



SUSTAINABLE DATA COLLECTION: MAINTAINING PARTNERSHIPS

Telling Each Story to Save Lives Nationally



KEY FUNDING PARTNER

FEDERAL ACKNOWLEDGEMENT

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Technical Assistance and Training

On-site, virtual and/or recorded assistance, customized for each jurisdiction, is provided to CDR and FIMR teams.



National Fatality Review-Case Reporting System

Support the NFR-CRS which is used in 47 states and provides jurisdictions with real-time access to their fatality review data.



Resources

Training modules, webinars, written products, newsletters, list-serv, website and more.



Communication with Fatality Review Teams

Regular communication via listserv, newsletters and regional coalitions.



Connection with National Partners

Develop or enhance connections with national organizations, including federal and non-federal partners.



**ABOUT THE NATIONAL
CENTER**

CDR Process

Best Practices in Reviews



NFR-CRS Utilization

There are currently 47 states using NFR-CRS

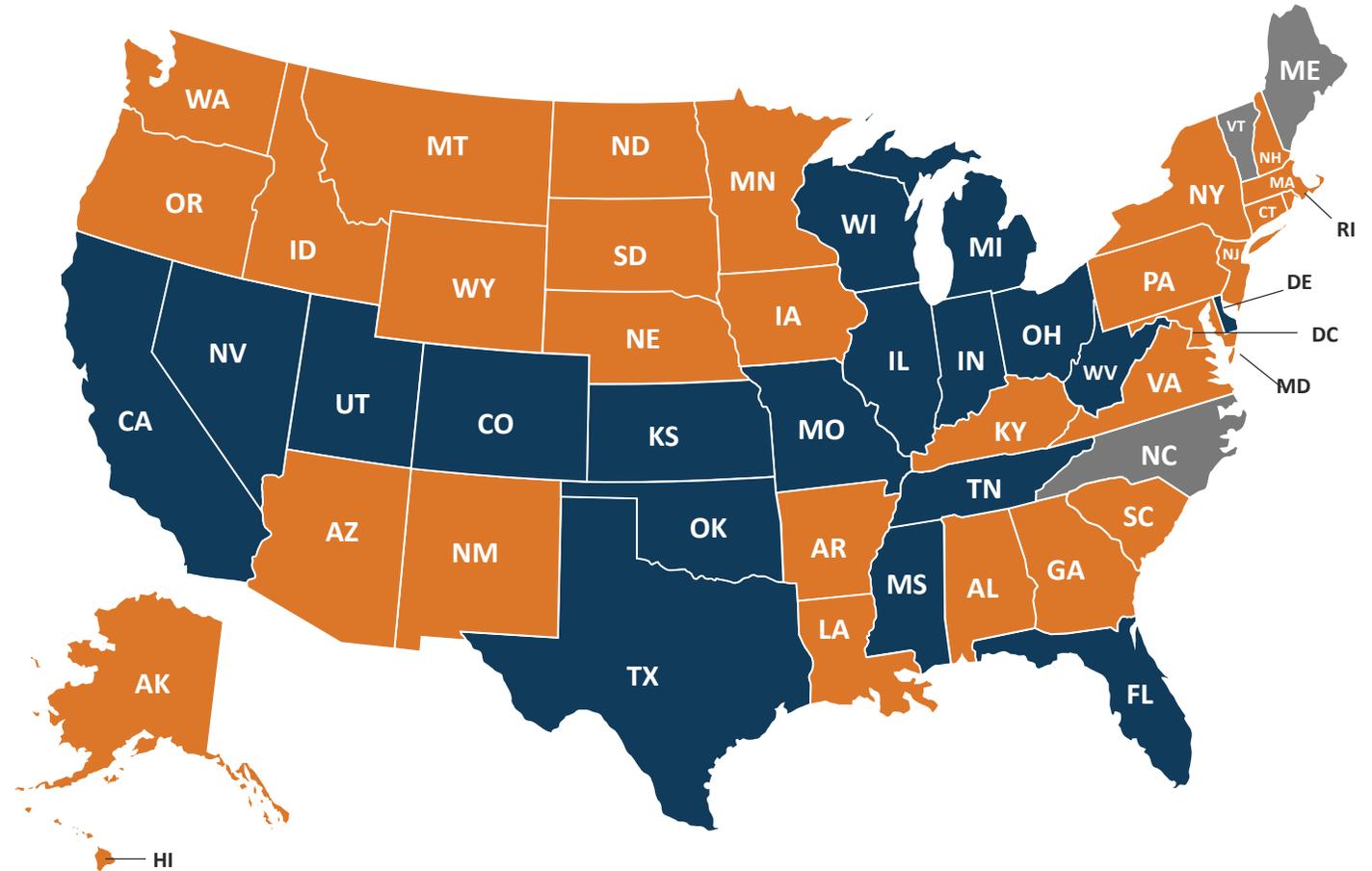
- 47 use NFR-CRS for CDR
- 18 use NFR-CRS for FIMR

Each state uses NFR-CRS differently. Some have comprehensive reviews whereas others may only use NFR-CRS in one jurisdiction.

States Using NFR-CRS
for CDR

States Using NFR-CRS for
CDR and FIMR

States Not Using
NFR-CRS



National Fatality Review- Case Reporting System

A National Tool for CDR and FIMR Teams

The purpose of NFR-CRS is to systematically collect, analyze, and report comprehensive fatality review data that includes:

- Information about the fetus, infant or child and their family, supervisor at the time of the incident, and person responsible (when applicable)
- Services needed, provided, or referred
- Risk and protective factors
- Findings and recommendations
- Factors affecting the quality of the review meeting



CDR REPORT FORM

Version 6.0

National Fatality Review Case Reporting System

Data Entry Website: data.ncfrp.org

Phone: 800-656-2434

Email: info@ncfrp.org

ncfrp.org



[@nationalcfrp](https://twitter.com/nationalcfrp)



1

Place Priority on the End User

Ease of use for the end user should be the most important factor in decision making.

2

Allow for Customization

Allow programs to adapt components of data collection, entry, and analysis based on capacity, needs, and resources.

3

Embrace the Gray Area

Be willing to stay in the flexible, unknown, gray space between absolute truths to allow for discussion and discovery.

4

Create a Data Feedback Cycle

Help communities take ownership of their data to take action.

5

Resources

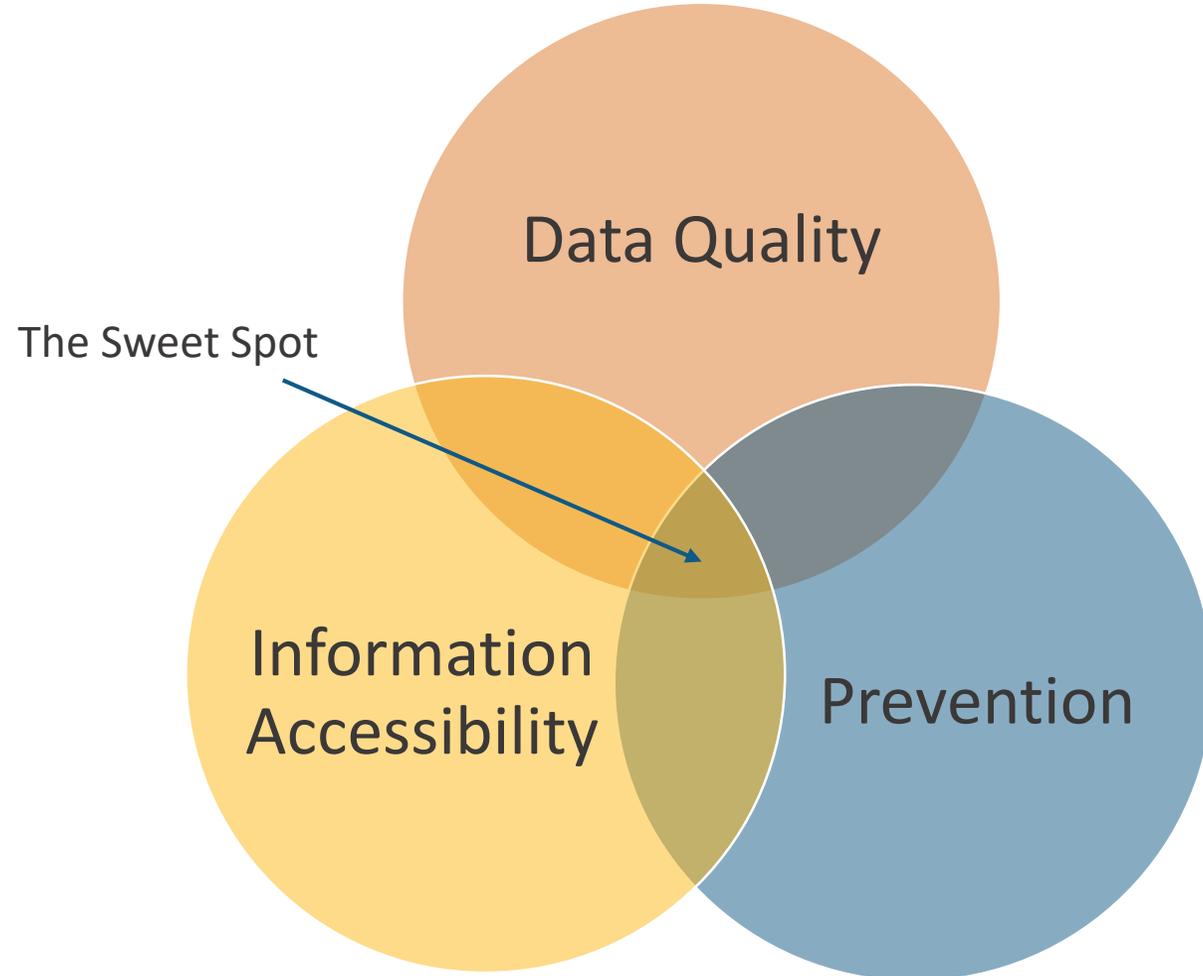
Develop a broad array of resources that speak to different levels of capacity.



**RELATIONSHIP LESSONS
LEARNED**

1. End User Perspective

Guiding Principles for NFR-CRS Questions



A hand is holding a black magnifying glass over a laptop keyboard. The magnifying glass is positioned over the keyboard, and the hand is visible on the left side of the frame. The background is a blurred laptop keyboard.

2. Customization

- Set priority variables
- Measure change over time
- Allow for additional questions
- Be responsive
- Celebrate small successes

3. Embrace the Gray Area

Life Stressors Added in NFR-CRS

| I7. LIFE STRESSORS | | Please indicate all stressors that were present for this child and family around the time of death. | | | |
|--|--|---|--|---|--|
| a. Life stressors - Social/economic | | | | | |
| <input type="checkbox"/> None listed below | <input type="checkbox"/> Neighborhood discord | <input type="checkbox"/> No phone | <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Lack of child care | |
| <input type="checkbox"/> Racism | <input type="checkbox"/> Job problems | <input type="checkbox"/> Housing instability | <input type="checkbox"/> Cultural differences | <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Money problems | <input type="checkbox"/> Witnessed violence | <input type="checkbox"/> Language barriers | <input type="checkbox"/> Pregnancy scare | |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Tobacco exposure | | | |
| b. Life stressors - Medical | | | | | |
| <input type="checkbox"/> None listed below | <input type="checkbox"/> Caregiver unskilled in providing care | <input type="checkbox"/> Multiple providers, not coordinated | <input type="checkbox"/> Felt dismissed by provider | | |
| <input type="checkbox"/> Lack of family or social support for care | <input type="checkbox"/> Lack of money for care | <input type="checkbox"/> Limitations of health insurance | <input type="checkbox"/> Lack of provider-family compatibility | | |
| <input type="checkbox"/> Caregiver distrust of health care system | <input type="checkbox"/> Services not available | <input type="checkbox"/> Provider bias | | | |
| c. Life Stressors- Relationships | | | | | |
| <input type="checkbox"/> None listed below | <input type="checkbox"/> Parents' incarceration | <input type="checkbox"/> Argument with friends | <input type="checkbox"/> Cyberbullying as victim | <input type="checkbox"/> Stress due to gender identity | |
| <input type="checkbox"/> Family discord | <input type="checkbox"/> Breakup | <input type="checkbox"/> Isolation | <input type="checkbox"/> Cyberbullying as a perpetrator | <input type="checkbox"/> Stress due to sexual orientation | |
| <input type="checkbox"/> Argument w/ parents/caregivers | <input type="checkbox"/> Argument with significant other | <input type="checkbox"/> Bullying as victim | <input type="checkbox"/> Peer violence as a victim | | |
| <input type="checkbox"/> Parents' divorce/separation | <input type="checkbox"/> Social discord | <input type="checkbox"/> Bullying as perpetrator | <input type="checkbox"/> Peer violence as a perpetrator | | |
| h. Life stressors - Describe any other life stressors: | | | | | |

4. National Reports



Center for Fatality Review & Prevention

January 2021



Using Child Death Review to Inform Title V Programs on Adolescent Mental Health

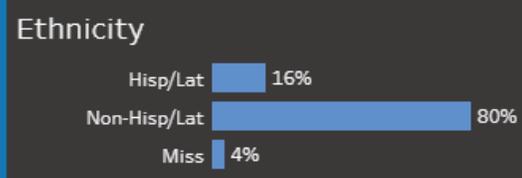
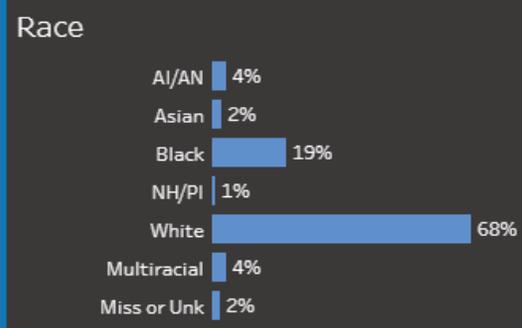
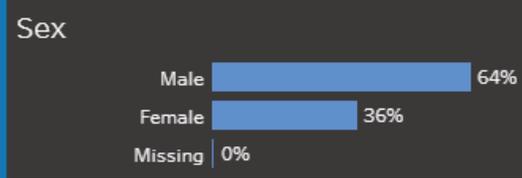
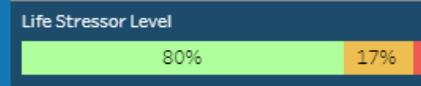
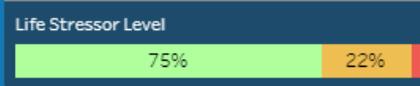
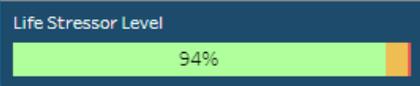
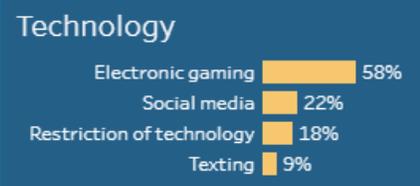
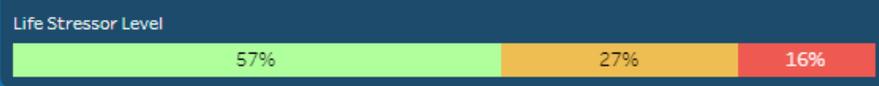
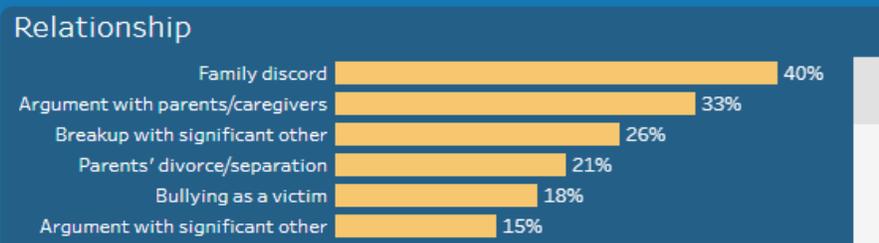
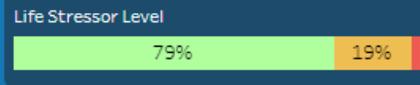
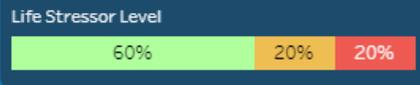
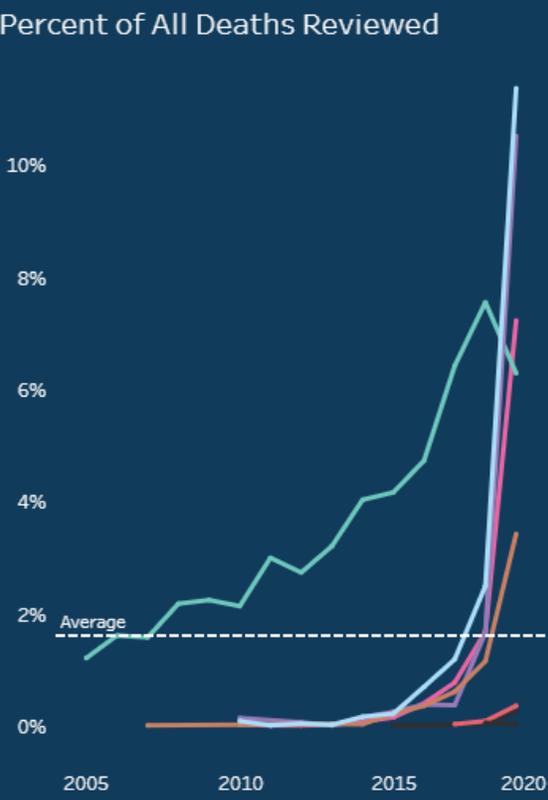
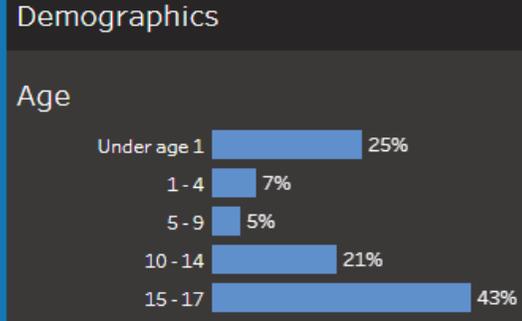
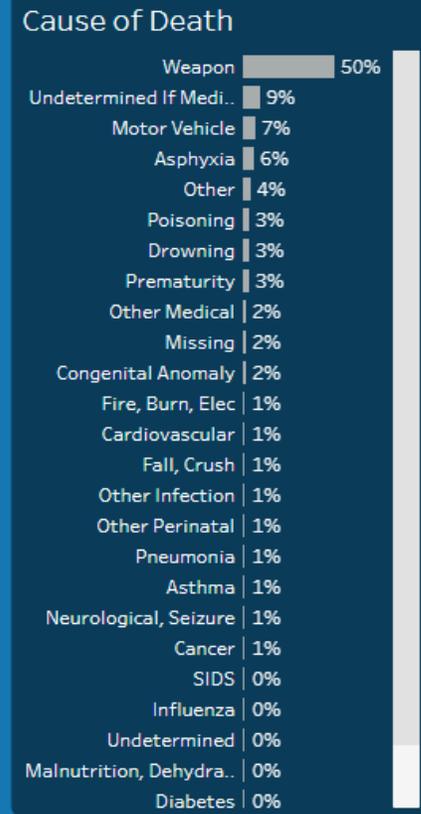
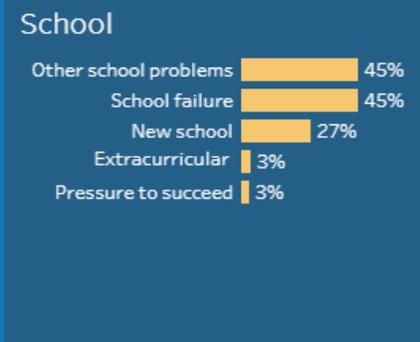
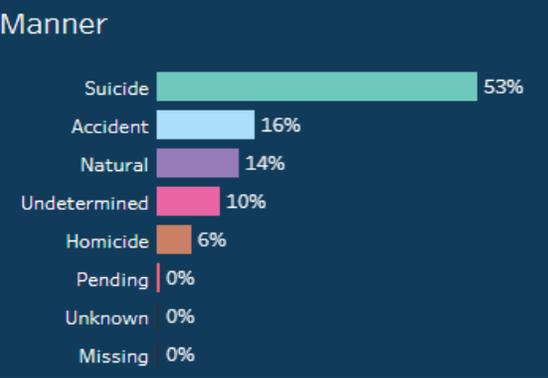
National Center Guidance Report

Table 2. Key Characteristics of Youth Fatalities Stratified by Age and Mental Health Needs

| | Manner of Death was Accident or Homicide AND No Mental Health History Documented | | Manner of Death was Accident or Homicide AND Mental Health History Documented | | Manner of Death was Suicide | |
|---|--|-------------------------------|---|-------------------------------|------------------------------|-------------------------------|
| | Early Adolescence Ages 10-13 | Middle Adolescence Ages 14-17 | Early Adolescence Ages 10-13 | Middle Adolescence Ages 14-17 | Early Adolescence Ages 10-13 | Middle Adolescence Ages 14-17 |
| Ethnicity/Race | | | | | | |
| Hispanic | 17% | 18% | 13% | 15% | 15% | 16% |
| Non-Hispanic White | 52% | 49% | 54% | 48% | 60% | 68% |
| Non-Hispanic Black | 25% | 27% | 27% | 32% | 18% | 9% |
| Other Race | 6% | 5% | 5% | 4% | 7% | 8% |
| Sex | | | | | | |
| Female | 38% | 29% | 24% | 28% | 35% | 28% |
| Male | 62% | 71% | 77% | 72% | 65% | 72% |
| Maltreatment | | | | | | |
| History as a Victim of Maltreatment | 23% | 21% | 63% | 59% | 35% | 34% |
| Family had Open CPS Case at Time of Death | 4% | 3% | 19% | 16% | 7% | 6% |
| Child Placed Outside of Home Prior to Death | 6% | 6% | 33% | 35% | 12% | 13% |
| CPS Record Check Conducted as a Result of the Death | 60% | 50% | 66% | 58% | 67% | 54% |
| Abuse, Neglect, Poor Supervision, or Exposure to Hazards Contributed to Death | 41% | 19% | 47% | 32% | 17% | 15% |



Life Stressors



* All data showed excludes answers that were left unanswered or not applicable



5. Create timely, robust resources for end users at their level.



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