Behavioral Health Task Force for improvements to behavioral health services during any future crises. In April 2021, House Bill 21-1097 was signed into law, directing the Colorado Department of Human Services to create a Behavioral Health Administration by July 2022.

In addition to the robust work happening across the state to address behavioral health, CFPS identified behavioral health promotion as an important child fatality 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.

The constraints placed on in-person health care by the COVID-19 pandemic in 2020 and 2021 demonstrate the importance of alternative ways to provide quality health care. Telehealth is a tool or set of tools commonly used to provide virtual health care, consultation, and training. Telehealth increases access, quality, and efficiency of health care delivery for all types of health care, including behavioral health. Research suggests that telehealth not only improves access to and quality of care, but also reduces costs.[28,29] The infrastructure for telehealth is well supported. Private and public insurers, including Medicaid, reimburse telehealth services for physical and behavioral health. Additionally, health care providers have access to free or low-cost training they need to deliver telemedicine through 12 federally funded telehealth resource centers serving all U.S. states and territories.[30]

Lack of transportation, inability to leave the house or be in public, as well as privacy concerns due to the stigma associated with seeking and receiving behavioral health care services may keep many people from seeking care in-person, 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 among others. 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. However, not all communities in Colorado have access to stable and affordable broadband internet, which is needed to facilitate telehealth delivery. Internet infrastructure must be supported in the communities that need it most to ensure access to telehealth. In response to the pandemic, the Federal Communications

Commission released two rounds of funding under the COVID-19 Telehealth Program. The program funds health care providers to have access to telecommunications, information technology, and the necessary equipment to provide telehealth care (for more information on internet access, please see the Broadband Internet Recommendation).

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

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.[31]

Integrated care is especially needed in rural communities, where access to care can be challenging. Rural communities experience shortages in qualified clinicians, long travel times to health care facilities, and limited access to mental and behavioral health services. Nationally, there are approximately 6,000 areas that are federally designated as having a shortage of mental health care professionals; about 70% of those are rural areas.[32] In Colorado, all geographic areas with a shortage of mental health care professionals are at least partially rural.[33]

One benefit of integration into primary care is early identification, which may help address new behavioral health concerns and prevent worsening of existing concerns. 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.[34,35] 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. Passed in 2019, Senate Bill 19-195 Child And Youth Behavioral Health System Enhancements requires the Colorado Department of Human Services, Office of Behavioral Health to recommend standardized behavioral health screening tools for primary care providers. Additionally, in acknowledgment of the extreme toll that the COVID-19 has taken on Coloradans' mental and emotional well-being, Colorado legislators passed House Bill 21-1068 Insurance Coverage Mental Health Wellness Exam. This will require insurance providers to cover an annual mental health examination without the need for co-insurance, co-payment, or deductibles. Colorado would be the first state to require an annual mental wellness exam.

Increasing funding and access to mental health services and supports for young people. Youth access to and funding for mental health services and supports has become an important area of focus in the state of Colorado. Despite these marked investments, the need for supports and services still outweighs what is available to young people. According to the *2021 State of Mental Health in America Report*, Colorado ranks 42 out of 50 states in youth mental health. The report ranks states across seven measures of youth behavioral health that assess mental illness and access to care, such as the number of youth with substance use disorder in the past year and children with private insurance that did not cover mental or emotional problems, among five other measures.[36] The need in Colorado is clear.

One barrier that may limit access to behavioral health for youth in Colorado is the lack of diversity among behavioral health care providers. Nationally, racial disparities within mental health are well-documented and show a significant and lasting impact on a variety of health outcomes, including national suicide-related indicators, such as suicidal despair, suicide attempts, and suicide deaths.[37] Mistrust is common in mental and behavioral health systems because Black, Indigenous, and Youth of Color are more likely to receive misdiagnoses and treatments that do not reflect their needs.[38] Health care providers unfamiliar to their patient's lived experience may miss or misunderstand their symptoms.[39] 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.[40,41] Mental and behavioral health providers tend to be primarily white; however, these white providers often serve a diverse population. Health systems that welcome cultural competence education and diverse hiring practices help reduce behavioral health disparities.[42] **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.** It will also improve behavioral health outcomes and decrease inequities among Colorado's communities.[43]

Another barrier many Coloradans face is the stigma associated with mental health concerns and substance use that prevent people from accessing behavioral health care. Colorado should continue to fund and support campaigns that are specifically designed to encourage youth to seek behavioral health care, such as Below the Surface (coloradocrisisservices.org/toolkit/youth-campaign). This youth-centered campaign encourages young people to acknowledge and seek help for any behavioral health concern they have by accessing the Colorado Crisis Services text line to connect with 24/7, free, personal, and confidential support from a trained counselor.

In Colorado, school-based health centers (SBHCs) support behavioral health integration for both rural and urban communities. There are 69 operational SBHCs in Colorado and CDPHE provides funding to 53 of them through the School-Based Health Center Grant Program. SBHCs are health care facilities located inside a school or on school grounds that increase access to health care for children and youth while maximizing students' in-school time by reducing the time spent attending offsite appointments. CDPHE-funded SBHCs provide integrated primary,

behavioral, and oral care to more than 32,000 children and youth in Colorado. Services include, but are not limited to, preventive care such as well-child exams, immunizations, and health screenings; health education and promotion; mental health; and counseling services. Fifteen SBHCs participate in a project to provide adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) - a research based practice used in the clinical setting to identify, reduce, and prevent use of alcohol, marijuana, tobacco, vape products, and other substances among youth - for youth ages 11-20.

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. More support 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 help SBHCs collect better data on what patients need, how patients use SBHCs, and what medical and behavioral health care gaps may persist. The funding goal is to invest in SBHCs that provide high-quality, integrated health care for children and youth to improve health.

Another way to support young people's behavioral health is by increasing funding for and expansion of peer recovery support services for young people. Having been successful in their own recovery and drawing on their own lived experiences, peer support coaches provide non-clinical support to those with substance use disorders. Peer support coaches support is non-judgmental, trauma-informed, holistic, culturally-relevant care that is person centered and driven by the individuals working towards recovery. According to the Substance Abuse and Mental Health Services Administration, peer recovery for youth leads to better outcomes, including reductions in substance use, depression, and hospitalizations. Additionally, youth peer supports bolsters social supports, improves self-esteem, confidence, and engagement with self-care and wellness, and increases feeling of hope and control over one's life in young people.[44] The Office of Behavioral Health currently funds six organizations across Colorado to provide peer recovery support services.[45] Colorado lawmakers supported peer services by passing House Bill 21-1021 which requires the Department of Health Care Policy and Financing to reimburse peer support services as part of comprehensive substance use treatment.

Colorado lawmakers also made several other significant commitments to improving access and funding for youth mental health in the 2021 legislative session: House Bill 21-1258 Rapid Mental Health Response for Colorado Youth and House Bill 21-1273 Colorado Department Of Education Report Concerning School Psychologists. While not specifically just for youth, the following bills passed by the legislature during the 2021 session will help strengthen the supports and funding for behavioral health in Colorado: House Bill 21-1305 Mental Health Practice Act and House Bill 21-1085 Secure Transportation Behavioral Health Crisis.

Supporting policies and programs that strengthen youth connections to trusted adults. When youth are connected to adults who care about them and they can trust, youth have better health outcomes, including mental health and substance use. Connectedness,

specifically youth connections with trusted adults, is protective against suicide, bullying, and sexual violence.[46,47] Youth serving organizations and schools can implement programs and policies that increase protective factors for youth to support youth behavioral health. Evidence-based programs can help build and promote trusted adult relationships, prosocial behavior, academic success, emotional well-being, and physical health. Policymakers can improve youth behavioral health and prevent suicide by championing evidence-based policies and programs known to increase youth connectedness, such as:

- Positive Youth Development.
- Hot-spot mapping.
- Gay Straight Alliances (GSAs).
- Supportive and affirming practices and policies.

Positive youth development (PYD) is an approach which works to build positive youth and adult relationships.[48] PYD guides communities and organizations in how they organize services, opportunities, and support to engage youth in reaching their full potential. PYD incorporates the development of skills, opportunities, and authentic relationships with caring adults into programs, practices, and policies. Having a caring adult, inclusive of parents, teachers, coaches, and mentors, is protective against suicide and improves behavioral health. The Trevor Project found that LGBTQ+ youth who report having at least one accepting adult in their lives were 40% less likely to report a suicide attempt in the past year.[49] Adopting a PYD approach has additional impacts such as "positive outcomes in mental health, reduced substance use and antisocial behaviors, academic achievement, skill building, problem-solving, communication, family relationships, and healthy diet."[50]

One of the strategies which can embody a positive youth development approach is hot spot mapping. **Hot spot mapping is a data-driven strategy which can use youth voice and experience to identify community, school, and organization spaces that are safe and unsafe and identify systems-level recommendations to promote or change these spaces.**[51] Through authentic community and youth engagement, the goal of hot spot mapping is to increase community and school connectedness, as well as connections to caring adults for young people. This strategy may also be a mechanism for LGBTQ+ youth and youth of color to create anti-oppressive policies, environments, and systems.

Gay Straight Alliances (GSAs) "are student-run organizations that unite LGBTQ+ and allied students to build community and organize around issues impacting them in their schools and communities."[52] In addition to historically being a safe place for LGBTQ+ youth, GSAs have become clubs that advocate for broader social change, including racial, gender, and educational justice. Research has shown that GSAs create a positive climate for all students and have positive effects on student health, wellness, and academic performance. They also protect students from harassment based on sexual orientation and gender identity.[53] In addition to building a safe and inclusive school environment, youth who participate in a GSA may be more likely to report having a trusted adult in their lives.[54]

Support and acceptance of youth by their family, peers, and communities is an essential foundation to ensure all youth thrive.[55] Gender affirmation policies ensuring the use of one's chosen name, chosen pronouns, and access to one's preferred restroom and locker room, can help to create a supportive and safe environment.[53,57] Data from the Healthy Kids Colorado Survey show that 51.5% of transgender students and 44.8% of students unsure of or questioning their gender identity had seriously considered attempting suicide in the past year, compared to 16.5% of cisgender youth. Additionally, 34.6% of transgender students and 27.2% of students unsure of or questioning their gender identity had actually attempted suicide in the past year, compared to 6.7% of cisgender youth.[58] Ensuring that others refer to transgender youth with their identified gender and with their chosen name can significantly reduce the risk of suicide.[59] According to a recent study, the risk of suicidal behavior by transgender youth goes down by more than half for every additional context (e.g., at home, school, work, or with friends) in which their chosen name is used.[60]

When implementing strategies to increase trusted adults for youth, it is important to continue to work towards increasing access to adults in all settings, like faith-based organizations, school, and sports, that represent the diverse identities and lived experience of Colorado youth. Studies show that a strong social network can help reduce stress, isolation, and loneliness.[61] Having access to same-race peers and same-race leadership can be an important aspect of building strong social networks. Same-race support systems understand racial oppression and tend to not carry internalized racism towards each other.[62] In Colorado, 87% of teachers are white and in contrast, approximately 40% of Colorado students identify as Black or Hispanic.[63] Research shows that many white educators are underprepared to meet the needs of an increasingly diverse youth population.[64] Policymakers should consider supporting policies and programs that promote a diverse group of trusted-adults that reflect the diversity of students they serve.

State and local policymakers can play a role in supporting behavioral health access in Colorado for youth and their families. Policymakers are making progress towards more supports for youth behavioral health, but the state must continue to invest in these life-saving strategies. For more ways to support youth behavioral health and prevent youth suicide, visit: coosp.org. For more information on preventing suicide and promoting connected among youth, access the following report: *Suicide among Youth in Colorado, 2013-2017: Ages 10-18* (www.cochildfatalityprevention.com/p/reports.html).

COLORADO CHILD FATALITY PREVENTION SYSTEM

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. [65,66,67,68,69] Stable housing is protective against many forms of injury and violence that impact children and their families, including child abuse and neglect[70] and suicide.[71] In total between 2015-2019, 302 children and youth ages 5-17 died by suicide in Colorado, and CFPS identified 237 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 where the home is located, as well as air quality; home safety; space per individual; the presence of mold, asbestos, lead,[72] or pests like rodents and insects.

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.[73]

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.[74]

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.[75,76] Due to a long-standing history of discriminatory housing and lending practices, Black and Latinx people have and continue to face more challenges securing safe, affordable and stable housing than white people.[77] 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.[78] Despite the burden of housing costs, research demonstrates that providing families with rental assistance can improve child health outcomes.[79] 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[80] 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. 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 (DOLA). 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, 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. In response to the pandemic, DOLA also offered property owners and renters rental and mortgage assistance through the Colorado Emergency Rental Assistance Program, which is funded by the federal government and can cover past due, current, and upcoming rent and mortgage payments for applicants.

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[81] 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 food and rental assistance.[82]

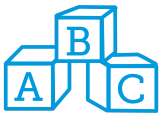
Prevent evictions and foreclosures, especially for families. State and federal governments took action during the COVID-19 pandemic to ensure that families were not evicted or forced to foreclose on their homes. The CDC first issued the national moratorium on evictions on September 1, 2020, which was then extended multiple times throughout the winter and spring

of 2021. The pandemic put unprecedented social and economic stress on families, making families at risk for not being able to meet basic needs like housing.[83] A recent Census Bureau's Household Pulse Survey conducted in early 2021 showed that households with children were significantly more likely to have unpaid rent and mortgage payments, demonstrating that families are more impacted by housing insecurity.[84] Policymakers can continue to prevent evictions and foreclosures during this especially vulnerable time for families. Policymakers can continue to identify solutions to protect families from being forced to change housing, live in crowded, poor quality or unsafe housing, or becoming homeless - all of which puts children at risk of poor health and even death.

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.[85,86]

Given the extra challenges families faced during the COVID-19 pandemic, including increased financial and economic strain, access to stable, quality, and affordable housing is even more critical. Colorado lawmakers passed housing bills during the 2021 legislative session that impact families: House Bill 21-1054 Housing Public Benefit Verification Requirement; House Bill 21-1108 Gender Identity Expression Anti-discrimination; Senate Bill 21-173 Rights in Residential Lease Agreements; and other bills that would make it easier for local governments to support and develop affordable housing units (e.g., House Bills 21-1117 and 21-1271). Policymakers can continue to help Colorado families and communities thrive and make them more resilient to global crises like the COVID-19 pandemic by supporting access to stable, quality, and affordable housing.

COLORADO CHILD FATALITY PREVENTION SYSTEM



QUALITY, AFFORDABLE, AND STABLE CHILD CARE

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

The need for quality, affordable child care has only increased in Colorado due to the COVID-19 pandemic. Early Milestones, Bell Policy Center, and the University of Denver conducted research with child care providers and families over the last year on the impact of COVID-19 on child care. Their survey of 11,000 Colorado families with children younger than age 12 indicates that over half of families had to change their child care arrangements during the pandemic due to a decrease in access to care and family incomes. The survey results also show that families of color are especially impacted by changes in access and experienced a bigger decrease in family income than white families.[87] Child care options that were already limited and unaffordable before the pandemic are even more so now.

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 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.[88,89,90] Subsidized child care has been shown to decrease child maltreatment, including both abuse and neglect.[91] Child maltreatment is less likely to occur when children are in families where caregivers have less economic strain and stress.[92] 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 younger than five years old.[93]

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 2020 cost of center-based child care for two children in Colorado is $27,792 and $20,115 for home-based care.[94]

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 younger than age five, disproportionately impacts families with the lowest incomes, families living in rural communities, and Hispanic or Latino families. A married couple with two children would have to spend 27% of their annual income to afford center-based child care in Colorado, and a single parent with two children would have to spend 85% of their annual income on center-based care.[95] Across the U.S., 60% of rural communities lack adequate child care resources to meet rural families' needs.[96] Additionally, nearly 60% of Hispanic or Latino families live in areas considered to be child care deserts.[97]

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.[98] 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.[99]

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, Gary Community Investments leads the group that includes early childhood providers, advocacy groups, school districts, foundations, and the Colorado Department of Human Services. 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.

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. 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 considerations for operational supports, professional development for care providers, streamlining child care licensing, improve regulation to reduce administrative and financial burdens, and policies that impact availability of licensed care. Recommendations are available on the Office of Early Childhood website: www.coloradoofficeofearlychildhood.com.

Support implementation of the Colorado Shines Brighter Strategic Plan. 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. The goals of the project include ensuring: 1) Colorado families have access to quality formal early childhood care and education settings of their choosing which best meet the need of their child and family, especially those who are vulnerable and infants and toddlers; 2) informal early childhood care and education environments (parental, friend, family, and neighbor care) are enhanced to enrich and support children's physical, social, emotional, and cognitive development; and 3) Colorado's birth to age five early childhood state system is coordinated and aligned to enhance the resources available to families and to improve the quality of relationships among families, caregivers, and children. Specific activities and recommendations in the plan are outlined on the Office of Early Childhood website: www.coloradoofficeofearlychildhood.com.

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.[100] Currently, 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. However, state and local 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.

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. Illuminate Child Care (www.illuminatecolorado.org/illuminate-child-care) began supporting families in fall 2020 by providing mobile, on-site child care for caregivers in the Denver metro area accessing behavioral health services and employment supports. A second mobile classroom is planned for 2021 and will serve the San Luis Valley. 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 and seeking substance 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. In light of the pandemic, the Alliance for Early Success[101] recommends several short and long term solutions to support the early childhood workforce, including 1) increasing compensation and benefits; 2) bolstering professionalization of early child care educators for collective power; 3) ensuring efforts specifically support home-based and family, friend, and neighbor care providers; 4) sustaining professional development and advancement opportunities. Successful legislative efforts to support the early childhood workforce in Colorado include House Bill 21-1010 Diverse K-12 Educator Workforce Report and Senate Bill 21-236 Increase Capacity Early Child Care and Education which creates several grant programs including the Early Care and Education Recruitment and Retention Grant, the Child Care Teacher Salary Grant Program, the Community Innovation and Resilience for Care and Learning Equity (CIRCLE) Grant Program, and the Employer-based Child Care Facility Grant Program to support on-site child care.

Acknowledging the impact of COVID-19 on child care, Colorado lawmakers passed House Bill 20B-1002 Emergency Relief Programs for the Child Care Sector during the 2020 extraordinary session, allocating $45 million dollars toward building capacity of child care providers and rebuilding losses in licensed child care slots due to the pandemic. In addition to state efforts to support access to quality, affordable, stable child care, the federal government has allocated billions of dollars to states to stabilize child care across the country through legislation such as the American Rescue Plan Act passed in March 2021.

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, especially in response to the COVID-19 pandemic, the current and growing need for care far exceeds the supply. Given the continued impact of COVID-19 on child care facilities and homes, policymakers can continue to support Colorado families and communities to be more resilient to global crises like the pandemic by supporting policies that improve access to stable, quality, and affordable child care.

COLORADO CHILD FATALITY PREVENTION SYSTEM

EVIDENCE-INFORMED HOME VISITATION

SUPPORT POLICIES THAT EXPAND ACCESS TO COMMUNITY-BASED HOME VISITING PROGRAMS FOR ALL FAMILIES WITH 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 expand access to community-based home visiting programs for all families with 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.

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; increased high school graduation rates for mothers; 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 them with services and referrals.[102] Between 2015 and 2019, CFPS identified 237 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. Given the many ways that the COVID-19 pandemic has stressed families, from school and child care closures, to job loss, to health concerns, home visitation services that provide compassionate, responsive support are more important than ever.

Community-based home visiting programs support the Strengthening Families' Protective Factors Framework.[103] 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 2019, home visiting programs in Colorado served more than 8,198 families. However, the National Home Visiting Resource Center estimates that an additional 310,900 pregnant caregivers and families with 393,000 infants and children in Colorado would benefit from participation in an evidence-informed home visiting program.[104]

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 oftentimes they are not aware of these services or of the different choices of programs available in their community.[105] The Nurse-Family Partnership, which 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 an opportunity to add to the service

array, so that all families who would benefit from home visiting and who desire it may have that option.

To support families effectively, home visitors need to establish trusting relationships with families. While existing programs attempt to meet the needs of each family, families report that there are significant gaps in being able to access services that reflect the family's language and culture.[106] 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 Latinx 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.[107,108,109] 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.

Given the importance of home visiting programs in meeting Colorado families' needs and helping families thrive, state and local policymakers can support strategies to expand home visitation such as those highlighted below:

Prioritize funding of home visitation services. Policymakers can support the expansion of home visitation by making funding decisions that expand and diversify investments in home visitation, exploring existing tax and fee structures, prioritizing the expansion and reauthorization of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funding, and aligning COVID-19 stimulus funds with home visiting efforts. Additionally, enacting policies that require health insurance reimbursement of home visitation is essential to expanding these programs. Also, Colorado's planned implementation of the federal Family First Prevention Services Act (2016), also known as Family First, 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. The Colorado Department of Human Services has identified several home visiting models that, with additional state efforts, will fully align with the requirements to receive Family First funding.[110]

Support the Home Visiting Investment Plan. In May 2021, the Home Visiting Investment Task Force finalized recommendations that when fully funded and implemented, will provide home visitation to a minimum of 1,700 additional families, representing a 20% increase.[111] The task force, which was approved in 2020 by Colorado's Early Childhood Leadership Commission, includes home visiting programs, state and county agencies, child development specialists, family resource centers, early childhood councils, philanthropy, and families. The recommendations outlined in the Home Visiting Investment Plan call for increased funding, innovation, workforce development, outreach, marketing efforts, and partnerships through coalition building to expand Colorado's home visiting capacity. The plan's recommendations

also support health equity by prioritizing family participation, expanding access to culturally and linguistically appropriate services, and recruiting and training a diverse home visiting workforce. The full Home Visiting Investment Plan, including detailed recommendations, can be found on the Early Childhood Leadership Commission website: www.earlychildhoodcolorado.org/working-groups.

Expand broadband internet access. By promoting the expansion of broadband internet access across the state, policymakers can support virtual home visitation and improve access to families. While virtual home visits may not work for every family, the virtual delivery method can give families access to a greater range of services, including home visiting services that reflect a family's cultural and linguistic needs. A recent study examined the impact of one evidence-based home visiting mode, SafeCare, shifting from home to virtual program delivery due to the COVID-19 pandemic.[112] The majority of SafeCare providers reported that families remained engaged in the program and made progress on the program's target skills. However, many families faced challenges due to limitations of technology, internet access, and data plans. Recent American Rescue Plan Act emergency funding to the MIECHV Program may help provide some families with technology to participate in virtual home visits.[113] However, the expansion of broadband internet access remains essential to ensure more Colorado families have access to virtual home visitation options. Please see the Broadband Internet Access recommendation for more information.

Community-based, evidence-informed home visiting is an effective way to help Colorado families thrive and prevent child deaths. Given the substantial federal investment in home visiting through the American Rescue Plan Act and Family First, among state efforts to improve home visiting service provision in Colorado, state policymakers have an opportunity to meaningfully expand these important supports and serve even more Colorado families who would benefit from in-home and virtual support.

COLORADO CHILD FATALITY PREVENTION SYSTEM

BROADBAND INTERNET ACCESS

SUPPORT POLICIES THAT EXPAND ACCESS TO BROADBAND INTERNET TO IMPROVE ACCESS TO EDUCATIONAL, SOCIAL, AND HEALTH CARE OPPORTUNITIES FOR FAMILIES.

Some of the impacts of lack of broadband access during global crises like the COVID-19 pandemic are still being understood. However, research suggests that broadband internet access does impact health because without access to broadband internet, families are limited in educational, social, employment, and health care options, all of which are known to have an impact on health and well-being.[114] Access to the internet can have a profound impact on families lives - from work, to school, to social events, many families in the U.S. use the internet daily.

> The Federal Communications Commission defines broadband as: internet services that can deliver download speeds of at least 25 mbps and upload speeds of at least 2 mbps. For more information: www.fcc.gov/consumers/guides/broadband-speed-guide.

Families that lack reliable, stable or any access to broadband internet may be missing educational, social, and health care opportunities that may have long-lasting impacts on their health and well-being. For example, many of the home visiting programs across Colorado that are evidence based to prevent child maltreatment shifted from offering in-person, in-home supports to meeting with families virtually online. In a study of the impact of switching to online home visiting through the SafeCare, home visitors noted that one of the main challenges to providing services was families' lack of internet or limited data plans for smart cell phone use. According to the same study, only 60% of people living in poverty in the U.S. have access to broadband internet, which is the population largely served by SafeCare, which perpetuates social and health inequities.[115]

Nationally, one in six people living in poverty do not have access to the internet. Populations that lack access to the internet are likely to have worse health outcomes and chronic conditions. Due to the COVID-19 pandemic, many human services and health care providers can only provide services through the internet. A lack of access to the internet can limit critical support and can also have an economic consequence. The pandemic has left unserved and underserved communities in the United States at a higher risk for critical services. Without internet access, the gaps in health disparities have increased for poor, seniors,

remote, and Black, Indigenous, and People of Color. Lack of access to the internet has prevented many people from receiving critical digital mental health resources. Supporting policies and practices that increase individual and community access to broadband internet can improve access to educational, social, and health care opportunities.

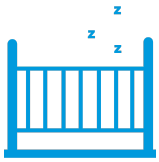
This recommendation is based on local team and CFPS State Review Team recommendations and impacts: child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides, and firearm deaths), unintentional injuries deaths (drowning, falls, fire, poisoning),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

Fortunately, Colorado policymakers and lawmakers have shown a commitment to ensuring that families in Colorado have access to broadband internet. 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 October 2020, Governor Polis created a broadband advisory board, charged with implementing the state's plan to provide broadband internet to everyone in the state.

During the 2020 extraordinary session and 2021 legislative session, lawmakers expanded access to broadband even further. House Bill 20B-1001 created the Connecting Colorado Students Grant Program in the Colorado Department of Education to distribute funding to local education providers to increase access to broadband service and other technology for students, educators, and other staff. Legislators passed House Bill 21-1109 Broadband Board Changes to Expand Broadband Service and Senate Bill 21-060; together these bills charge entities within the Office of Information Technology with responsibilities to increase access to broadband, deploying strategies to support both the service provider and household levels. House Bill 21-1289 Funding for Broadband Deployment extends the Connecting Colorado Students Grant Program, creates the Colorado Broadband Office at the Office of Information Technology, and specifies how funding from that office should be distributed to the most underserved communities in Colorado.

Access to broadband internet also has support federally. Support for broadband intent has been included in federal COVID-19 relief funds throughout the pandemic. Additionally, the Emergency Broadband Benefit Program is a federal program that offsets partial costs of the internet for households unable to pay for internet due to economic hardship during the COVID-19 pandemic. Due to the impact of internet access on family well-being and health, policymakers should continue to support policies that improve access to broadband services across Colorado with a particular focus on communities with limited or no existing broadband.

COLORADO CHILD FATALITY PREVENTION SYSTEM



INFANT SAFE SLEEP PROMOTION

SUPPORT POLICIES THAT EXPAND SAFE SLEEP EDUCATION, MODELING, AND DISCHARGE SAFETY SCREENING IN BIRTHING HOSPITALS.

Birthing hospitals play a vital role in supporting and educating caregivers and families about safety in the home, including the need to practice infant safe sleep. Health care providers and hospital staff are sources of trusted information and as such can help families thrive, even after a family has left the hospital. The depth and breadth of safe sleep practices and policies at Colorado's birthing hospitals is not widely or easily known. Policymakers can ensure that every birthing hospital in Colorado supports infant safe sleep and promotes family well-being through:

- Providing consistent, culturally informed education and messaging on safe sleep in alignment with the American Academy of Pediatrics' (AAP) recommendations.[116]
- Modeling of safe sleep in all hospital settings for medically stable infants.
- Screening families with new infants before discharge for home safety and family social and economic needs.

What is infant safe sleep? The American Academy of Pediatrics recommends that infants younger than age 1 be placed to sleep on their backs, alone in a crib, bassinet, or play yard with a firm mattress without any soft bedding (pillow, blankets, crib bumpers, toys) to prevent SUID. To view a full list of the recommendations, visit: www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/safe-sleep/Pages/safe-sleep.aspx.

When an infant dies suddenly and unexpectedly, often in their sleep, their death is classified as a sudden unexpected infant death (SUID). SUID is a leading cause of infant mortality in the United States, and these deaths are largely preventable. Infant mortality rates indicate not just the health and well-being of families, caregivers, and their children, but is also considered an important indicator of overall health and well-being of a nation. Understanding why infants die from SUID in the United States and Colorado provides insights into ways we can improve health for all. From 2015-2019, CFPS identified and reviewed 237 SUID. This represents 14.3% of all infant deaths (under age 1) in Colorado for the period. While still less than the national rate of SUID, the overall rate of SUID from 2015-2019 was 69.3 per 100,000 live births. The annual rate of SUID occurring in Colorado among residents increased

significantly from 2015 to 2019 (52.6 per 100,000 live births in 2015 vs. 95.4 per 100,000 live births in 2019) indicating a need to do more as a state to prevent these deaths.

As with other causes of infant mortality and consistent with national SUID data, the rate of SUID in Colorado is significantly higher for Black and American Indian/Alaska Native families. The rate of SUID among non-Hispanic Black infants was 3.5 times higher (195.9 per 100,000 live births) than for non-Hispanic white infants (55.5 per 100,000 live births). The rate of SUID among non-Hispanic American Indian/Alaska Native infants was 3.8 times higher (213.4 per 100,000 live births) than for non-Hispanic white infants. These differences are the result of the social factors and circumstances experienced more commonly by Black and American Indian/Alaska Native families. These factors include poverty and inadequate access to health care, that are the result of or worsened by racism, discrimination, and historic and ongoing trauma.[117] For more information about the inequities that contribute to child deaths, view the CFPS report *The Role of Policies and Systems in Child Deaths in Colorado* and the 2015-2019 SUID Data Brief, both available here: www.cochildfatalityprevention.com/p/reports.html.

Given the significant racial and ethnic disparities in SUID, it is imperative that safe sleep messaging, education, and programs are culturally informed and responsive to be effective in promoting safe sleep behaviors and to meet the needs of the families they hope to reach. According to a comprehensive review of effective safe sleep interventions conducted by the National Institute for Children's Health Quality, the most effective educational programs included not just safe sleep messaging, but one-to-one and group education, modeling a safe sleep environment, support from a wide range of health care providers at different times of perinatal care, such as before and after birth, and acknowledgement of cultural and traditional practices relating to infant sleep that impact a family's decision to practice safe infant sleep.[118]

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

Colorado hospitals are fortunate to have a group of dedicated individuals who continue to meet every other month to advance infant safe sleep: the Colorado Infant Safe Sleep Partnership (www.illuminatecolorado.org/project/issp). Meeting since 2008 and now facilitated by Illuminate Colorado, the group prioritized the following activities to promote safe infant sleep: 1) improving safe sleep education; 2) supporting practice change in health care settings to promote safe sleep; and 3) improving systems that support families by addressing social factors that influence safe sleep such as economic security, physical and behavioral health access, transportation access, systemic/historical racism, housing, and immigration status.

Policymakers can support infant safe sleep by encouraging hospitals and health care facilities to commit to practicing and modeling safe sleep by participating in the Cribs for Kids National Safe Sleep Hospital Certification program (cribsforkids.org/hospitalcertification). Hospitals participating in this no-cost program receive resources and support in drafting safe sleep policies for their organization, training for all health care providers in safe sleep, safe sleep educational materials for families and caregivers, and support for modeling safe sleep in all settings (labor and delivery, NICUs, etc.) and messaging around safe sleep in alignment with the AAP's recommendations. Cribs for Kids also provides a step-by-step hospital certification toolkit that guides organizations through certification requirements at the bronze, silver, or gold levels depending on their commitments, policies, and practices related to infant safe sleep. Of all the hospitals in Colorado, only one is currently certified by Cribs for Kids: Valley View Hospital in Glenwood Springs, which is certified at the gold level.

Similar to the way that hospitals screen families for car seat safety before discharge, hospitals could screen families for access to safe sleeping spaces and other social and economic needs to support safe sleep and family well-being. For example, Ohio's Infant Safe Sleep Law, which was passed in 2015, mandated the Ohio Department of Health to develop a tool for hospitals to screen their patients for risk of an unsafe sleep environment before discharge.[119] The Patient Access to Safe Sleep Environment Screening tool includes a brief explanation of the model safe sleep environment and asks parents or caregivers to answer: "Do you have a safe crib, bassinet, or play yard with a firm mattress for your infant to sleep in after you are discharged from the hospital?"[120] Hospital staff are asked to confirm that the caregiver answered the question, and in the event that the caregiver indicated that they do not have a safe sleep environment (crib, bassinet, or play yard), mark how a safe sleep environment was provided for the caregiver (i.e., provision of a safe crib, referral to options to obtain a safe crib, etc.).

Birthing hospitals play a vital role in promoting infant safe sleep. At least six states require hospitals and health care providers to give parents and caregivers educational materials and information on infant safe sleep practices within health care settings, during a hospital stay or at discharge.[121,122] Policymakers can ensure hospitals comprehensively promote safe sleep by supporting policies that expand safe sleep education, modeling, and screening within hospitals and medical centers.

Additionally, because these deaths are related to factors like poverty and lack of access to care that are the result of or worsened by racism, discrimination, and historic and ongoing trauma, emerging research shows that supporting social policies can also prevent SUID. Policymakers can ensure that families' social needs are met by supporting policies that reduce barriers and ensure access to behavioral health care, housing, home visiting, child care, and other services that promote family well-being and health.

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 four 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). 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).[123] 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. Information collected on the SUIDIRF includes infant demographics, pregnancy history, infant history, incident scene investigation, incident circumstances, and investigation diagrams.

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.[124] This may in part be due to death scene investigators' lack of awareness of the form and training on how to use it. 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.[125] 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 (48.7% in 2015 to 63.5% in 2019). Since the SUIDIRF encourages the use of doll reenactments as a gold standard practice during the death investigation, Colorado has also seen an increase in the proportion of SUID investigations where doll reenactments were performed (37.8% in 2015 to 44.4% in 2019).

What are doll reenactments? When an infant dies suddenly and unexpectedly a thorough infant death scene investigation is necessary to accurately determine the cause and manner of death. Doll reenactments are an integral piece of a thorough and complete investigation. With the guidance of death scene investigators, doll reenactments are performed by the person(s) who found the infant unresponsive. Doll reenactments recreate the death scene using a weighted doll to allow investigators to visualize and document the position the infant was placed to sleep, where the infant was found, and other scene details that help investigators understand the circumstances that lead to an infant's death.

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. In Fiscal Year 2020-21, the CFPS Investigative and Data Quality Subcommittee began the development of a free, web-based training module on infant death investigation, with a particular focus on using the SUIDIRF. In Fiscal Year 2021-22, the training will be finalized and made available to death scene investigators.

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 123 suicide deaths by firearm that occurred among children and youth in Colorado from 2015 through 2019, safe and secure weapon storage data was missing for a large proportion of the deaths reviewed. Information regarding whether the weapon was stored locked and loaded was missing for many of the deaths (30.1%, n=37 and 52.0%, n=64 respectively).

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 (cdphe.colorado.gov/suicide-prevention/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 (cdphe.colorado.gov/suicide-prevention/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 were assessed for child and youth suicide deaths that occurred in 2019, which indicate that Suicide Death Investigation Forms were completed for 26.2% (n=16) of cases. For cases where a form was completed, the form was shared with the local review team 68.8% (n=11) of the time.

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. The El Paso County Coroner's Office (EPCCO) is leading the way in implementing protocols that improve the understanding of the circumstances of suicide deaths occurring within their jurisdiction. In 2021, the EPCCO added questions about racism and discrimination to their child death investigation questionnaire. The question specifically asks "Has discrimination or exclusion based on race, gender, sexual orientation, age, disability, or other impacted the decedent or their community?"

In 2019, Governor Jared Polis made reducing Colorado's suicide rate one of his top priorities, setting an ambitious goal of reducing suicide by 5% in his first year in office. CDPHE, in support of this goal, set forth four overarching strategic areas: improving health system readiness and response to suicide, increasing active analysis and dissemination of suicide-related data, and increasing suicide prevention efforts for priority populations and disparately impacted communities. In support of the Department's strategy to improve data, in Fiscal Year 2020-21, CFPS and the OSP developed and implemented a mini-grant program to encourage and incentivize death scene investigators across the state to utilize the form across all age groups. CDPHE awarded mini-grant funding to 10 coroner/medical examiner officers in Colorado with the goals of: 1) increasing utilization of the Suicide Death Investigation Form for all suicide fatalities in the county, 2) bringing staff from coroner agencies and medical examiner offices into local or regional suicide prevention coalitions and working groups, 3) supporting suicide loss survivors, and 4) improving the Suicide Death Investigation Form. In Fiscal Year 2021-22, CFPS and OSP will gather feedback from the 10 grantees and make improvements based on their suggestions and experience using the form. CFPS is also 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.

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, including child abuse and neglect, is a critical public health concern. Research suggests that child maltreatment is far more prevalent than is currently being reported to human services, possibly affecting up to 25% of people younger than age 18.[126] The effects of child abuse and neglect are serious and impact people's well-being and health throughout the rest of their lives. Experiencing child maltreatment can lead not only to bodily harm but mental and psychological distress and is associated with later injuries, chronic health concerns, and other forms of violence, including family violence, sexual violence, and suicide.[127] In the most extreme circumstances, child maltreatment results in death.

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. These multidisciplinary review teams include representatives from departments of human services. The child maltreatment determination is the subjective opinion of the local teams 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 47.1% (n=8) of the 17 child maltreatment deaths substantiated by county departments of human services in 2019. The nine 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' 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),[128] have a large impact on health throughout the lifespan[129] and are associated with future outcomes such as suicide.[130] CFPS is committed to understanding how early experiences of child maltreatment may contribute to the fatal circumstances leading to death among children and youth younger than 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 21.9% (n=66) of suicide deaths that occurred in Colorado among children and youth ages 5-17 between 2015 and 2019. To improve CFPS data on child maltreatment history data, CFPS initiated a formal data-sharing agreement, using additional data sources to supplement CFPS data. In Fiscal Year 2020-21, CFPS developed and executed a Data Use Agreement with the CDHS Administrative Review

Division to improve the understanding of the impacts of child maltreatment on child deaths. In Fiscal Year 2021-22, CFPS will fully implement this annual data sharing process.

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.[131] 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 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 have engaged in a variety of equity-based training. In February 2020, system partners met for a two-hour diversity, equity, and inclusion introductory training with a trained consultant. In September 2020, system

partners participated in a three-hour training on implicit bias and microaggressions. And in February 2021, the system went through a facilitated assessment of the strengths, weaknesses, opportunities, and concerns (SWOC) of our current equity work. 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. Additional training and learning opportunities will cover more equity topics in summer and fall of 2021 outlined in a CFPS Equity Training Plan.

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. These measures will be assessed for deaths that occurred in 2020.

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. The El Paso County Coroner's Office (EPCCO) is leading the way in implementing protocols that improve the understanding of the life stressors impacting child deaths occurring within their jurisdiction. In 2021, the EPCCO added questions about racism and discrimination to their child death investigation questionnaire. The question specifically asks "Has discrimination or exclusion based on race, gender, sexual orientation, age, disability, or other impacted the decedent or their community?"

In addition, 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. In Fiscal Year 2020-21, the CFPS state support team began developing a guidance document for local teams to use when discussing the Life Stressors section, as well as an Equity Toolkit to assist local team coordinators with incorporating equity throughout the entire case review process. In Fiscal Year 2021-22, the guidance document and toolkit will be finalized and disseminated.

CONCLUSION

The goal of CFPS' recommendations 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 seven years, the system developed 27 child fatality prevention recommendations and made significant progress towards successfully implementing 15 of those recommendations through statewide partnerships and resources. This report reflects the culmination of the collective expertise of system partners across Colorado. The structure of the Colorado CFPS ensures coordination at the state and local levels and provides an opportunity to advance coordinated prevention strategies and systems improvements. Colorado policymakers can reduce child deaths and make 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 play a role in increasing 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 well-being of Colorado's infants, children, youth, and families is an increasing concern given the COVID-19 pandemic. With Colorado families facing long-lasting social, psychological, and economic impacts of the pandemic, implementing policies that increase access to concrete supports for families like broadband internet, housing, child care, home visiting, and supporting infant safe sleep and behavioral health is vitally important.

Colorado is also primed to make the most of federal funding heading to states, municipalities, counties, tribes, and territories, as part of federal legislation like the American Rescue Plan Act (ARPA). With these stimulus dollars, lawmakers have the opportunity to direct funding to policies designed to improve the lives of Colorado infants, children, youth, and families and communities. During the 2021 legislative session, the Colorado General Assembly appropriated approximately $2 billion of ARPA funds on K-12 education, higher education, mental and behavioral and physical health programs, and the ongoing response to COVID-19. An estimated $1.8 billion in federal funds will be deployed at the beginning of the 2022 legislative session, after an interim stakeholder process. This funding represents an opportunity not only for recovery, but also building a stronger state where young people, families, and communities thrive.

Public health child death review processes are retrospective, and as such, the deaths in this report all pre-date the COVID-19 pandemic. In 2021, CFPS will review deaths that occurred during the 2020 calendar year. For each case that is reviewed, teams are asked to consider the role the pandemic played in the death. CFPS will share data from the deaths of infants, children, and youth through 2020 in the 2022 Annual Legislative Report, released July 1, 2022.

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 seven 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.

Analysis and Updates on CFPS Prevention Recommendations

Recommendation Year	Recommendation	Progress Toward Recommendation
Completed Recommendations		
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 Servicese, 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.
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	Colorado has continued to make progress on these recommendations. From 2017, the OSP annual operating budget has increased from roughly $500,000 to nearly $6 million. The Office has been able to secure every federal funding stream available for suicide prevention and has committed to pursuing a comprehensive approach to community-based suicide prevention. A core facet of this is to increase local capacity for coordinated efforts across prevention, intervention and postvention activities spanning the priority areas of community connectedness, economic stability, improving access to responsive care (Zero Suicide framework), lethal means safety, and postvention. Additionally, in 2021, through a partnership with the

	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 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	Department of Health Care Policy and Financing, Colorado deployed additional Medicaid incentives for hospital systems implementing elements of the framework. 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 www.train.org/colorado (course number 1076412). Additionally, over the years, the OSP has expanded the Colorado Gun Shop Project from five original pilot counties to over nearly statewide reach in the 2020 project year. This project provides educational information and suicide resources to gun shop owners to display in stores. Beginning in 2021, the Gun Shop Project will also be evaluated by a research team at the Center for the Study and Prevention of Violence at CU Boulder. During the 2018 legislative session, the legislature passed SB18-272 (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 (which ends June 30, 2021) to support school suicide prevention and crisis training, along with the option to fund school climate work. In 2021, in response to widespread budget cuts at the school and district level impacting capacity for additional work, the Office of Suicide Prevention adjusted to a five-year grant cycle to support schools with crisis and suicide prevention training at greater funding amounts with the remainder of the appropriation reserved for smaller mini-grants to support schools or districts implement suicide prevention gatekeeper trainings with less administrative overhead for participating grantees.

	systems.	More information about all these efforts can be found at www.colorado.gov/cdphe/categories/services-and-information/health/prevention-and-wellness/suicide-prevention.
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.	*2015 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation* 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	The Colorado Consortium for Prescription Drug Abuse continues to promote the Quad-Regulator Policy for Prescribing and Dispensing Opioids through

	Prescription Drug Abuse Prevention to promote uptake of the Quad-Regulator Policy for Prescribing and Dispensing Opioids through increased training and education of prescribers.	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.
2015	Support policies that impact the priorities of the Colorado Essentials for Childhood project: 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.	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, Overdose Data to Action cooperative agreement, and CFPS all contribute to funding these five communities. The grant runs until 2023. 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 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 (sites.google.com/site/familyfriendlycolorado/toolkit) 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 (www.healthlinkscertified.org/certification/family-friendly) focused on identifying employers' needs and opportunities to create environments that are supportive of families After failed attempts to pass paid leave in the legislature in 2015, 2016, 2017, 2018, and 2019, Colorado voters approved a ballot initiative on paid family and medical leave in fall 2020. 9to5 Colorado who has been working on passing paid leave in Colorado for several years will lead implementation in partnership with the Colorado Department of Labor and Employment, where the program will be housed. This is a major victory for family-friendly employment practices in Colorado. Citing well-documented impacts on a child's academic performance and lifelong success, Colorado legislators passed HB19-1262 (State Funding For Full-day Kindergarten) successfully securing funding for all-day Kindergarten in Colorado during the 2019 legislative session. As in previous legislative sessions, during the 2019, 2020, 2020 extraordinary session, and 2021 legislative sessions, Colorado legislators introduced several

		state bills that supported Colorado's Essentials for Childhood priorities. The following bills passed that improve access to child care, after school care, and improve the social and emotional health of mothers, fathers, caregivers, and children: HB19-1013 (Child Care Expenses Tax Credit Low-income Families), HB19-1052 (Early Childhood Development Special Districts), HB19-1280 (Child College Savings Accounts), HB19-1194 (School Discipline For Preschool Through Second Grade), HB19-1005 (Early Childhood Educator Tax Credit), HB19-1262 (State Funding For Full-day Kindergarten), HB19-1210 (Local Government Minimum Wage), HB19-1193 (Behavioral Health Supports For High-risk Families), HB19-1017 (Kindergarten Through Fifth Grade Social And Emotional Health Act), SB19-085 (Equal Pay for Equal Work Act), SB19-063 (Infant And Family Child Care Action Plan), SB19-010 (Professional Behavioral Health Services for Schools), HB20-1053 (Supports For Early Childhood Educator Workforce), HB20-1197 (2-1-1 Statewide Human Services Referral System), HB20-1388 (Statutory Provisions Divert General Fund Reversions), HB 20B-1002 (Emergency Relief Programs For the Child Care Sector), HB21-1010 (Diverse K-12 Educator Workforce Report) and SB21-236 (Increase Capacity Early Child Care and Education).
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 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: www.codot.gov/about/committees/strac.
2016	Support policies that ensure the long-term financial stability of free	Citing well-documented impacts on a child's academic performance and lifelong success, Colorado legislators passed HB19-1262 (State Funding For Full-day Kindergarten) successfully securing funding for all-day Kindergarten

	full-day preschool and free full-day kindergarten.	in Colorado during the 2019 legislative session.
2017, 2018, 2019	Improve substance use data quality by exploring additional data sources to supplement CFPS data.	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 (www.illuminatecolorado.org/iccsu). 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 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 *The Role of Substance Use in Child Fatality in Colorado* in January 2020 (available here: www.cochildfatalityprevention.com/p/reports.html). 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.

2018	Raise awareness and provide education to child welfare providers and community agencies on safe firearm storage to prevent child deaths involving firearms.	*2018 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation* 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. During the 2021 legislative session, Colorado lawmakers passed HB21-1106 (Safe Storage of Firearms) requires firearm owners to securing store their firearms and makes it a class 2 misdemeanor to improperly store a firearm.
2018, 2019	Improve CFPS data quality by providing technical assistance to local teams on best practices for firearm fatality reviews.	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) 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 (www.colorado.gov/cdphe/suicide-investigation-form).
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. During the 2021 legislative session, lawmakers also passed HB 21-1299 Office of Gun Violence. One of the roles of the new office is to create and maintain a resource bank for data, research, and statistics on gun violence in Colorado. The office is also required to collaborate with researchers to improve data collection, enhance prevention tools, and provide resources to communities.
2016, 2017, 2018, 2019, 2020	Support policies that ensure access to paid leave for families.	After failed attempts to pass paid leave in the legislature in 2015, 2016, 2017, 2018, and 2019, Colorado voters approved a ballot initiative on paid family and medical leave in fall 2020. 9to5 Colorado who has been working on passing paid leave in Colorado for several years will lead implementation in partnership with the Colorado Department of Labor and Employment, where the program will be housed.
2020	Expand data collection, analysis, and community engagement to: 1. Better understand disparities in motor vehicle deaths. 2. Identify specific strategies to reduce	The CFPS state support team and the CDPHE motor vehicle safety team conducted additional data analysis using to include socioeconomic, demographic, and societal factors related to motor vehicle crashes in order to better understand populations who are disproportionately impacted as well as systemic factors impacting these outcomes. Data sources include CFPS, FARS, HKCS, BRFSS, hospitalization and ED data, and others. One major challenge to this project has been limitations in funding for the injury epidemiologist's time to analyze the data, however staff hope to augment

	high-risk driving and passenger behaviors. 3. Support a comprehensive statewide young driver safety campaign.	their own work with additional analyses being conducted at the national level by the National Highway Traffic Safety Administration and by CDOT staff working on Colorado's Strategic Transportation Safety Plan. Additional strategies will be identified upon completion of the data analysis and in partnership with topic experts and community leaders. The Colorado Young Drivers Alliance will release their new Graduated Drivers Licensing Toolkit for local communities to increase awareness of young driver safety, in conjunction with the statewide young driver safety campaign in August, 2021. The campaign will be led by CDOT and informed and supported by the CYDA, CDPHE, and other state and local agencies.
2020	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.	In Fiscal Year 2019-20, the CFPS state support team provided support to local teams through the development and dissemination of a driver's permit and graduated driver license law-specific guidance document. Additionally, CFPS conducted more real-time, weekly quality assurance of motor vehicle cases to be able to flag where information was missing or unclear in the data tool and connect with local teams about completing the case information. CFPS also explored linking CFPS data with the Colorado Department of Revenue (DOR) data to improve data on young drivers. After discussion with DOR, a formal data linkage was not pursued. DOR offered that CFPS could access data through a third party linkage portal that would allow CFPS to manually match cases. CFPS will continue to explore this option.
Ongoing Recommendations		
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	Based on the historical research and 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. Emerging research reexamining old studies indicates primary seat belt legislation alone does not have as large of an impact on reducing unrestrained fatalities as previously thought and that reductions in deaths are attributable to a variety of factors

	passengers, regardless of seating position) in the vehicle is not properly restrained.	including increased safety features in vehicles. Additionally, equity concerns in research literature as well as from Colorado community leaders around increased and disparate enforcement of traffic safety laws led the CFPS team to the decision to not include a primary seat recommendation in the 2020 or 2021 CFPS recommendations. CDPHE will continue to work with CDOT and other traffic safety partners on gathering additional information and data 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 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 2018	Require newly licensed K-12 educators and special service providers (nurses, school psychologists, school counselors, and social workers) to complete suicide prevention trainings. Support training for mental health and substance use disorder providers on evidence-based treatment approaches for suicidal youth.	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. 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 a minimum of five training events each year across the state. Since 2018, the Office has trained over 1,200 clinical providers in this framework. Additionally, during the 2018 and 2019 legislative sessions, Colorado legislators passed SB18-272 (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 2019-2020 Annual Report at www.colorado.gov/cdphe/categories/services-and-information/health/prevention-and-wellness/suicide-prevention); HB19-1017 (Kindergarten Through Fifth Grade Social and Emotional Health Act), which increases access to school social workers in elementary schools in high-need pilot sites; HB19-1032 (Comprehensive Human Sexuality Education); HB19-1120 (Youth Mental Health Education & 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; HB19-1203 (School Nurse Grant Program) creates a grant program to increase school nurses; HB19-1129 (Prohibit Conversion Therapy for a Minor); HB19-1177 (Extreme Risk Protection Orders); SB19-195 (Child And Youth Behavioral Health System Enhancements); and SB19-010 (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.
2015 2016	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. Mandate that all health	The Colorado 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 since the group began meeting in 2008. Examples of work include the development of 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, engaging partners from hospitals like Sky Ridge Medical Center, who currently have and implement a model safe sleep policy, and developing and disseminating 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

	care settings develop and implement policies to provide education and information about infant safe sleep promotion.	and birthing hospitals, which will enhance the partnership's work to engage hospitals on safe sleep. In Fiscal Year 2020-21, the group prioritized the following activities to promote safe infant sleep: 1) improving safe sleep education; 2) supporting practice change in health care settings to promote safe sleep; and 3) improving systems that support families by addressing social factors that influence safe sleep such as economic security, physical and behavioral health access, transportation access, systemic/historical racism, housing, and immigration status.
2015 2016	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. 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.	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 received a 5-year Garrett Lee Smith (GLS) SAMHSA youth suicide prevention grant (which ends in September 2022), which funds work in eight Colorado counties with high rates and counts of youth (defined as ages 10-24) suicide-related indicators. 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.
2015, 2016, 2017, 2018, 2019, 2020	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.	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. In Fiscal Year 2020-21, the CFPS Investigative and Data Quality Subcommittee began the development of a free, web-based training module on infant death investigation, with a particular focus on using the SUIDIRF. In Fiscal Year 2021-22, the training will be finalized and made available to death scene investigators. 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 over several years, Colorado data indicates an increase in the proportion of SUID investigations where the SUIDIRF was used (48.7% in 2015 to 63.5% in 2019). Since the SUIDIRF encourages the use of doll reenactments as a gold standard practice during the death investigation, Colorado has also seen an increase in the proportion of SUID investigations where doll reenactments were performed (37.8% in 2015 to 44.4% in 2019).
2016, 2017, 2018, 2019, 2020	Mandate the use of a suicide investigation form for law enforcement and coroners when investigating suicide deaths.	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 (www.colorado.gov/cdphe/suicide-investigation-form) 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. These measures were assessed for child and youth suicide deaths that occurred in 2019, which indicate that Suicide Death Investigation Forms were completed for 26.2% (n=16) of cases. For cases where a form was completed, the form was shared with the local review team 68.8% (n=11) of the time. In Fiscal Year 2020-21, in partnership with OSP, CFPS developed and implemented a mini-grant program to encourage and incentivize death scene investigators across the state to utilize the form. Mini-grant funding was awarded to 10 coroner/medical examiner officers in Colorado with the goals of 1) increasing utilization of the Suicide Death Investigation Form, 2) bringing staff from coroner agencies and medical examiner offices into local or regional suicide prevention coalitions and working groups, 3) supporting suicide loss survivors, and 4) improving the Suicide Death Investigation Form. In Fiscal Year 2021-22, CFPS and OSP will gather feedback from the 10 grantees and make improvements based on their suggestions and experience using the form.

2016, 2017	Strengthen practices related to sharing child maltreatment data across local agencies in Colorado.	*2016 and 2017 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation* 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 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. However, despite the continued need to address information sharing across systems, work to make this a legislative priority is not ongoing.
2016 2019	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. Strengthen Colorado's graduated driver licensing	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. Access to driver's licenses for young people is also

	law to better align with best practice by: 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. 2. Expanding the restricted hours for intermediate drivers from between 12 a.m. and 5 a.m. to between 10 p.m. and 5 a.m.	inequitable under the current law. Youth under age 18 must begin the drivers licensing process with a learners permit which they hold for 12 months before they can apply for a drivers' license. Youth can begin the process as early as 15 years of age, but must attend driver's education classes. Those who do not have access, geographically or financially, to driver's education classes, must wait until they are at least 16 years of age to obtain a learner's permit. As driver's education is not currently widely available across the state, or provided for free in most places, this creates inequities in which youth are able to drive. Data collected about GDL by CFPS local case reviews are limited, in part due to the confusing nature of the law and partly due to limitations in traffic safety records. 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 updated the guidance to include information about learner's permits and widely distributed 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 Fiscal Year 2020-21, CFPS also explored 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. DOR is developing a dashboard to increase partner access to the data, which is anticipated to be completed within the next year. Because of this, the CFPS Investigative and Data Quality Subcommittee ultimately decided not to pursue a formal data linkage project with DOR. In the summer of Fiscal Year 2021-2022 the Colorado Young Drivers Alliance, which shares members with CFPS, will release the new online Colorado Graduated Drivers Licensing Toolkit which will provide specific information for youth, parents, educators, law enforcement, hospital injury prevention specialists and other partners on how to increase awareness of GDL, protective factors for young drivers, and safe driving practices in their communities.

2017 2018 2019 2020	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 perinatal period. • Health insurance coverage. • Behavioral health integration into primary care. Support policies to improve behavioral health care in Colorado, such as: 1. Increasing telehealth services, especially in rural areas. 2. Increasing diversity of the behavioral health care workforce. 3. Integrating behavioral health into primary care. Support policies to improve behavioral health care in Colorado, such as: 1. Increasing telehealth	Colorado's governor, legislators, non-profits, hospitals and health systems, researchers, and state and local agencies work together to improve Colorado's behavioral health system. Beginning in 2019, Governor Polis created the Colorado Behavioral Health Task Force at the Colorado Department of Human Services. The task force assessed the landscape of Colorado's behavioral health system and developed a roadmap in September 2020 called Colorado's Behavioral Health Blueprint to guide improvements in the system (cdhs.colorado.gov/behavioral-health-reform). Colorado lawmakers have considered and passed many bills in the last five years or more that work to improve behavioral health in Colorado. During the 2020 extraordinary session and the 2021 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: HB20B-1001 Grants To Improve Internet Access In P-12 Education, HB21-1068 Insurance Coverage Mental Health Wellness Exam, HB21-1021 Peer Support Professionals Behavioral Health, HB21-1258 Rapid Mental Health Response For Colorado Youth, HB21-1273 Colorado Department Of Education Report Concerning School Psychologists, HB21-1305 Mental Health Practice Act, SB21-154 988 Suicide Prevention Lifeline Network, and HB21-1085 Secure Transportation Behavioral Health Crisis. Additionally, many bills were passed to address and treat opioid misuse disorders among Coloradoans: SB21-011 Pharmacist Prescribe Dispense Opiate Antagonist, HB21-1276 Prevention Of Substance Use Disorders, SB21-137 Behavioral Health Recovery Act, and HB21-1275 Medicaid Reimbursement For Services By Pharmacists among others. Colorado also continues to implement and support efforts passed under SB19-195 Child And Youth Behavioral Health System Enhancements which required the Colorado Department of Human Services, Office of Behavioral

	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.	Health to recommend standardized behavioral health screening tools for primary care providers. Given the widespread impact of the COVID-19 pandemic on access to supports and behavioral health care, lawmakers also passed bills to increase access to telehealth by expanding broadband internet. HB21-1109 Broadband Board Changes To Expand Broadband Service, SB21-060 Expand Broadband Service, HB21-1289 Funding for Broadband Deployment extends the Connecting Colorado Students Grant Program, creates the Colorado Broadband Office at the Office of Information Technology, and specifies how funding from that office should be distributed to the most underserved communities.
2017, 2018, 2019, 2020	Support policies that ensure access to quality, affordable child care for families.	*2019 and 2020 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation* As in previous legislative sessions and especially in light of the challenges presented by the COVID-19 pandemic for families with children at home, during the 2020 legislative session and extraordinary session state policymakers committed to understanding and addressing the lack of access to child care in Colorado by passing several bills: HB20-1053 (Supports For Early Childhood Educator Workforce), HB20-1197 (2-1-1 Statewide Human Services Referral System), HB20-1388 (Statutory Provisions Divert General Fund Reversions), HB 20B-1002 (Emergency Relief Programs For the Child Care Sector), HB21-1010 (Diverse K-12 Educator Workforce Report) and SB21-236 (Increase Capacity Early Child Care and Education). Additionally, the state received a large amount of funding to support child care from the federal government as part of the American Rescue Plan Act passed in March 2021.
2017, 2018, 2019, 2020	Support policies that expand access to community-based home visiting programs for all families with new infants.	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. In May 2021, the Home Visiting Investment Task Force finalized recommendations that when fully funded and implemented, will provide home visitation to a minimum of 1,700 additional families, representing a 20% increase. The full Home Visiting Investment Plan, including detailed recommendations, can be found on the Colorado Early Childhood Leadership Commission website: www.earlychildhoodcolorado.org/working-groups.
2019, 2020	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. Additionally, the COVID-19 pandemic put unprecedented social and economic stress on families, making families at risk for not being able to meet basic needs like housing. State and federal governments took action during the pandemic to ensure that families were not evicted or forced to foreclose on their homes. The CDC first issued the national moratorium on evictions on September 1, 2020, which was then extended multiple times throughout the winter and spring of 2021. Recognizing the importance of housing on child and family health, Colorado policymakers passed several bills during the 2020 extraordinary session and 2021 legislative session to expand access to quality, affordable, and stable housing in Colorado: SB20B-002 Housing and Direct COVID Emergency Assistance, HB21-1054 Housing Public Benefit Verification Requirement, HB21-1108 Gender Identity Expression Anti-discrimination; SB21-173 Rights in Residential Lease Agreements; and several other bills that would make it easier for local governments to support and develop affordable housing units (HB21-1117 and HB21-1271). Colorado also provided federal funding for rental and mortgage assistance through the Colorado Emergency Rental Assistance Program.
2019	Encourage Colorado's school districts to delay school start times (after	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

	8:30 a.m.).	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.
2020	Strengthen CFPS data quality and prevention recommendations by encouraging local teams to use an equity lens.	Widening disparities in deaths of infants, children, and youth by race, ethnicity, sexual orientation, gender identity, and geography in Colorado signals the urgent need to conduct child death reviews with an explicit equity lens. Ways to improve equity among teams include bringing more diverse voices to the table, ensuring community members with lived experiences and who represent the diversity in the community are present at the review. 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 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. Efforts to date to advance equity in CFPS include: training at the annual Shared Risk and Protective Factors Conference; training on the basics of equity, implicit biases, and an assessment of strengths, weaknesses, opportunities, and concerns (SWOC) of current equity work; development of an eight-week virtual learning opportunity called the CFPS Equity Learning Series; and more. Future efforts include the development of a guidance document for local teams to use when discussing the Life Stressors section, as well as an Equity Toolkit to assist local team coordinators with incorporating equity throughout the entire case review process. In Fiscal Year 2021-22, the guidance document and toolkit

		will be finalized and disseminated.
2020	Improve data quality of CFPS child maltreatment data by providing technical assistance to local teams and supplementing CFPS data with other data sources.	One way the system plans to improve child maltreatment data quality is by increasing technical assistance and training to local teams about CFPS' 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. 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 21.9% (n=66) of suicide deaths that occurred in Colorado among children and youth ages 5-17 between 2015 and 2019. To improve CFPS data on child maltreatment history data, CFPS initiated a formal data-sharing agreement, using additional data sources to supplement CFPS data. In Fiscal Year 2020-21, CFPS developed and executed a Data Use Agreement with the CDHS Administrative Review Division to improve the understanding of the impacts of child maltreatment on child deaths. In Fiscal Year 2021-22, CFPS will fully implement this annual data sharing process.

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