

## 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](http://www.cochildfatalityprevention.com/p/reports.html).

### Analysis and Updates on CFPS Prevention Recommendations

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

	(AAP) safe sleep recommendations.	
2014	Increase funding for the Colorado Department of Public Health and Environment to expand the Colorado Household Medication Take-Back Program at pharmacies across the state.	The Colorado Department of Public Health and Environment receives an annual appropriation of \$300,000 in general funds to implement the Colorado Household Medication Take-Back Program for medication take-back activities.
2014	Incorporate safe sleep education and how to address safety concerns related to infant safe sleep practices as part of the Colorado Department of Human Services Child Welfare Training System for child welfare professionals.	In 2015, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, which coordinates the Child Welfare Training System on behalf of the Colorado Department of Human Services, developed a training curriculum for child welfare professionals to improve their knowledge and skills regarding infant safe sleep. The training was incorporated into the Child Welfare Training System in September 2015 to improve the ability of child welfare professionals to provide information to parents and other caregivers about infant sleep-related risks and how to ensure safe sleeping environments.
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 Department

	<p>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</p>	<p>of Health Care Policy and Financing, Colorado deployed additional Medicaid incentives for hospital systems implementing elements of the framework.</p> <p>The American Foundation for Suicide Prevention awarded Colorado researchers a grant to expand the implementation and evaluation of ED-CALM to six additional hospitals throughout Colorado. Conducted from October 2016 to September 2019, the study demonstrated that a brief online training for counselors, coupled with free medication and firearm locking devices, helped caregivers make changes at home to improve safety. The free, online training “Lethal Means Counseling: A Role for Colorado Emergency Departments to Reduce Youth Suicide” is available on <a href="http://www.train.org/colorado">www.train.org/colorado</a> (course number 1076412). Additionally, 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.</p> <p>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.</p> <p>More information about all these efforts can be found at <a href="http://coosp.org">coosp.org</a>.</p>
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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 in summer 2018.
2015	Modify Colorado Department of Human Services' rules regulating family foster care homes to better align with the American Academy of Pediatrics (AAP) infant safe sleep recommendations, including training for foster families regarding infant safe sleep.	<i>2015 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation</i> In 2016, CFPS and CDHS partners reviewed the current rules regulating family foster care homes to assess alignment with the Academy of Pediatrics infant safe sleep recommendations. As a result, CDHS' Division of Child Welfare included a mandatory infant safe sleep webinar as part of foster care training through the Child Welfare Training System. Additionally, in Fiscal Year 2018-19, the Division of Child Welfare issued an operation memo to counties and child placement agencies regarding safe sleep recommendations.
2015	Provide funding for the Colorado Consortium for Prescription Drug Abuse Prevention to promote	The Colorado Consortium for Prescription Drug Abuse continues to promote the Quad-Regulator Policy for Prescribing and Dispensing Opioids through increased training and education of prescribers. The Consortium is now directly funded by the state of Colorado and no longer needs support from

	uptake of the Quad-Regulator Policy for Prescribing and Dispensing Opioids through increased training and education of prescribers.	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.	<p>Essentials for Childhood is a Centers for Disease Control and Prevention (CDC)-funded child maltreatment prevention initiative that supports the creation of safe, stable, and nurturing relationships and environments for children and families in Colorado. In Fiscal Year 2018-19, Colorado was awarded the second round of funding under the CDC's Essentials for Childhood grant. As part of this new project, five pilot communities (Denver, Morgan, Mesa, Montezuma, Kiowa/Prowers) were selected to work on improving family economic security through addressing systemic barriers to food systems and child care assistance, educating on family-friendly policies that reduce stress for families, particularly low wage workers, and to enhance social norms around help-seeking for caregivers and collective prosperity or the role the policymakers and decision-makers have in preventing child abuse and neglect. The Essentials for Childhood program, Overdose Data to Action cooperative agreement, and CFPS all contribute to funding these five communities. The grant runs until 2023.</p> <p>In Fiscal Years 2016-17 and 2017-18, local child fatality prevention review teams (local teams) began working toward implementation of organizational and county-level policies aligned with Essentials for Childhood's strategic priorities. The goal of this work was to expand the focus of the project from state-level policies and coalitions to the local level. During the same period, CFPS partnered with Essentials staff to develop and disseminate a State of the State Report, capturing local level policies from across the state of 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</p>

		<p>program and Executives Partnering to Invest in Children (EPIC) partnered to host business forums designed to educate business owners and employers about family-friendly employer practices and policies to implement at their places of employment. Colorado Essentials for Childhood staff and EPIC hosted six business forums since 2016. In addition, staff updated the Family Friendly Toolkit (<a href="https://sites.google.com/site/familyfriendlycolorado/toolkit">sites.google.com/site/familyfriendlycolorado/toolkit</a>) with case-studies from Colorado businesses and others as well as best practices for worker health and well-being. Over 1800 hard copies of the toolkit have been disseminated to partners across the state, and the electronic toolkit has been shared with national partners as well as agencies from other states. Additionally, Essentials for Childhood staff partnered with Health Links to develop a family-friendly assessment (<a href="https://www.healthlinkscertified.org/certification/family-friendly">www.healthlinkscertified.org/certification/family-friendly</a>) focused on identifying employers' needs and opportunities to create environments that are supportive of families</p> <p>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.</p> <p>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.</p> <p>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,</p>
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		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: <a href="http://www.codot.gov/about/committees/strac">www.codot.gov/about/committees/strac</a> .
2016	Support policies that ensure the long-term financial stability of free full-day preschool and free full-day kindergarten.	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.

2017, 2018, 2019	Improve substance use data quality by exploring additional data sources to supplement CFPS data.	<p>CFPS is committed to understanding the contribution of substances, including alcohol, tobacco, marijuana, and prescription drugs, to the fatal circumstances leading to death among children and youth under 18 years of age occurring in Colorado. The system regularly collects information on substance use, substance abuse disorders, and mental health histories through law enforcement and coroners' reports; however, the data collected on these topics is often incomplete and may present an incomplete picture of the role of substance use in child deaths across Colorado. In Fiscal Year 2017-18, CFPS met with partners at the Office of Behavioral Health at the Colorado Department of Human Services to explore a data-sharing agreement between systems. While there was initial interest in this work, the data-sharing agreement has yet to be finalized. In Fiscal Year 2018-19, CFPS continued to participate in Illuminate Colorado's Impact on Children of Caregiver Substance Use Project funded by the ZOMA Foundation (<a href="http://www.illuminatecolorado.org/iccsu">www.illuminatecolorado.org/iccsu</a>). This workgroup is exploring the impact of caregiver substance use on children's lives by collecting indicators from a variety of statewide data systems to create a more comprehensive and contextualized understanding of the impact of substance use. Additionally, CFPS explored increasing data quality by adding a question to the National Center for Fatality Review and Prevention's (NCFRP) Case Reporting System on the impact of substance use in child deaths in Colorado to supplement existing questions in the tool. After a robust discussion, CFPS decided not to add this question to the tool. Instead, CFPS developed a data report <i>The Role of Substance Use in Child Fatality in Colorado</i> in January 2020 (available here: <a href="http://www.cochildfatalityprevention.com/p/reports.html">www.cochildfatalityprevention.com/p/reports.html</a>). This report includes a discussion of the context surrounding substance use in Colorado; highlights CFPS data for our leading causes of death as well as other population data sources; and focuses on inequities in sexual orientation, gender identity, race, and ethnicity.</p>
2018	Raise awareness and provide education to child welfare providers and	<p><i>2018 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation</i></p> <p>In Fiscal Year 2018-2019, CFPS and CFRT presented to several stakeholders</p>



	community agencies on safe firearm storage to prevent child deaths involving firearms.	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

		( <a href="http://www.colorado.gov/cdphe/suicide-investigation-form">www.colorado.gov/cdphe/suicide-investigation-form</a> ).
2019	Fund firearm research to understand contributing factors for firearm injury and violence, including risk and protective factors, social determinants of observed racial inequities, and effective prevention strategies to prevent future firearm deaths.	During Fiscal Year 2019-20, for the first time in more than two decades, U.S. Congress allocated \$25 million to the study of firearm violence. Allocated to the CDC and the National Institutes of Health, Colorado researchers are currently applying to a federal funding opportunity. CFPS will collaborate with these researchers to bring the most up to date information to our system. Additionally, policymakers may also decide to allocate state funding to develop and fund a firearms research grant program. 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. Full implementation will begin in 2024.
2020	Expand data collection, analysis, and community engagement to: 1. Better understand disparities in motor vehicle deaths. 2. Identify specific strategies to reduce high-risk driving and passenger behaviors. 3. Support a	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 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

	comprehensive statewide young driver safety campaign.	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.
<b>Ongoing Recommendations</b>		
2014, 2015, 2016, 2017, 2018, 2019	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of seating position) in the vehicle is not properly	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 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

	restrained.	to the decision to not include a primary seat recommendation in the 2020 or 2021 CFPS recommendations. CDPHE continues 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	Require newly licensed K-12 educators and special service providers (nurses, school psychologists, school counselors, and social workers) to complete suicide prevention trainings.	In 2016, the Suicide Prevention Commission conducted a statewide survey of mental health providers, including those within school settings, to help identify preferences and barriers to accessing clinical suicide prevention training. Survey results indicate a need for additional training and to address barriers to existing training. An overwhelming majority of respondents had either professional or personal experiences with suicide, although a quarter of respondents reported that they had not attended any suicide prevention training within the past five years.
2018	Support training for mental health and substance use disorder providers on evidence-based treatment approaches for suicidal youth.	<p>The Colorado Office of Suicide Prevention (OSP) has prioritized the Collaborative Assessment and Management of Suicidality (CAMS) clinical trainings as they are evidence-based, client-centered, and the treatment can be provided in any modality or theoretical orientation. The Office of Suicide Prevention leverages federal grant funding to bring CAMS training opportunities to Colorado, hosting a minimum of five training events each year across the state. Since 2018, the Office has trained over 1,900 clinical providers in this framework. With guidance from the Office, CAMS created a CAMS Clinician Locator tool, so that individuals seeking a CAMS-trained provider can search in their area (<a href="https://cams-care.com/clinician-locator">cams-care.com/clinician-locator</a>) and search for providers who will work with youth and who accept Medicaid.</p> <p>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</p>

		<p>enhance suicide prevention and crisis response through training for all staff (for more information access the OSP's 2019-2020 Annual Report at <a href="http://coosp.org">coosp.org</a>); 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 &amp; Suicide Prevention), which reduces the age of consent to 12 years old to increase mental health access for youth and establishes new mental health and suicide prevention standards; 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.</p>
2015	Mandate that hospitals develop and implement policies to provide education and information about infant safe sleep promotion and to require the practice and modeling of safe sleep behaviors in labor/delivery and neonatal intensive care unit (NICU) hospital settings.	<p>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.</p>
2016	Mandate that all health care settings develop and implement policies to	<p>Starting in Fiscal Year 2019-20, Illuminate Colorado began facilitating the partnership. Illuminate has strong collaborations with health care systems and birthing hospitals, which will enhance the partnership's work to engage hospitals on safe sleep. In Fiscal Year 2020-21, the group prioritized the</p>

2021	<p>provide education and information about infant safe sleep promotion.</p> <p>Support policies that expand safe sleep education, modeling, and discharge safety screening in birthing hospitals.</p>	<p>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.</p> <p>In Fiscal Year 2021-2022, CFPS worked with an MPH student with an interest in SUID with a strong focus on equity. The student completed her practicum in summer 2021. The project was to analyze CFPS SUID data on disparities at the intersection of race, ethnicity, and geography. Key result highlighted a significant geographic disparity among Hispanic infants that die by SUID. From 2009-2019, the rate of SUID among Hispanic infants living in a frontier county (237.6 per 100,000 live births) was 3.0 times higher than those living in an urban county (80.0 per 100,000 live births). The MPH student will also complete her capstone project in partnership with CFPS and ISSP in summer 2022. The student will conduct a survey with administrators, nurse educators, and/or injury prevention professionals at Colorado birthing hospitals to assess practices, policies, and modeling of safe sleep as well as how they educate caregivers about safe sleep.</p>
2015	<p>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.</p>	<p>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</p>

2016	Mandate all schools in Colorado implement a full spectrum of suicide prevention programming, including programs that promote resilience and positive youth development as protective factors for suicide.	<p>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.</p> <p>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 to support their suicide response and prevention efforts. The Office of Suicide Prevention encourages all schools and districts to have comprehensive and evidence-informed suicide prevention policies in place, based on guidance from SAMHSA and AFSP. Model toolkits and resources to help inform and guide school suicide prevention policies can be found at: <a href="https://cdphe.colorado.gov/suicide-prevention/youth-and-young-adult-suicide-prevention">cdphe.colorado.gov/suicide-prevention/youth-and-young-adult-suicide-prevention</a>.</p>
2015, 2016, 2017, 2018, 2019, 2020, 2021	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 was finalized and made available



		<p>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 and partners 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 (53.1% in 2016 to 62.8% in 2020). 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 (36.7% in 2016 to 44.2% in 2020).</p>
2016, 2017, 2018, 2019, 2020, 2021	Mandate the use of a suicide investigation form for law enforcement and coroners when investigating suicide deaths.	<p>The CFPS Investigative and Data Quality Subcommittee in partnership with the Office of Suicide Prevention and the Suicide Prevention Commission drafted the Suicide Death Scene Investigation Form (<a href="http://www.colorado.gov/cdphe/suicide-investigation-form">www.colorado.gov/cdphe/suicide-investigation-form</a>) in Fiscal Year 2016-17. Content experts from numerous organizations worked collaboratively to produce this comprehensive investigation tool that will improve Colorado's understanding of suicide deaths and aid in the identification of new prevention strategies. During Fiscal Year 2016-17, 10 counties across Colorado piloted the form. The CFPS Investigative and Data Quality Subcommittee gathered feedback from death scene investigators who piloted the form and made improvements based on their suggestions. In Fiscal Year 2017-18, the form and an accompanying guidance manual were made available online. CFPS and Colorado Violent Death Report System (CoVDRS) partners promoted the form to coroners and law enforcement through presentations at law enforcement and coroner's meetings throughout the state. In addition, to begin measuring progress made on this data quality recommendation, CFPS added two questions to the National Center for Fatality Review and Prevention's (NCFRP) Case Reporting System. The questions are asked for each youth suicide death and inquire 1) whether a suicide death scene investigation form (or jurisdictional equivalent) was completed during the</p>



		<p>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 and 2020. Data indicate that Suicide Death Investigation Forms were completed for 26.2% (n=16) of 2019 cases and 34.8% (n=24) of 2020 cases. For cases where a form was completed, the form was shared with the local review team 68.8% (n=11) of the time for 2019, and 100% (n=24) of the time for 2020. 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.</p> <p>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?”</p> <p>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</p>
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		impacted communities. In support of the Department's strategy to improve data, in Fiscal Year 2021-22, OSP is continuing an ongoing mini-grant program to encourage and incentivize death scene investigators across the state to utilize the form across all age groups.
2016, 2017	Strengthen practices related to sharing child maltreatment data across local agencies in Colorado.	<p><i>2016 and 2017 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation</i></p> <p>In Fiscal Year 2016-17, CFPS conducted a needs assessment of several Denver metro area local teams regarding information sharing, background research on other state processes to share information, and key informant interviews with partners at various state and local agencies. Additionally, efforts to coordinate various statewide projects to increase information sharing related to child maltreatment, focusing on access to municipal court records, began 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.</p>
2016	Enhance the Graduated Drivers Licensing (GDL) law to increase the minimum age for a learner's permit to 16 years and expand	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

2019	<p>restricted driving hours to 10:00 pm-5:00 am.</p> <p>Strengthen Colorado's graduated driver licensing law to better align with best practice by:</p> <ol style="list-style-type: none"> <li>1. Increasing the minimum age for a learner's permit from age 15 to 16 and the minimum age for an intermediate (restricted) license from age 16 to 17.</li> <li>2. Expanding the restricted hours for intermediate drivers from between 12 a.m. and 5 a.m. to between 10 p.m. and 5 a.m.</li> </ol>	<p>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 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.</p> <p>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</p>
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		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	Support policies to improve behavioral health for children, youth, and families in Colorado.	<p>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 (<a href="https://cdhs.colorado.gov/behavioral-health-reform">cdhs.colorado.gov/behavioral-health-reform</a>). Based on the findings of the Blueprint, HB22-1278 created the Behavioral Health Administration at the Colorado Department of Human Services to to create a coordinated, cohesive, and effective behavioral health system in the state.</p> <p>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, the 2021 legislative session, and the 2022 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, HB21-1085 Secure Transportation Behavioral Health Crisis, HB22-1281 Behavioral Health-care Continuum Gap Grant Program, SB22-181 Behavioral Health-care Workforc, and HB22-1052 Promoting Crisis Services To Students.</p>
2018	Support policies to improve caregiver behavioral health, such as: <ul style="list-style-type: none"> <li>• Screening and referral during the perinatal period.</li> <li>• Health insurance coverage.</li> <li>• Behavioral health integration into primary care.</li> </ul>	
2019	Support policies to improve behavioral health care in Colorado, such as: <ol style="list-style-type: none"> <li>1. Increasing telehealth services, especially in rural areas.</li> <li>2. Increasing diversity of the behavioral health care workforce.</li> <li>3. Integrating behavioral</li> </ol>	

2020	<p>health into primary care.</p> <p>Support policies to improve behavioral health care in Colorado, such as:</p> <ol style="list-style-type: none"> <li>1. Increasing telehealth services, especially in rural areas.</li> <li>2. Increasing diversity of the behavioral health care workforce.</li> <li>3. Requiring annual mental health screenings for young people.</li> <li>4. Integrating behavioral health into primary care.</li> </ol>	<p>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, HB21-1275 Medicaid Reimbursement For Services By Pharmacists, and HB22-1326 Fentanyl Accountability And Prevention among others.</p> <p>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 Health to recommend standardized behavioral health screening tools for primary care providers. Colorado has also made strides to increase access to free behavioral health care for young people, such as the creation of the I Matter Program, which provides at least three free behavioral health sessions for Colorado youth (<a href="https://cdhs.colorado.gov/behavioral-health/i-matter-program">cdhs.colorado.gov/behavioral-health/i-matter-program</a>). Many young people have currently accessed this support via telehealth.</p>
2021	<p>Support policies to improve behavioral health care by:</p> <ol style="list-style-type: none"> <li>1. Increasing telehealth services, especially in rural areas.</li> <li>2. Integrating behavioral health into primary care</li> <li>3. Increasing access to mental health services and supports for young people.</li> <li>4. Supporting policies and programs that strengthen youth connections to trusted adults.</li> </ol>	<p>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. Additionally, American Rescue Plan Act of 2021 funding continues to support broadband deployment projects across the state.</p>

2017, 2018, 2019, 2020, 2021	Support policies that ensure access to quality, affordable child care for families.	<p><i>2019 and 2020 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation</i></p> <p>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 2022 legislative state policymakers committed to understanding and addressing the lack of access to child care in Colorado by passing several bills: SB22-213 Child Care Support Programs, HB22-1006 Child Care Center Property Tax Exemption, HB22-1056 Emergency Temporary Care For Children, HB22-1010 Early Childhood Educator Income Tax Credit, and HB22-1295 Department Early Childhood And Universal Preschool Program. HB22-1295 created the Department of Early Childhood and moved the entire Office of Early Childhood from the Colorado Department of Human Services. 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 which the state chose to invest in child care.</p>
2017, 2018, 2019, 2020, 2021	Support policies that expand access to community-based home visiting programs for all families with new infants.	<p><i>2021 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation</i></p> <p>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 with detailed recommendations can be found on the Early Childhood Leadership Commission website: <a href="http://www.earlychildhoodcolorado.org/working-groups">www.earlychildhoodcolorado.org/working-groups</a>.</p> <p>Also several groups across Colorado are working to being new models of home visiting to the state including Child First and Family Connections. Child First is</p>

		<p>a national, evidence-based, two-generation, trauma-informed model that works with young children and their caregivers who are most impacted by systemic and structural inequities through intensive, home-based services. Each family works alongside a two-person team within the home consisting of a licensed mental health clinician with experience in early childhood development, and a care coordinator who works with the entire family on sources of stress, and to connect them with resources. Family Connects, which will be universally implemented in Colorado, is an evidence-based program that connects parents of newborns to the community resources they need through postpartum nurse home visits.</p>
2019, 2020, 2021	Support policies that expand access to quality, affordable, and stable housing across Colorado.	<p>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, 2021 legislative session, and 2022 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, several other bills that would make it easier for local governments to support and develop affordable housing units (HB21-1117 and HB21-1271), HB22-1282 The Innovative Housing Incentive Program, HB22-1205 Senior Housing Income Tax Credit, HB22-1051 Mod Affordable Housing Tax Credit, HB22-1304 State Grants Investments Local Affordable Housing, SB22-159 Revolving Loan Fund Invest Affordable Housing, HB22-1082 Establish Fair Housing Unit Department Of Law, SB22-146 Middle</p>

		Income Access Program Expansion, and HB22-1377 Grant Program Providing Responses To Homelessness. 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 8:30 a.m.).	Emerging research on the impact of sleep on the mental health of young people suggests that delaying school start times may protect against poor mental health outcomes. School districts across Colorado have pushed back start times for students, starting with Montezuma-Cortez district in 2012. In 2020, Cherry Creek, Boulder Valley, District 27J, Greeley-Evans, Poudre, Thompson, and Adams districts will all have delayed school start times. This recommendation has also gained momentum nationally with California passing a law mandating later start times statewide in 2019.
2020, 2021	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



		<p>Conference; training on the basics of equity, implicit bias, microaggressions, reflections on the white supremacy characteristics, knowing your why, 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 April 2020, the CFPS data tool included 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. Conducting family interviews and including community representatives 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 guidance for 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.</p>
2020, 2021	<p>Improve data quality of CFPS child maltreatment data by providing technical assistance to local teams and supplementing CFPS data with other data sources.</p>	<p>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</p>

		<p>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. To improve CFPS data on child maltreatment history, 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. Prior to the linkage, 2019 CFPS data on history of child maltreatment as a victim was known (e.g., marked either 'Yes' or 'No') for 70.3% of cases. After the linkage, CFPS had this information for 97.8% of cases. In Fiscal Year 2021-22, CFPS again completed this annual data sharing process leading to more complete data.</p>
2021	<p>Support policies that expand access to broadband internet to improve access to educational, social and health care opportunities for families.</p>	<p>Given the widespread impact of the COVID-19 pandemic on access to education, social 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. Additionally, American Rescue Plan Act of 2021 funding continues to support broadband deployment projects across the state.</p>