Utah Child Fatality Review

Annual report
2021 data

Utah Department of
Health & Human
Services

Utah Child Fatality Review Committee (CFRC)

The Utah CFRC brings together diverse agencies and organizations that serve Utah children and families. This multidisciplinary approach allows members to share available information from different sources to better understand how and why a child has died. It is this coordination that improves the process of thoroughly reviewing child deaths in Utah.

The Utah CFRC includes representatives from the following agencies:

- Administrative Office of Courts
- Bureau of Emergency Medical Services
- Children's Justice Division
- Children's Protective Division
- Division of Child and Family Services (DCFS)
- Division of Juvenile Justice and Youth Services
- Emergency Medical Services for Children (EMSC) Program
- Intermountain Healthcare
- Office of the Medical Examiner
- Office of Substance Use and Mental Health
- Primary Children's Hospital
- Salt Lake County District Attorney's Office
- University of Utah
- Utah Attorney General's Office
- Utah Center for Reproductive Health
- Utah Commission on Criminal and Juvenile Justice
- Utah Department of Health and Human Services
- Utah Office of Victims of Crime
- Utah Department of Transportation
- Violence and Injury Prevention Program (VIPP)

Periodically, other individuals are invited to attend reviews if they have expertise or history related to a particular case. These individuals may include representatives from support services, law enforcement agencies, fire marshals, child care centers, and child advocacy centers. All information and data regarding each child's death is treated confidentially. Committee members and invited guests sign a confidentiality agreement that prohibits them from sharing case information outside the meeting. The review meetings are not open to the public.

Executive sumary

- In 2021, there were 432 Utah residents aged 0—18 who died.
- 185 child deaths were reviewed by the Utah Child Fatality Review Committee (CFRC).
- Motor vehicle and other transportation (crashes-car crashes, pedestrian crashes, motorcycle crashes, bicycle crashes) crashes were the leading cause of child injury deaths in 2021, accounting for 25.4% of deaths reviewed by the CFRC.
- The rate of suicide deaths was the lowest it has been since 2013. Prior to 2021, suicide deaths were the most common type of death reviewed by the CFRC for the last 8 years.
- There were significantly higher rates of child injury death in Utah males vs females and in infants and older teens compared to all age groups.
- Rural populations and those who identify as American Indian/Alaska Native or Black/African Americans had significantly higher rates of child injury deaths in Utah.
- This report includes 4 priority recommendations and more than 140 injury-specific recommendations to help prevent future child deaths in Utah.

Introduction

The death of a child is a tragedy for families and communities. In 2021, there were 432 Utah children 0—18 who died. Of those deaths, 31.9% (n=138) were determined to be from injury. Injury deaths are mostly preventable, yet they continue to be the leading cause of death for children aged 1—18 in Utah[1].

The Utah Child Fatality Review Committee (CFRC) applies a public health approach to prevent child death by aggregating data from individual child deaths, describing trends and patterns of the deaths, and recommending and implementing prevention strategies.

Between 2021 and 2023, the Utah CFRC reviewed 185 child deaths that occurred during 2021. This report summarizes the data from these reviews, data analysis from the last 10 years, and prevention recommendations made by the Utah CFRC.

The review process and data overview

Manner of death

The Utah death certificate has 5 manners of death: natural, unintentional injury, suicide, homicide, and undetermined. The manner of death is a classification made by a doctor. Any death that is not clearly from a natural medical cause is sent to the Utah Department of Health and Human Services Office of the Medical Examiner (OME). Highly trained forensic pathologists and physicians at the OME determine the manner of death following a thorough review of the circumstances surrounding the death, autopsy results, and relevant medical records.

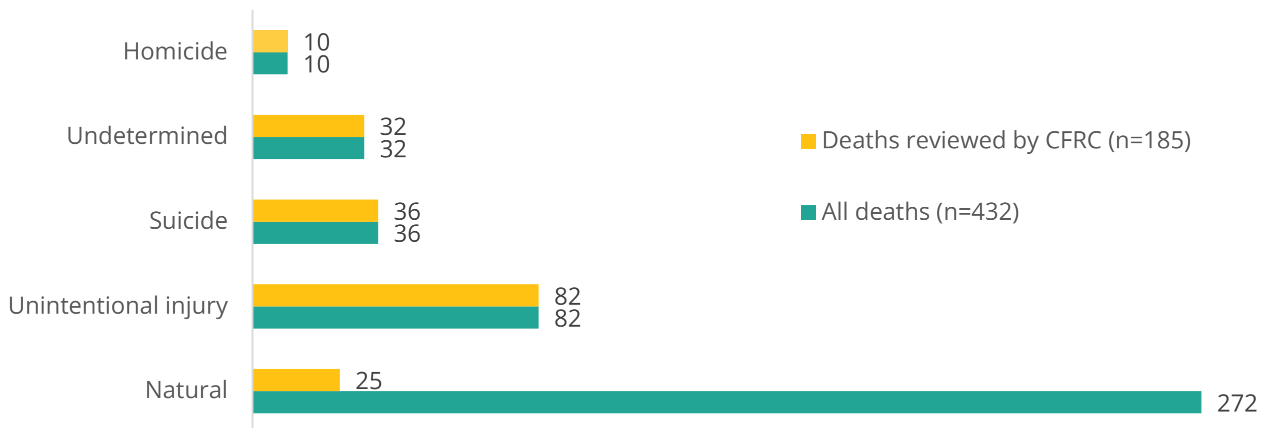


Figure 1 demonstrates that the majority of all Utah child deaths in 2021 were determined to be natural (63.0%, n=272), followed by unintentional injury deaths (19.0%, n=82), suicide (8.3%, n=36), undetermined deaths (7.4%, n=32), and homicide (2.3%, n=10). By contrast, for deaths reviewed by the Utah CFRC, the most frequent manners of death were unintentional (44.3%, n=82), suicide (19.5%, n=36), undetermined (17.3%, n=32), natural (13.5%, n=25), and homicide (5.4%, n=10).

Every child death in Utah receives at least 1 review. Every natural death receives a basic death certificate review to confirm the cause and manner by a trained physician. Natural deaths with perinatal causes of death, like prematurity, are reviewed by the Utah Department of Health and Human Services Birth Defects Network. Natural deaths involving premature births are reviewed by the Utah Department of Health and Human Services Perinatal Mortality Review Committee. All other injury (unintentional injury, suicide, and homicide) and undetermined deaths are reviewed by the Utah CFRC along with a small number of natural deaths that may fall into the Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry definition.

SUID/SDY and the advanced clinical review committee

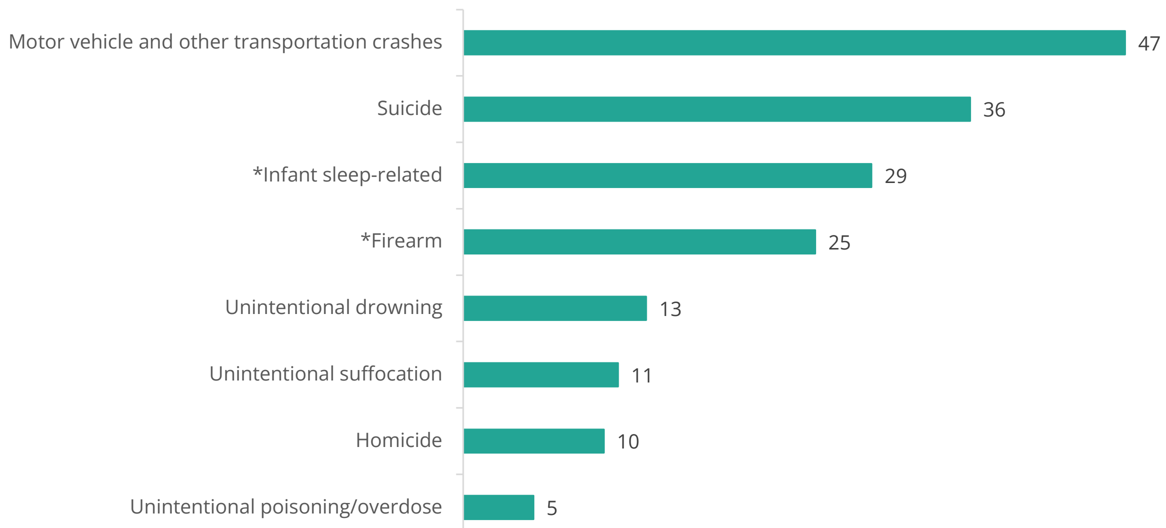
The Utah Department of Health and Human Services takes part in the U. S. Centers for Disease Control and Prevention (CDC) SUID and SDY Case Registry. The registry has data on children who died suddenly and unexpectedly from states across the country. This information helps public health better understand the causes of these deaths and find ways to prevent them. After an initial review of cases that meet the SUID and SDY definition by the CFRC, the cases are sent to an advanced clinical review committee. This committee includes pediatric medical experts, neurologists, forensic pathologists, cardiologists, geneticists, and genetic counselors. The committee categorizes the cases and addresses any questions regarding the pathologies or genetic issues that have been identified.

Cause of death

The cause of death is the specific injury or disease that resulted in the death. Examples include drowning, poisoning, or a motor vehicle crash. Table 1 displays the 5 leading causes of death in 2021 according to the U.S. National Center for Health Statistics' 113 Leading Causes of Death for the percentage of the total child deaths for Utah children aged 0—18. The leading causes of death included perinatal conditions (22.5%, n=97), congenital malformations (16.7%, n=72), and motor vehicle crashes (10.9%, n=47)[1].

Table 1. Leading causes of death among children aged 0—18, Utah, 2021 (n=262)[1]

	n	%
Certain conditions originating in the perinatal period	97	22.5
Congenital malformations, deformation, and chromosomal	72	16.7
Motor vehicle crashes and other transportation	47	10.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	29	6.7
Intentional self-harm (suicide) by other and unspecified means and their sequelae	23	5.3

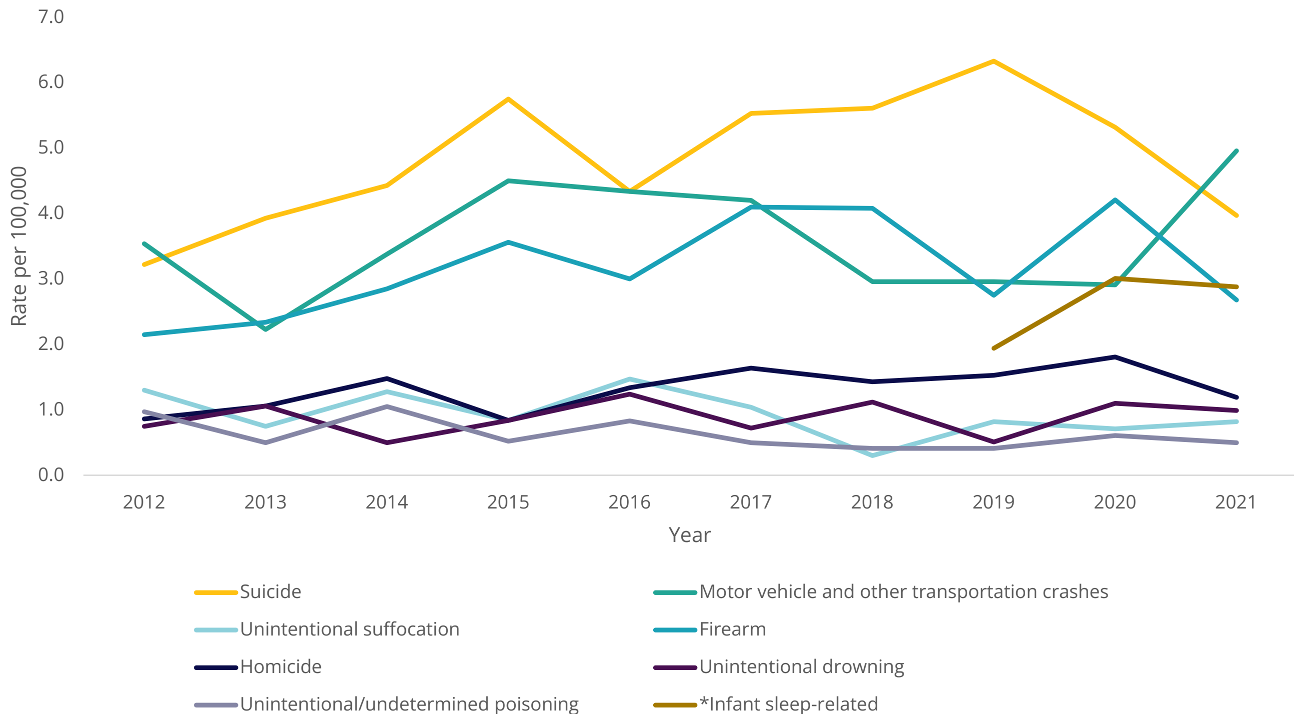


*The majority of deaths in the firearm category are also included in the suicide and homicide categories (16 and 7 deaths respectively) and 5 of the infant sleep-related deaths are also counted in the unintentional suffocation category. 12 child injury deaths reviewed by the CFRC do not fall into any of the categories.

Figure 2 shows the leading causes of death in 2021 for Utah children that were reviewed by the CFRC. Motor vehicle and other transportation deaths (n=47) were the most frequently reviewed by the CFRC, followed by suicide deaths (n=36) and infant sleep-related deaths (n=29). Motor vehicle and other transportation deaths consisted primarily of child passengers in cars, teens driving cars or motorcycles, and children being hit by cars as pedestrians or on bikes (36.3%, 34.0%, and 19.1%). Suicide deaths were mostly caused by firearms and suffocation (44.4% each). Infant sleep-related deaths were mostly undetermined, but nearly all were found in unsafe sleep environments (98.7%). This means the infant was found sleeping in something other than a crib or bassinet (75.9%); sharing a bed with another person (44.8%); sleeping on their stomach (44.8%); or the sleeping area has soft bedding, bumper pads, or other items in it (62.1%). Other leading categories of death included firearm deaths (n=25), unintentional drowning deaths (n=13), unintentional suffocation deaths (n=11), homicide deaths (n=10), and unintentional poisoning or overdose deaths (n=5).

Understanding the trends: summary of 2011-2020 child injury report findings

Figure 3: Rates of the leading causes of injury death among children aged 0-18 by year, Utah, 2012—2021 (n=1,228)[1]



* The Utah CFRC started tracking infant-sleep related deaths in 2019.

Figure 3 shows the rates of the leading causes of injury death among Utah children by year for the last 10 years. The figure includes trends in each of the categories included in Figure 2. The rates of child injury death overall remained stable from 2012 to 2021 (no significant change). However, the rate of motor vehicle and other transportation death was significantly higher in 2021 than in 2012 (4.96 vs 3.54 per 100,000 population. Significance testing for all comparisons was assessed by comparing confidence intervals in IBIS. Any non-overlapping confidence intervals were considered significant.). Prior to 2012, there were significant reductions in motor vehicle and other transportation deaths. The rate of suicide in 2012 and 2021 are statistically similar. However, there were significant changes within this same time frame. In 2019, the rate of suicide peaked almost doubling the 2012 rate (6.33 vs 3.22 per 100,000), but from 2019 to 2021 the rate decreased significantly (6.33 down to 3.97 per 100,000). Data on infant sleep-related deaths is only available from 2019, when Utah joined the U. S. Centers for Disease Control and Prevention (CDC) SUID and SDY Case Registry. The rate of infant sleep-related death surpassed that of firearm deaths (2.88 vs 2.68 per 100,000 population) in 2021.

Disparities by age

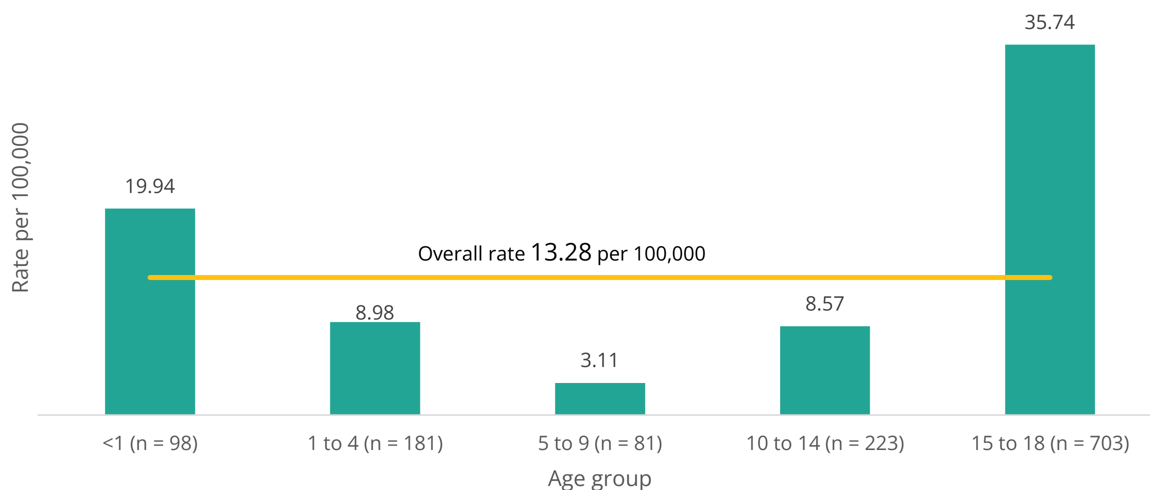


Figure 4 shows the rate of injury death by age group. Youth aged 15-18 had the highest rate of injury death followed by infants (younger than 1). Both had significantly higher rates of injury death compared to the overall child injury death rate. Children aged 15-18 had statistically higher rates of suicide, firearm, and motor vehicle and other transportation death than the overall child injury death rate for these causes of death (19.06 compared to 4.85, 12.56 compared to 3.83, and 9.1 compared to 3.6 per 100,000 population). Infants had statistically higher rates of unintentional suffocation and homicide than the overall child injury death rates for unintentional suffocation and homicide (10.58 compared to 0.92 and 3.87 compared to 1.32 per 100,000 population).

Disparities by sex

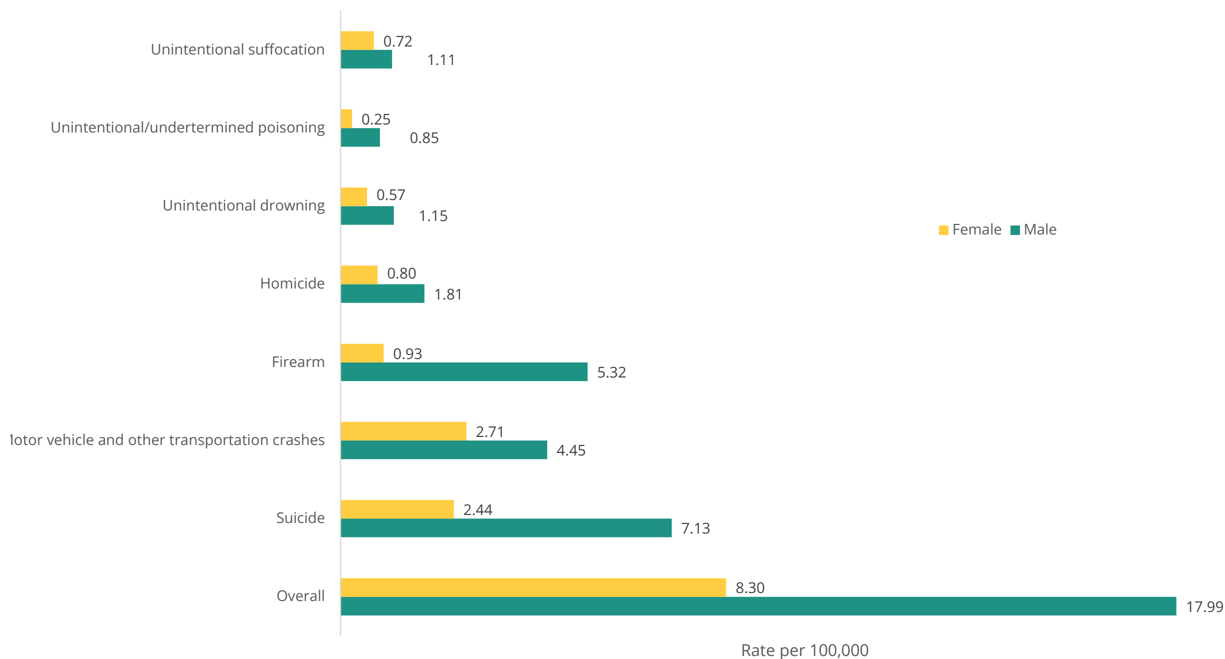


Figure 5 shows that males had significantly higher rates of overall child injury death compared to females (17.99 compared to 8.30 per 100,000 population). Males were more than 5 times as likely to die from firearms as females (5.32 compared to 0.93 per 100,000 population). Males were more than 2 times as likely to die of suicide, homicide, unintentional drowning, and unintentional/undetermined poisoning as females (7.13 compared to 2.44, 1.81 compared to 0.80, 1.15 compared to 0.57, and 0.85 compared to 0.25 per 100,000 population). Males were also significantly more likely than females to die from motor vehicle and other transportation and unintentional suffocation (4.45 compared to 2.71 and 1.11 compared to 0.72 per 100,000 population)[1].

Disparities by geography

Figure 6: Rates injury death among children aged 0-18 by urban and rural/frontier counties, Utah, 2012—2021 (n=1,286)[1]

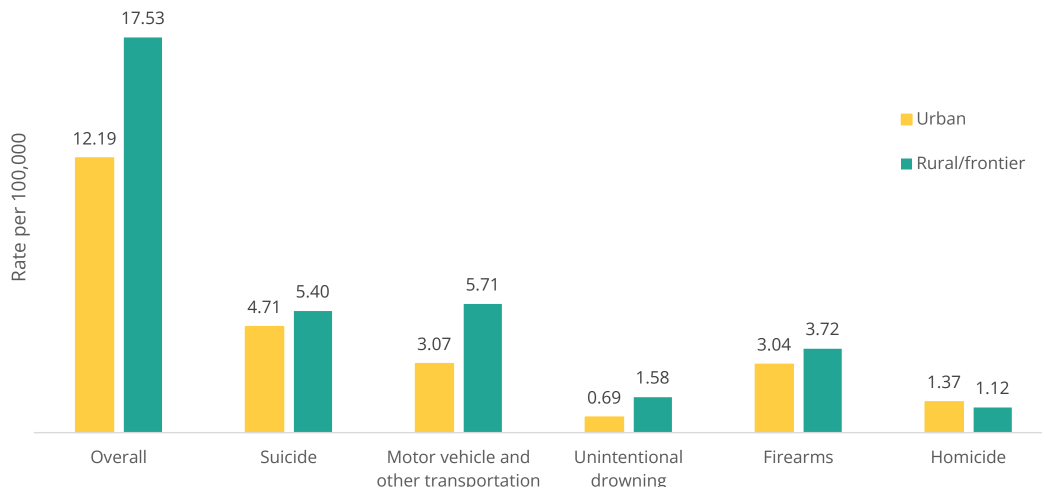
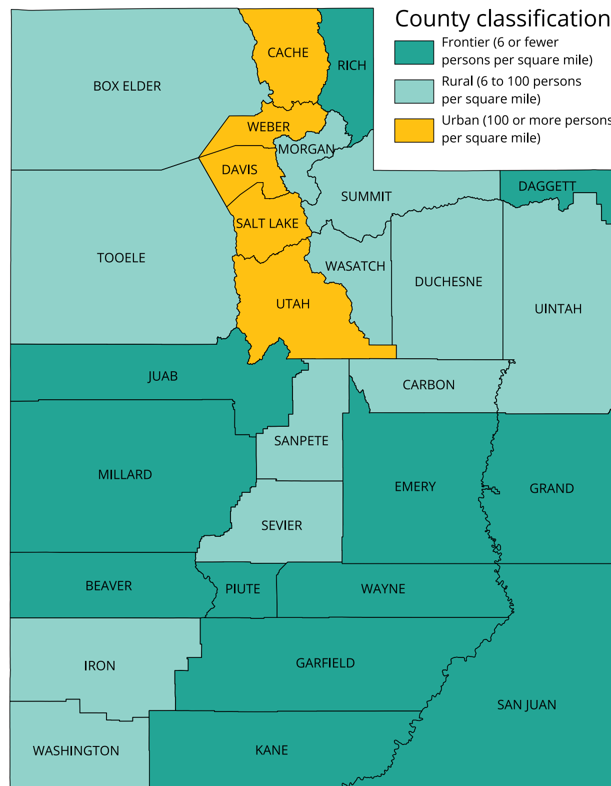


Figure 6 shows an overall significantly higher rate of child injury death in rural and frontier counties compared to urban counties (17.53 compared to 12.19 per 100,000 population). Children living in rural and frontier counties were statistically more likely to die from suicide, motor vehicle and other transportation crashes, and firearms than children living in an urban county (5.25 compared to 4.62, 5.76 compared to 3.15, and 3.55 compared to 2.95 per 100,000 population). Children living in an urban county were statistically more likely to die by homicide than children living in rural and frontier counties (1.37 compared to 1.12 per 100,000 population) [1].



Disparities by race/ethnicity

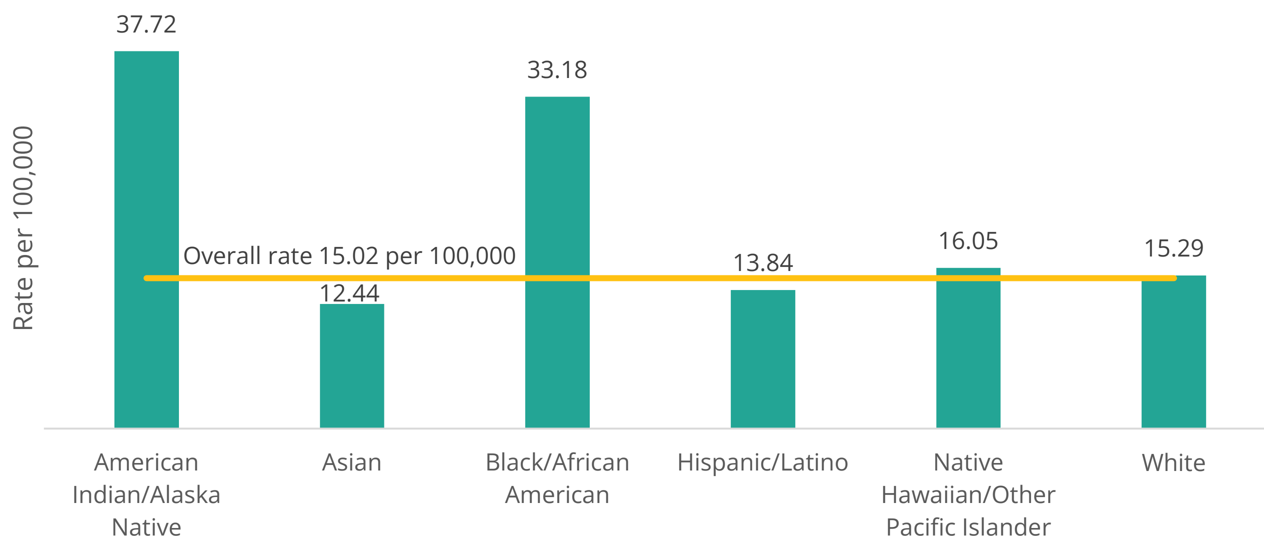


Figure 7 shows the overall differences in the rates of child injury death by race and ethnicity. American Indian/Alaska Native and Black/African American children had a 2 times higher rate of injury death compared to the overall rate for all races and ethnicities (37.72 and 33.18 compared to 15.02 per 100,000 population).

There were also significant differences in specific causes of child injury death by race/ethnicity. American Indian/Alaska Native children were 3 times more likely to die by suicide and 2 times more likely to die in motor vehicle and other transportation crashes compared to the overall rate and to all races/ethnicities (17.75 compared to 5.67 and 11.09 compared to 3.99 per 100,000 population). Hispanic/Latino children were 2 times more likely to die from homicide compared to all races/ethnicities (2.95 compared to 1.43 per 100,000 population)[1].

Note: The 0-19 age group was used for the data analysis in Figure 7 because race/ethnicity population data are only available in 5-year age groups (0-4, 5-9, 10-14, and 15-19).

Social disparities

Health outcomes are impacted by inequities linked to economic, sociocultural, racial/ethnic, and geographic disadvantages[2]. At the same time, it's challenging to measure those associations. In order to link health outcomes to health disparities, the Utah Department of Health and Human Services (DHHS) created the Health Improvement Index (HII)[3]. The HII measures health equity in communities and is a composite measure of social determinants of health that is analyzed at the community level, using Utah 99 Small Areas (HII). It includes 9 indicators that describe important determinants of health such as demographics, socioeconomic deprivation, economic inequality, resource availability, and opportunity structure. The HII is grounded on methods used for the Area Deprivation Index[4]. The higher the value, the more disparities or inequities that area or community was found to have.

Figure 8: Rates of injury death among children aged 0-18 by Health Improvement Index, Utah, 2012-2021 (n=1,282)[1]

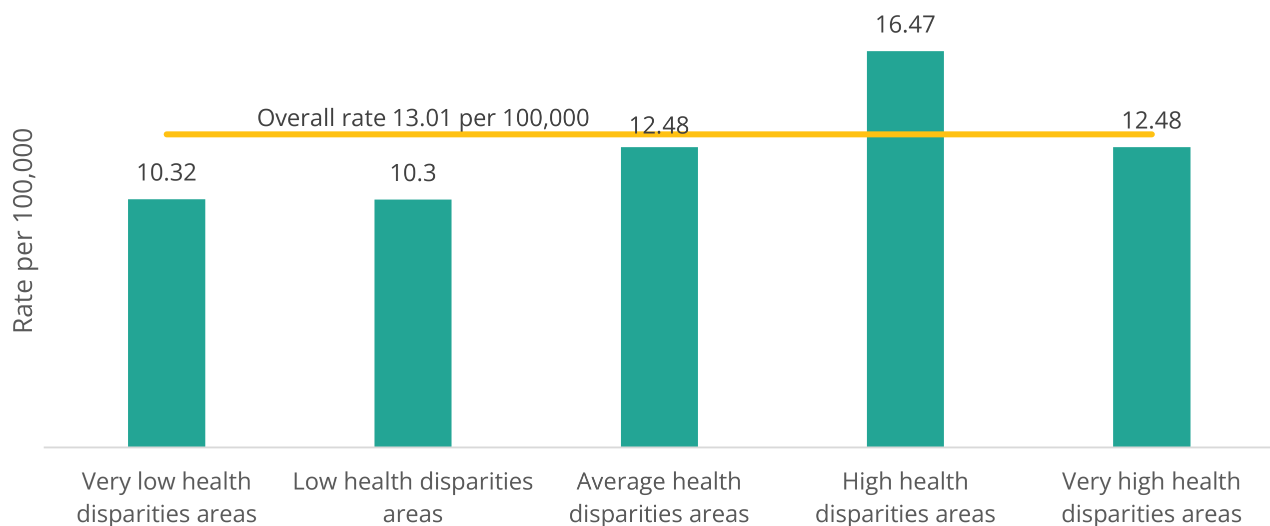


Figure 8 shows children living in small areas identified as High HII were significantly more likely to die from an injury than children in the state as a whole (16.47 compared to 13.01 per 100,000 population). High HII areas experienced significantly higher rates of child injury deaths from motor vehicle and other transportation death and suicide death than the state as a whole (4.38 compared to 3.53 and 5.64 compared to 4.75 per 100,000 population). Very High HII areas experienced significantly higher rates of child injury death from homicide than the state as a whole (2.13 compared to 1.29 per 100,000 population)[1].

We acknowledge that generations-long social, economic, and environmental inequities can result in adverse health outcomes. These inequities affect communities differently and have a greater influence on a person's health than either their individual choices or their ability to access healthcare[5]. Where families live, how much money or education they have, and how they are treated because of their racial or ethnic backgrounds can contribute to the rates of death seen across the state. Policies, practices, and organizational systems that reduce inequities can help improve opportunities for all Utahns to live healthy and safe lives.

Recommendations to prevent child injury deaths in Utah

A committee of prevention experts and CFRC members were asked to review the latest child injury data and the full list of prevention recommendations made by the CFRC. The committee identified 4 priority recommendations that may have the greatest impact on preventing child injury deaths in the future.

These recommendations and strategies do not necessarily represent the views of the Utah Department of Health and Human Services (DHHS) or the state of Utah.

Priority recommendations

Prevention area	Strategies	Desired outcomes
Safety equipment	Continue to promote and educate about the correct and constant use of safety equipment (seat belts, car seats, helmets) and increase opportunities for caretakers to get support (car seat check events).	Reduce motor vehicle and other transportation deaths.
Mental and behavioral health	Increase access and funding for mental health, behavioral health, and substance misuse services across Utah.	Reduce suicides.
Home visiting programs	Expand and fund evidence-based home visiting programs. These programs should be available to all parents who have children with complex medical conditions, families experiencing homelessness, parents of multiples, and ideally, every first-time parent.	Reduce infant sleep-related deaths.
Local fatality reviews	Engage community groups in local child fatality reviews. This will help identify any cultural or community differences that may have played a role in these deaths and inform local prevention efforts.	Increase equity.

Full list of prevention recommendations

What follows is the full list of the recommendations made by the Utah CFRC during the review of child deaths from 2021. These recommendations are categorized according to which sector or group might be best positioned to implement them. The general prevention recommendations can be implemented by more than one sector or group.

These recommendations can help address gaps in policies, education, programs, and services that can lead to injury and death. Each recommendation includes a reference to one or more of the following areas of impact:

- Firearms
- Homicide
- Motor vehicle and other transportation crashes
- Sudden unexpected infant death (includes unintentional suffocation and sudden death in the young)
- Suicide
- Unintentional drowning and unintentional poisoning prevention

General prevention recommendations

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
1. Increase access and funding for mental health, behavioral health, and substance misuse services across Utah.	X	X	X	X	X	X
1a. Increase funding for every school to have social workers or counselors who can respond to trauma on-site at the school, help provide return-to-school education and resources to students, and implement Counseling on Access to Lethal Means (CALM) for school mental health professionals.	X	X	X	X	X	X
1b. Expand access to peer support programs and support groups for youth and parents withsubstance use issues, gender identity concerns, or mental health struggles.	X	X	X	X	X	X
1c. Increase access to mental and behavioral telehealth services,especially in rural Utah.	X	X	X	X	X	X
1d. Increase the diversity of the behavioral healthcare workforce.	X	X	X	X	X	X
1e. Improve the integration of mental and behavioral health into primary care and emergency response.	X	X	X	X	X	X
1f. Expand postvention support including counseling and wrap-around services for all victims of trauma, sexual abuse, and those who have lost a loved one to suicide.	X	X	X	X	X	X

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
2. Expand and fund evidence-based home visiting programs. These programs should be available to parents who have children with complex medical conditions, families experiencing homelessness, parents of multiples, and ideally, evey first-time parent.	X	X	X	X	X	X
3. Increase family-friendly work policies (teleworking, flexible schedules, adequate paid leave) and quality, af-fordable childcare options.	X	X	X	X	X	X
4. Increase broadband access across the state to support telehealth.	X	X			X	
5. Increase use of the C-SSRS to assess and communicate suicide risk across health and behavioral health treatment settings. Include workflows in electronic health records that track safety planning, counseling on access to lethal means, treatment plans or	X	X			X	
6. Improve data sharing and care coordination between health systems, healthcare and mental health providers, schools, government services, and other states by better adapting and using the existing Utah Clinical Health Information Exchange (CHIE).	X	X	X	X	X	X

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
6a. Coordinate safety planning by bringing together or making relevant parties aware of challenges, concerns, and risks a child may have. Expand Intermountain Health's pilot program to share information about K-12 student suicide risk from healthcare providers to schools for the purpose of return-to-learn planning and support.	X	X	X	X	X	X
6b. Implement something similar to New Jersey's Handle with Care Program that allows law enforcement to share information with schools and get at-risk kids additional support when needed.	X	X	X	X	X	X
6c. Improve coordination between those involved in suicide or traumatic events postvention response. Train and	X	X	X	X	X	X
7. Create educational campaigns that promote safe, stable, nurturing relationships and environments.	X	X	X	X	X	X
7a. Educate the public about suicide-safe homes, including how to safely store firearms and medication.	X	X	X	X	X	X
7b. Educate mental health professionals and the public about suicide risk factors and cumulative risk. Risk factors can build up, increasing a person's suicide risk. Increase use of the Live On Playbook and clinical suicide prevention training.	X	X	X	X	X	X
7c. Educate parents about safe sleep practices, with special emphasis on how to reduce risk of suffocation if their baby sleeps in the same bed as they do (no substance use, remove blankets and pillows).	X	X	X	X	X	X

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
7d. Promote healthy social connections for parents and youth and encourage more help-seeking and help-accepting.	X	X	X	X	X	X
7e. Promote and educate parents about the correct and constant use of safety equipment (seat belts, car seats, helmets, fencing off water/robust covers for pools, securing furniture to the wall, fire alarms).	X	X	X	X	X	X
7f. Educate the public how to correctly identify, carefully intervene when necessary, and report child abuse.	X	X	X	X	X	X
7g. Educate parents on the research around social-emotional learning.	X	X	X	X	X	X
7h. Educate parents how to implement safe internet practices in the home with a focus on preventing cyberbullying, grooming, and visiting websites that promote suicide.	X	X	X	X	X	X
7i. Educate parents about how to talk about sex, personal boundaries, and healthy relationships with their children in age-appropriate ways.	X	X	X	X	X	X
7j. Educate parents of toddlers how to make their home safer. Examples of this include safe firearm storage, child-safe blinds/shade, properly storing medications, and restricting access to self-locking boxes and spaces where toddlers can be trapped.	X				X	X

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
7k. Educate people at high risk of overdose about fentanyl, naloxone, fake/adulterated pills, how to help in a crisis, and the Good Samaritan law.	X	X	X	X	X	X
7l. Continue education campaigns focused on distracted and drowsy driving.	X	X	X	X	X	X
7m. Educate people on what to do in low-visibility driving situations.	X	X	X	X	X	X
8. Increase coordination and funding for those providing injury prevention and mitigation resources (child car seats, crisis nurseries, postpartum support, Pack N Plays, gun locks, medication and firearm safes, out-of-the-home storage options, helmets, life jackets, naloxone).	X	X	X	X	X	X
9. Designate specific neighborhoods as “safe for trick-or-treaters” and close or significantly reduce traffic during the evening of Halloween.			X			
10. Evaluate whether resources and education are available to all Utahns regardless of income, where they live, language, race/ethnicity, disability status, religion, or criminal history.	x	x	x	x	x	x
10a. Educate immigrant and refugee populations about 911 and other community emergency services.	X	X	X	X	X	X
10b. Provide outreach to gang members and people who have been incarcerated to make sure they know about community support and resources.	X	X	X	X	X	X

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
10c. Expand and fund evience-based home visiting programs. These programs should be available to parents who have children with complex medical conditions, families experiencing homelessness, parents of multiples, and ideally, every first-time parent.	X	X	X	X	X	X
10d. Provide outreach to people who have been incarcerated to make sure they are aware of community supports and resources.	X	X	X	X	X	X
10e. Build trust between health-care providers and polygamous communities.	X	X	X	X	X	X
10f. Increase access to quality affordable attorneys for individuals with low incomes.	X	X	X	X	X	X
10g. Address transportation barriers that might impact health and well-being by better integrating transportation needs assessments into healthcare scheduling and follow-up.	X	X	X	X	X	X
10h. Increase opportunities for children living in low-income homes to swim safely by subsidizing swimming lessons and providing them with life jackets.	X	X	X	X	X	X
10i. Evaluate naloxone access across the state.	X	X	X	X	X	X
10j. Identify grandparents who are raising their grandchildren and make sure they have the support and resources they need to help their grandchildren thrive.	x	x	x	x	x	x

General prevention research and evaluation recommendations

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
11. Do additional research to inform child safety.			X	X		
11a. Look at correct child car seat use trends.			X	X		
11b. Study the impacts of the current lifeguard shortage.			X	X		
11c. Study why many parents do not follow safe sleep guidelines.			X	X		
11d. Evaluate gang member out-reach efforts.			X	X		

Clergy and faith leaders

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
12. Implement policies and required training that clearly defines the pathway to get children into services when they disclose suicidal thoughts or a history of abuse.	X	X			X	
13. Educate people who work with children about suicide and child abuse prevention, including CALM training and how to report child abuse.	X	X			X	

Criminal justice professionals

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
14. Create a state rapid response team to assist law enforcement investigators in smaller departments with child fatalities, child near-fatalities, or suspected child abuse cases.	X	X	X	X	X	X
15. Increase education on and implementation of trauma-informed practices by law enforcement.	X	X	X	X	X	X
16. Increase enforcement of traffic laws (seat belts, distracted driving, all-terrain vehicles, helmets, street use of ATVs, impaired driving), especially when youth are present.			X			
17. Educate law enforcement officers about how and when to report child abuse to the DCFS, especially when a child is not transported to a hospital where medical professionals might identify and report concerns about abuse.	X	X	X	X	X	X
17a. Clear training for law enforcement and EMS on who should be reporting (Colorado tool).	X	X	X	X	X	X
18. Implement an automatic DCFS referral after a suicide death of a youth if there are other minors in the home.	X	X	X	X	X	X
19. Increase the availability of evidence-based gang intervention and peer mentoring.	X	X				

Education

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
20. Implement later school start times for secondary schools to promote good sleep and support youth mental health.	X	X	X	X	X	
21. Increase opportunities to create supportive environments and connections in schools for students who are at an increased risk of suicide (students who identify as LGBTQIA+, students disagnosed with ADHD or autism, and students living with disabilities or chronic conditions). Examples of these opportunities may include Hope Squads, clubs, support groups, service groups, etc.	X				X	
22. Encourage evidenced-based firearms education in schools.	X	X				
23. Expand the implementation of evidence-based suicide prevention programs in schools and increase accessibility of these programs for all students.	X				X	
24. Implement policies and required training to get children into services when they disclose suicidal thoughts or a history of abuse.	X	X			X	
24a. Increase use of the Creating Safety training. Train school mental health providers on evidence-based brief interventions to reduce the risk of suicide including triage, collaborative safety planning, counseling on access to lethal means, and follow-up.	X	X			X	

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
24b. Create and share templates and workflows on responding to urgent mental health crises, including non-suicidalself-injury, suicide ideation, abuse, and school safety or interpersonal violence threats.	X	X			X	
25. Provide resources and guidance to local education authorities (LEAs) on how to support the mental health needs of students who are participating in virtual or remote learning.	X	X		X	X	
26. Identify clear pathways to recognize children who have complex home lives or extensive trauma, like students with chronic absenteeism, those who move frequently, immigrants, and youth who have incarcerated parents. Get these children into supportive services and connect them to supportive adults and peers.	X	X		X	X	
27. Implement a statewide process to identify children at risk of social isolation/loneliness, like children who move schools or who are seen as different. Provide extra adult support to these youth as efforts are made to integrate them into the school environment and peer groups.	X	X		X	X	
28. Implement care planning for all students so they are not released after disciplinary action without support.	X	X			X	
29. Increase training and use of restorative practices in school discipline.	X	X			X	

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
29a. Evaluate school policies and responses to cutting (self-harm) to make sure youth are receiving appropriate support and care.	x	x			x	
30. Strengthen social emotional learning in schools and coordinate programs with parents.	x	x		x	x	
30a. Support kids in finding opportunities to talk through breakups and changes in friend groups, especially if they leave a faith group or any community that might increase the likelihood of social isolation.	x	x		x	x	
31. Reduce school drop-outs and absenteeism by promoting evidence-based/evidence-supported programs.	x	x		x	x	

Healthcare and crisis responders

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
32. Conduct mental health screenings for all children and new parents during well-child visits. Conduct universal suicide screenings for all children 12 years and older according to AAP recommendations.	X	X	X	X	X	X
33. Talk to parents about safe sleep guidelines during well-child visits, and provide tailored resources to families.	X	X	X	X	X	X

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
34. Have a dedicated space in every emergency department for mental health crises, including having social workers available to assist and provide resources to patients and families.	X	X			X	
35. Provide out-of-network exemptions for mental health emergencies.	X				X	
36. Continue well-child visits for all youth as they transition to adulthood. Assess for mental health concerns during these visits (AAP recommendation).	X	X			X	X
37. Require CALM training for all healthcare providers as part of licensing.	X				X	
38. Add an option in electronic health records to note whether education has been provided to patients on access to lethal means.	X				X	
39. Consider the cumulative suicide risk of patients who may have multiple risk factors, even when they may not score high on the PHQ-9 (Patient Health Questionnaire-9) or answer affirmatively to questions 2 (PHQ2) or 9 (PHQ9).	X				X	
40. Educate healthcare providers that head trauma and autism can increase the risk of suicide. Research ways care should be altered to address suicide risk for children with these conditions.	X				X	

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
41. Provide training to mental health providers on sexuality and gender issues, and when and how to refer children to a	X				X	
42. Promote good sleep hygiene. Educate parents about the increased risk for mental health issues in times of reduced, disrupted, or poor quality sleep.	X	X			X	X
43. Add a question about children in the home to the screeningcriteria for naloxone distribution.	X	X				X

Media professoinals

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
44. Continue to improve safe reporting and follow best practices for all suicide deaths (safe messaging).	X				X	
44a. Do not label stretches of train tracks as “suicide alley.”	X				X	

Parents and community members

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
45. Create safe, stable, nurturing relationships and environments for your children and their friends.	X	X	X	X	X	X
45a. Promote and model healthy social connections.	X	X		X	X	X
45b. Encourage and model help-seeking and help-accepting.	X	X	X	X	X	X
45c. Model safe driving behaviors like not speeding, driving distracted or drowsy, or using a phone while driving. Expect the same safe driving behaviors from your teen.	X	X	X			
45d. Learn how to support social-emotional development.	X	X			X	X
45e. Make sure to correctly and consistently use safety equipment like seatbelts, car seats, booster seats, helmets, reflectors, lifejackets, pool fencing and covering, child-safe blinds/ shades, safe firearm and medication storage, etc.	X	X	X		X	X
45f. Make sure your home is suicide-safe by making sure firearms and medicationare stored or disposed of properly.	X	X			X	X
45g. Follow and promote the AAP safe sleep recommendations.				X		
45h. Talk to your kids about sex, personal boundaries, and healthy relationships in age-appropriate ways.	X	X			X	X
45i. Implement safe internet practices in the home with a focus on preventing cyberbullying, grooming, and visiting websites that promote suicide.	X	X			X	X

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
46. Promote harm reduction strategies (fentanyl test strips, naloxone) if you know someone who is engaging in risky behaviors.						X
47. Support the implementation of policies listed in the policymakers table.	X	X	X	X	X	X
48. Learn how to identify, carefully intervene when necessary, and report all types of child abuse and maltreatment.	X	X		X	X	X

Policymakers

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
49. Provide basic mental health coverage (prepaid mental health plans) for all Utah youth and new parents.	X	X	X		X	X
50. Provide funding to get all youth who have complex mental health histories or who are identified as "high risk" by DCFS to see a child and adolescent psychiatrist. They should also have a review of their medications to improve outcomes and save public funds long-term. A potential model that could be used is the Intensive Stabilization Treatment Evaluation Program.	X	X		X	X	X
51. Expand telehealth resourc-es for students participating in remote or vitural learning.	X	X	X		X	X
52. Expand public funding for evidence-based home visiting programs.	X	X	X	X	X	X

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
53. Expand publicly funded child care programs so parents can afford good care while they work.	X	X	X	X	X	X
54. Fund Trauma Informed Utah and give them the mandate to work to improve the implementation of trauma-informed practices across child and family-serving state agencies.	X	X	X	X	X	X
55. Expand state funding available to better support families where a child has a parent who is incarcerated.	X	X	X	X	X	X
56. Provide additional funding to support gang prevention, intervention, and outreach efforts.	X	X				
57. Provide funding for rural areas of the state to acquire necessary emergency equipment.	X	X	X	X	X	X
58. Change state statute to make everyone a "mandated supporter" instead of just a child abuse "mandated reporter."	X	X	X	X	X	X
59. Update state statute to requires schools and parents to work together to implement comprehensive sex education, including discussions on consent, pornography, and healthy relationships.		X			X	
60. Secure funding to improve data collection on child injury deaths and to better support those impacted by the death of a child.	X	X	X	X	X	X

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
60a. Fund support staff who can fill out the sudden unexpected infant death investigation (SUIDI) form in situations where police might be unwelcome.	X	X	X	X	X	X
60b. Fund a full-time employee at the Utah Department of Health & Human Services to abstract all Child Fatality Reporting System cases to improve data analysis and inform prevention.	X	X	X	X	X	X
60c. Fund social workers or others who can provide support to families who have lost a child and who can do next-of-kin interviews to inform prevention efforts.	X	X	X	X	X	X
60d. Fund the purchase of death scene investigator doll reenactment supplies and train death scene investigators on how to properly use these.	X	X	X	X	X	X
61. Provide funding to support the growth of mental health training programs (MD/DOs, NPs, LCSWs, PhDs, etc) and to support diversifying the workforce to support equitable outcomes for all Utahns.	X	X		X	X	X
62. Change state statute to give the Office of the Medical Examiner authority to investigate infant deaths in the home, regardless of where the death is pronounced.				X		

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
63. Enact legislation that requires police agencies to share police reports with the Utah Child Fatality Review Committee.	X	X	X	X	X	X
64. Update legislation to compel deeper police investigations into the deaths of youth and other vulnerable populations, including all suicides. Investigations should include finding the source of illicit drugs in child overdose deaths.		X			X	X
65. Enhance policies to hold firearm owners accountable for storing firearms safely.	X	X			X	
65a. Misdemeanor Reckless Endangerment may not be sufficient. Proven unsafe firearm security around young children should include mandatory filing of felony charges to prompt the loss of gun rights (Child-Access Prevention Laws).	X	X			X	
66. Enact firearm licensing that requires mandatory firearm safety training.	X	X			X	
67. Provide additional funding to and appropriate education on incident management support teams on Utah roads so the public is aware of these resources.			X			
68. Include suicide prevention education during required hunter safety education courses.	X				X	
69. Update state statute to make sure clergy are actively reporting child abuse concerns to Child Protective Services.	X	X			X	X
70. Increase penalties and folow-through with sentencing for driving under the influence.			X			

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
71. Expand youth requirement for life jackets in open water.						X
72. Enact legislation that requires children to wear bicycle helmets and provide funds to help families with low incomes get helmets for their children.			X			

Public health, public safety, and human services professionals

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
73. Make sure wrap-around services are available and provided for those who report assault or abuse.	x	x			x	
74. Evaluate the impact of services offered by DCFS to families who are screened as "unsupported," especially when there are multiple (3 or more) unsupported claims.	x	x	x	x	x	x
75. Educate the public about how to support parents and, when necessary, how to report suspected child abuse.	x		x	x		x
76. Increase funding and guidance on how to keep children whose parent(s) are incarcerated safe.	x	x	x	x	x	x
76a. Identify families with children in the criminal justice system and confirm child safety and offer support.	x	x	x	x	x	x
77. Provide home visiting (Nurse-Family Partnership) to all parents with substance use concerns and who had a child with Neonatal Abstinence Syndrome (NAS).	x	x	x	x	x	x

Recommendation	Areas of impact					
	Firearms	Homicide	Motor vehicle and other transportation crashes	Sudden unexpected infant death	Suicide	Unintentional drowning and poisoning
78. Develop more standardized triggers (multiple psychotropic medications, instances of violence, or self-harm) for identifying complicated DCFS cases to help inform the level of care a child may need.	X	X			X	
79. Expand policies and procedures for staff to debrief and receive trauma support if they are involved in a case in which a child dies or is involved in a traumatic event.	X	X	X	X	X	X
80. Educate and provide resources to the public on how to be more inclusive and accepting of those with different sexual orientations and identities.	x				x	
81. Create policies and procedures to provide postvention support to families after losing a child. Hire compassionate people to work with these families.	x				x	x
82. Expand the death notification service. Create a process for communicating with a child's healthcare provider when a child dies or is involved in a critical incident. Confirm that missed opportunities to intervene before the incident are addressed.	x	x	x	x	x	x
83. Identify a process for gathering information about homicide perpetrators in order to better guide prevention recommendations.	x	x				

Conclusion

The purpose of the Utah Child Fatality Review Committee (CFRC) and this report is to prevent future child injuries and deaths. The data presented in this report helped inform the recommendations of the CFRC. Policymakers and leaders of state, local, and community-based organizations can help promote and implement the recommendations outlined in this report. While education is important, research shows that changes in policy and enforcement of laws are the most effective prevention strategies for many types of child deaths[6].

These recommendations and strategies do not necessarily represent the views of the Utah Department of Health and Human Services (DHHS) or the state of Utah.

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Children do learn what they live. Then they grow up to live what they've learned.

- Dorothy Nolte

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