

# **Child Fatality Review Needs Assessment: Findings from the State Team**



March 2018

## **Acknowledgements**

The Office of the Child Advocate (OCA) would like to thank the former co-chair of the Massachusetts State Child Fatality Review Team (SCFRT), Dr. Henry N. Nields, and the current co-chair, Dr. Mindy Hull, from the Office of the Chief Medical Examiner (OCME). In addition, the OCA thanks Leonard Lee, Lisa McCarthy-Licorish, and Justine Egan from the Department of Public Health (DPH) for working with us on this needs assessment. The OCA thanks the Massachusetts District Attorneys Association for their support of this project, and all of the Assistant District Attorneys (ADAs) and team coordinators who participated in interviews for the local teams' needs assessment. Finally, we thank all of the SCFRT members who participated in the interviews and surveys. Their insights were crucial in understanding the role of the SCFRT and how the team can move forward to strengthen child fatality review in the Commonwealth.

# Table of Contents

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Background: Massachusetts Child Fatality Review.....	1
Purpose of the CFR Needs Assessment.....	2
Methodology.....	2
SCFRT Member Profile.....	4
SCFRT Roles and Responsibilities	
• Role of the State Team in CFR.....	6
• Leadership Roles.....	7
• State Team Member Roles.....	8
Strengths and Challenges	
• What Works Well for the SCFRT.....	9
• Areas for Improvement.....	10
• Other Challenges for the SCFRT.....	11
Recommendations .....	14
Appendix.....	18
References.....	25

## I. Background: Massachusetts Child Fatality Review

The Massachusetts Child Fatality Review (CFR) program was established in 2001 following the passage of MGL Ch. 38, Section 2A. Pursuant to the statute, the purpose of child fatality review is to “decrease the incidence of preventable child fatalities and near fatalities” in the Commonwealth.<sup>1</sup> The law requires that Massachusetts have two types of CFR teams; local child fatality review teams (CFRTs) and a state child fatality review team (SCFRT). The CFR program is an unfunded mandate.

Local child fatality review teams are county-based and are responsible for collecting and reviewing information on child deaths and near fatalities, developing an understanding of the causes of these incidents, and crafting recommendations to change current policies or practices that can reduce these types of incidents in the future. The district attorney’s office in each county leads the local CFRTs.

The state child fatality review team, chaired by the Chief Medical Examiner, is responsible for receiving recommendations from the local teams, understanding the number and causes of child fatalities and near fatalities across the state, and advising the governor, the legislature, and the public about changes to policy and practice in order to reduce the rate of child deaths and near fatalities.<sup>2</sup> Both the state and local CFRTs take an interdisciplinary approach to their work that relies on interagency cooperation and collaboration. There are representatives from public health, law enforcement, child welfare, and the medical field on both state and local teams. This approach allows the teams to get the best understanding of child injuries and deaths in Massachusetts and make informed recommendations aimed at protecting the Commonwealth’s children.

Massachusetts is one of only three states whose SCFRT is chaired by the chief medical examiner.<sup>3</sup> By 2010, the SCFRT stopped meeting on a regular basis due to other needs and priorities at OCME. DPH volunteered to step in as co-chair of the team, and from that point forward, DPH has provided the majority of administrative support for the entire CFR program. This includes support for a half-time epidemiologist and a half-time state child fatality review coordinator.

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<sup>1</sup> M.G.L Chapter 38, Section 2A

<sup>2</sup> *Ibid*

<sup>3</sup> National Center for Child Fatality Review and Prevention (2016). Keeping kids alive: A report on the status of child death review in the United States. Retrieved from [https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CDRinUS\\_2016.pdf](https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CDRinUS_2016.pdf)

## II. Purpose of the CFR Needs Assessment

In early 2016, the state team decided to conduct a comprehensive needs assessment of the entire CFR program to determine the best ways to improve CFR at both the state and local levels. No such review had been undertaken since the statute was passed. The OCA, a mandated member of the state team, agreed to take the lead on this assessment and conducted it in two phases. The first phase was an assessment of the local teams, and the second phase looked at the state team. This report includes the findings from the state team assessment and also integrates the findings from the local teams to inform next steps for improving CFR in Massachusetts.

Overall, the OCA wanted to know how the state team understood its role in the CFR process and ultimately, the prevention of child deaths. Table 1 shows the specific questions that the OCA asked during this phase of the needs assessment. Many of these questions are similar to those in, or were inspired by, the local teams' needs assessment.

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**Table 1: Key Questions for the SCFRT Needs Assessment**

1. What is the purpose of the SCFRT according to its members?
2. What are the goals and objectives of the SCFRT, and is the team meeting those objectives?
3. How do team members understand their roles and responsibilities on the SCFRT?
4. What are the benefits and challenges of participating on the SCFRT?
5. How can the state team better meet its goals and objectives in the future?

## III. Methodology

### *Initial Research*

Massachusetts does not have guidelines or a manual for the SCFRT. Therefore, the OCA began its research by reviewing existing CFR manuals from other states whose CFR program structure is similar to Massachusetts.<sup>4</sup> From this review, we learned how other state teams understand

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<sup>4</sup> By similar program structure, we mean states that have a state CFR team and local/regional CFR teams.

their purpose, how they articulate the overarching role of the state team in the CFR process, and how they define responsibilities for individual team members. We reviewed CFR manuals from Nevada, Texas, Virginia, Michigan, and Alabama, and also participated in a webinar on effective state teams hosted by the National Center for Child Fatality Review and Prevention.

### *Interviews*

The OCA first conducted background interviews with two long-time SCFRT members to learn more about the history of the Massachusetts CFR program and how it has changed over time. Next, we conducted interviews with DPH and OCME staff members responsible for managing the CFR program. The interview protocol was based on the key questions in Table 1, information from the CFR manuals and webinar, and findings from the local team needs assessment. The OCA was able to complete these interviews with all staff members who manage the CFR program, and we followed the same procedure that we did for the local team needs assessment.<sup>5</sup>

After each interview, OCA staff members debriefed to determine if we captured and understood participant responses in a similar way. This process helps ensure that researcher bias or other issues are not interfering with the interpretation of participants' responses.<sup>6</sup> Once the debriefing was complete, one OCA staff member wrote entries in a research journal and entered interview responses into a data matrix. The research journal and data matrix helped identify themes emerging in the interviews and served as additional data sources and validity checks on the conclusions drawn in the analysis.<sup>7</sup>

### *Survey*

The OCA determined that due to time limitations, we would not be able to conduct individual interviews with all members of the SCFRT. Instead, we developed a survey for all state team members and guests.<sup>8</sup> The SCFRT survey questions were based on the key questions for the SCFRT assessment, information from other states' manuals, the Massachusetts CFR statute, and issues that were discussed during the OCME and DPH interviews.

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<sup>5</sup> At the beginning of each interview, OCA staff explained the purpose of the needs assessment and the confidentiality procedures. Two OCA staff members were present for each interview.

<sup>6</sup> Mertens and Wilson (2005), Maxwell (2013)

<sup>7</sup> Maxwell (2013)

<sup>8</sup> DPH provided the list of state team members. Guests are individuals who attend SCFRT meetings but are not statutorily designated as members of the state team. Selection of guests to participate in the survey was based on the frequency of their SCFRT meeting attendance over the selected time frame (September 2016-September 2017).

The survey was created in Google Forms and contained multiple choice, ranking, and open-ended questions. A draft of the survey was sent to a small group of current and former state team members for review and feedback.<sup>9</sup> The OCA used this feedback to make revisions as needed.

In September 2017, the survey was emailed to 32 state team members and guests; recipients were given two weeks to respond. Multiple follow-up reminders were sent to team members and guests from the OCA and DPH. The survey closed at the end of December 2017. Twenty out of 32 survey recipients submitted responses to the survey, for a response rate of 62.5%.<sup>10</sup>

#### **IV. SCFRT Member Profile**

The OCA wanted to capture the composition of the SCFRT and the participation rates of its team members. As such, the first section of the survey asked respondents to share how they became a member of the state team, how long they have served on the team, and about their attendance history.<sup>11</sup>

The respondents represent 14 out of the 17 state agencies and other organizations that are statutorily mandated to participate on the SCFRT. When asked to identify their individual role on the SCFRT, respondents offered the following:

- Seven respondents identified themselves as designees for their agencies or organizations.
- Four respondents identified themselves as mandated members of the state team, such as commissioners and directors.<sup>12</sup>
- Three respondents identified themselves as guests.
- Three identified themselves as a part of the leadership team (OCME/DPH).
- Three left this question blank.

The majority of the designees reported that they were asked to attend SCFRT meetings by a supervisor or the commissioner of their agency.

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<sup>9</sup> Field-testing the survey questions helps to ensure that the questions are clear and are good measures for the research questions being addressed. See Fowler, 1993.

<sup>10</sup> Some of the survey respondents skipped questions, and other questions allowed respondents to choose more than one response. Therefore, not all graphs and charts in the findings will have an n of 20.

<sup>11</sup> For the remainder of this report, state team members and guests who responded to survey questions will be collectively referred to as “respondents.”

<sup>12</sup> M.G.L Chapter 38, Section 2A

**Figure 1: Number of Years on SCFRT  
(n = 16 respondents)**

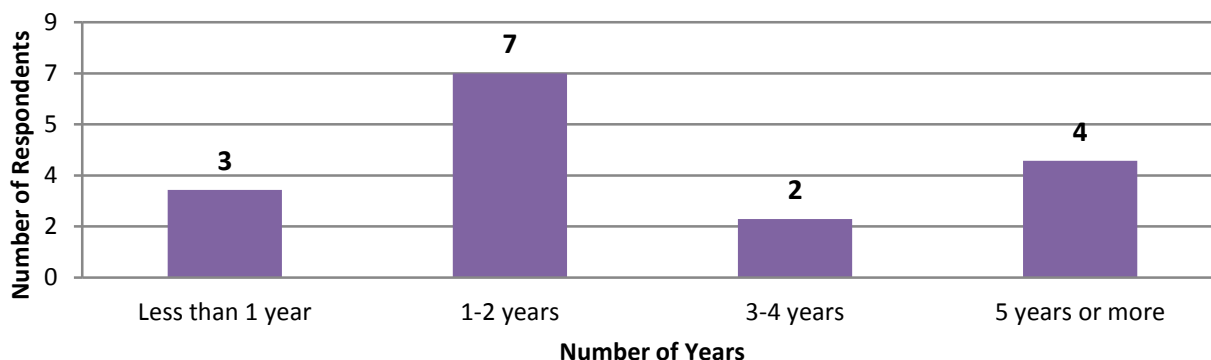
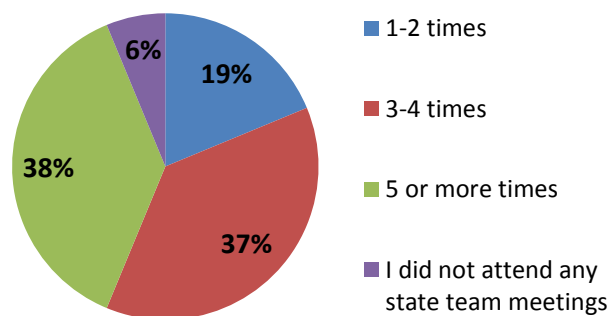


Figure 1 shows that the majority of the respondents (13) have at least one year of experience with the SCFRT. Almost half of the respondents have served on the SCFRT for 1-2 years, and six have been on the team for over three years.

Over half of the respondents said that they had not attended a local team meeting in the past year.<sup>13</sup> But as seen in Figure 2, many of the respondents are active members of the state team, with most attending at least three out of the six meetings held from September 2016-September 2017. Almost 70% of respondents reported that they regularly attend these meetings in person.

**Figure 2: Frequency of SCFRT Attendance, Sept. 2016-Sept. 2017  
(n=16 respondents)**



Despite multiple reminders, the OCA did not receive as many survey responses as we anticipated. Those who did respond to the survey reported that they attend SCFRT meetings frequently and often times, in person. This suggests that many of those who are already engaged with the SCFRT are the ones who participated in this survey. While we may have captured the perspectives of committed SCFRT members, less engaged state team members may have different opinions about the SCFRT's roles and functions. However, those important perspectives are likely missing from this analysis.

<sup>13</sup> The year in question was September 2016-September 2017. Not all state team members are required to attend local meetings by statute, but some agencies and organizations are required to participate in state and local teams.



## V. SCFRT Roles and Responsibilities

### *Role of the State Team in the CFR Process*

In general, survey respondents said that the primary purpose of the CFR is to review child deaths and make recommendations for policy and program changes that will reduce the number of child deaths in the state. Interestingly, only two of the 16 respondents included preventing near fatalities or injuries in their responses, even though prevention of near fatalities is a part of the statute.

Respondents agreed that the state team has two primary purposes in the CFR process:

1. The state team is responsible for reviewing local recommendations.
2. After review, the state team should do something with the local recommendations to affect policy.

However, respondents were not consistent about what that “something” should be. Almost every respondent had their own ideas about what the state team should do after reviewing local team recommendations. Examples of responses can be found in Table 2.

<b>Table 2: The SCFRT’s Role in CFR</b>
The state team should <b>identify</b> policies that need to be in place.
The state team should <b>pass</b> local recommendations on to the governor and legislature.
The state team should <b>enact</b> local recommendations.
The state team should <b>translate</b> local recommendations into statewide policy.
The state team should <b>develop</b> its own recommendations.
The state team should <b>advocate</b> for policies and legislation.

The most common response was that the SCFRT should develop its own recommendations, but only three out of 16 respondents expressed this opinion.

In Table 2, each word highlighted in bold has different implications for the role of the SCFRT in the CFR process. Since there is no common understanding of the role of the state team in CFR, the SCFRT should address the following questions:

1. What should the SCFRT do first with local team recommendations after review: keep them as they are written or develop its own recommendations based on what the local teams put forward?
2. Once the state team decides what to do with local team recommendations, what actions should the SCFRT take next: rely on the annual report to inform the governor and legislature, enact them as a state team, and/or engage in advocacy efforts?

Without a clear understanding of the role of the state team in the CFR process, it is challenging for the SCFRT to know how to drive policy changes that can reduce child injuries and deaths.

### *Leadership Roles*

For the purposes of this report, the term “SCFRT leadership” means the staff members at OCME and DPH who are responsible for the management of the CFR program. The OCA wanted to understand how each agency viewed their roles as co-chairs and how they share responsibilities for managing CFR. The OCA began interviews with the staff at OCME in June 2017. It should be noted that due to a change in leadership, the OCME staff we interviewed for the needs assessment are no longer with OCME and are no longer responsible for chairing the CFR program.

During their interview, the former OCME staff made it clear that DPH is providing all of the support to keep the CFR program functioning, though they did offer legal advice when needed. They explained that during their tenure the agency had limited time and resources, and they established priorities that resulted in their not being able to contribute to the team. The former staff also recognized that DPH has the knowledge base to work on prevention efforts, and therefore was better suited to manage the CFR program. While the statute requires OCME to provide leadership for the state team, this responsibility was ultimately given to DPH.

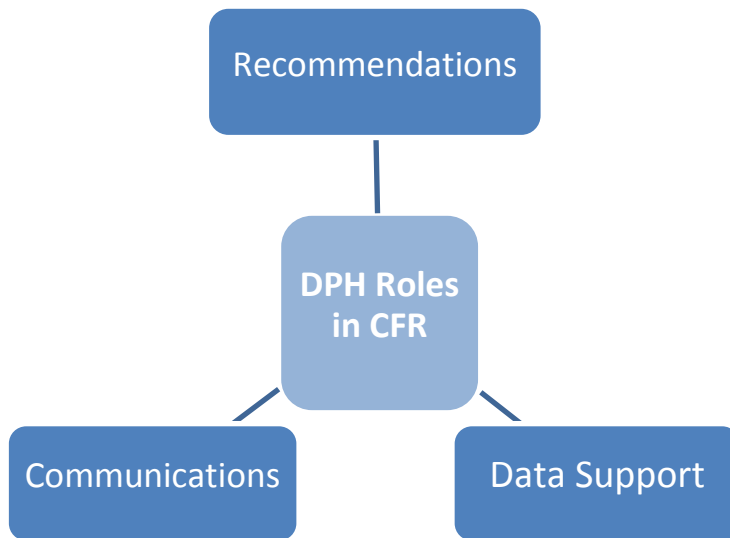
The OCA did not interview the new OCME staff members who are now leading the CFR program. The current staff had no previous knowledge of CFR and did not have any involvement with the state team prior to the leadership transition in October 2017.

Interviews with DPH confirmed that they are the agency responsible for the management of the CFR program. Though the statute does not require them to co-chair, DPH has taken on responsibility for CFR by devoting funding and two half-time staff to its operation. The CFR

program would have no structure without DPH’s efforts, and the state team may have continued to flounder had the agency not intervened.

Figure 3 shows that DPH identified three primary roles that they play in the CFR program: managing receipt and review of local team recommendations, managing communications between the state and local teams, and providing data support for local teams when requested.

**Figure 3: DPH Roles in CFR**



From DPH’s perspective, supporting the needs of the local teams is the top priority of the SCFRT. For instance, communications includes relaying information about the state team to the local teams and sharing resources to help local teams in their reviews. Managing the recommendations process includes collecting the recommendations from local teams, entering them into an Access database, and preparing them for the state team to review. Finally, data support includes providing training for local teams on the national database and providing other kinds of DPH data to local teams when requested. However, local teams do not ask for data often, and only three teams currently use the national database.

#### *State Team Member Roles*

During our initial research, the OCA used other states’ CFR manuals to generate a list of common state team member responsibilities. This list was included in the SCFRT survey, and

state team members were asked to check off what they believed their responsibilities are as a member of the state team.<sup>14</sup> Team members could choose more than one option.

State team members identified five primary areas of responsibility:

- Identify systemic responses to common issues identified by local teams. (12 responses)
- Identify trends or patterns in child deaths based on local teams' recommendations. (11 responses)
- Share resources from my agency that can address issues discussed at SCFRT meetings. (11 responses)
- Identify policies and procedures in my agency that can be modified to reduce child deaths. (10 responses)
- Assist in drafting recommendations for the governor and legislature in the annual report. (10 responses)

While respondents agreed that it was important to support local teams by providing information and training, state team members said that their top priority for the SCFRT is studying the incidents and causes of child fatalities and near fatalities across the state (emphasis added). The team member responsibilities identified above reflect the desire to work on the systemic policy issues that arise during SCFRT meetings. However, with the SCFRT's leadership primary focus on the local teams, there is currently no component of the CFR program that exists to support state team member activities in affecting policy change.

## **VI. What Works Well for the SCFRT**

The Massachusetts CFR statute includes nine objectives for the SCFRT. The list of the nine objectives can be found in the appendix. The OCA asked respondents to review these objectives and assess how well the team is doing on each of them. This section of the survey asked respondents to rate each objective using a scale of 1-5, with a score of one being poor and a score of five being excellent. Results for all nine of the objectives can be found in the appendix, but respondents gave the most positive scores to the following:

1. Reviewing reports from local teams: 15 out of 18 respondents gave this objective a score of Good(3) or better.

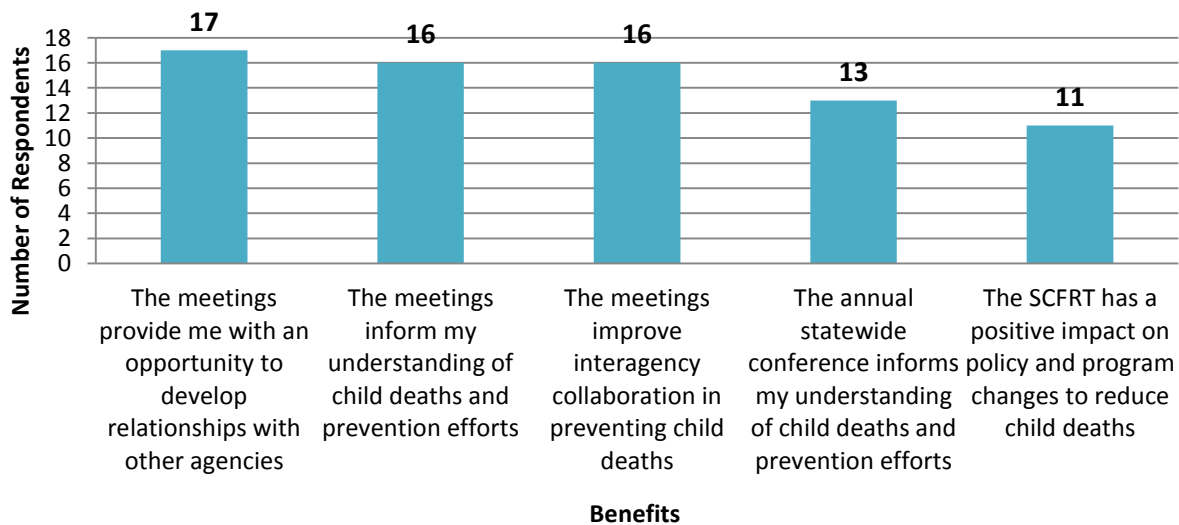
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<sup>14</sup> SCFRT guests were asked to skip this question.

2. Providing the governor, the general court, and the public with annual written reports: 12 out of 19 respondents gave this objective a score of Good(3) or better.
3. Studying the incidences and causes of child fatalities in the Commonwealth: 12 out of 19 respondents gave this objective a score of Good(3) or better.

Figure 4 shows how team members describe the benefits of participating in the SCFRT.<sup>15</sup> Respondents also identified strengths of the state team that mirrored those of the local teams. OCME and DPH noted that meeting attendance has increased and become more consistent over time, and that team members have good working relationships with one another. Survey respondents added that there is a strong commitment from team members and that there has been improved collaboration between agencies. Local team leaders and coordinators also identified good attendance, good working relationships, and team commitment to CFR as strengths of their teams.

**Figure 4: Benefits of SCFRT Participation  
(n= 19 respondents)**



## VII. SCFRT Areas for Improvement

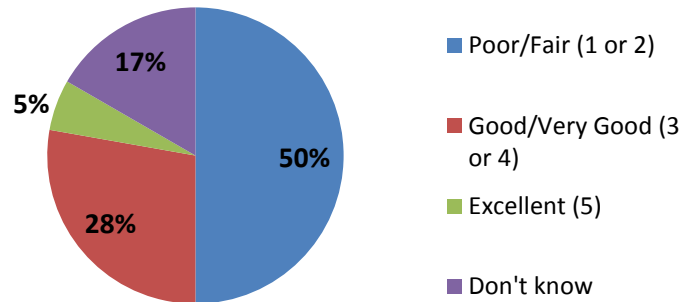
In reviewing the remaining objectives, 11 out of 18 respondents (61%) said that the team does a Poor(1) or Fair(2) job analyzing data on community, public, and private agency involvement in

<sup>15</sup> Respondents were allowed to choose more than one option for this question, and were permitted to enter in additional benefits that were not listed.

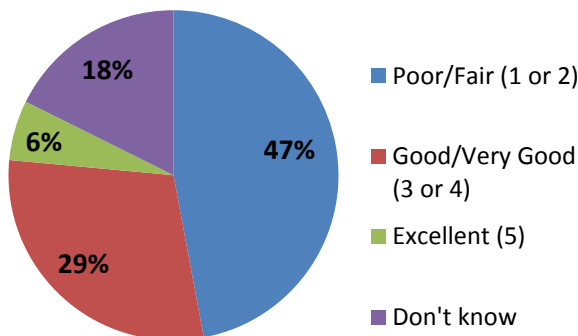
a child’s life before or after the child’s death. These scores may reflect a common concern expressed at SCFRT meetings; local team recommendations often do not provide enough context to fully understand each incident.

In addition, respondents did not give positive scores for the objectives regarding support for local teams. Figure 5 shows that half of the respondents gave a score of Poor(1) or Fair(2) to the state team for developing model investigative and data collection procedures for local teams.

**Figure 5: Developing model investigative and data collection procedures for local teams (n=18 responses)**



**Figure 6: Provide information to local teams and law enforcement regarding the protection of children (n=17 responses)**



Similarly, Figure 6 shows that almost half of respondents did not believe the state team was doing a good job providing information to local teams and law enforcement to protect children. Some of these responses may be influenced by the results of the first phase of the needs assessment, which suggested that the state team provide local teams with CFR guidelines and resource guides to help them with their reviews.

## VIII. Other Challenges for the SCFRT

### *Challenges from the Leadership Perspective*

OCME and DPH identified several challenges facing the state team. First, the agencies said that the lack of funding makes it challenging to support local teams. In addition, both agencies reported that it is difficult to determine how to move forward with local team recommendations and identify areas where the SCFRT can intervene. DPH also stated that there needs to be more clarity regarding state team member roles and responsibilities. These challenges reflect the state team's overall lack of clarity about the role of the SCFRT in the CFR process and what it is supposed to do with local team recommendations.

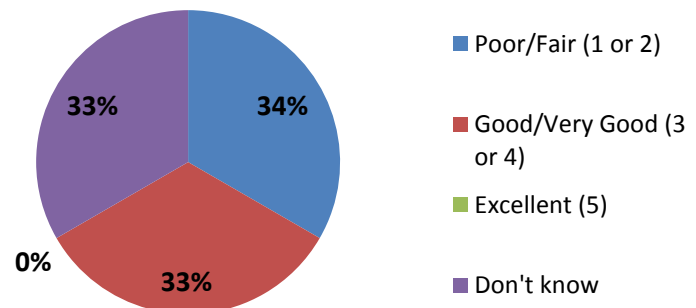
DPH noted that another challenge is team member engagement. DPH would like state team members to participate more in meetings and volunteer to assume more tasks. However, if state team members are not clear on what their roles and responsibilities are, it may be difficult for them to know when and how to engage in SCFRT activities.

### *Communication Challenges*

Communication issues were identified as a problem for the local teams during the first phase of the needs assessment. Local teams expressed that they often did not know what the state team was doing and that they did not receive timely or any feedback on recommendations. For the SCFRT, some of the survey responses indicate that state team members and guests may also need clearer communication about its own policies, procedures, and activities.

Figure 7 shows an example of possible confusion regarding state team activities. When asked how well the SCFRT was doing at providing training and written materials to local teams, about 1/3 of respondents believe the team was doing a Poor(1) or Fair(2) job, 1/3 believed the team was doing a Good(3) or Very Good(4) job, and the remaining third did not know how to rate this objective. These responses are particularly interesting given how much time

**Figure 7: Provide training and written materials to local teams to assist them in carrying out their duties (n=18 responses)**



the SCFRT has spent discussing local team issues in the past year and a half. This may suggest a need for improved communication within the SCFRT about what the state team is doing for local teams, especially regarding the work that is done in between bimonthly meetings.

In another example, respondents were split on whether or not the SCFRT was doing a good job developing and implementing rules for its own operation; eight respondents gave this objective a score of Poor(1) or Fair(2), and eight gave it a score of Good(3) or Very Good(4). If half of the team thinks the rules are implemented well and half do not, this indicates a need for more internal discussions about the policies and procedures of the SCFRT.

*Meeting Management*

State team members expressed additional concerns regarding the planning and execution of the bimonthly SCFRT meetings. Examples of concerns include the meetings are too long and that the discussions are often repetitive. There was also concern that there is little or no action taken on the issues that are discussed at the meetings. The issues regarding repetitive meetings and long timelines appear to be supported by a review of past meeting agendas and minutes. The OCA reviewed SCFRT meeting agendas and minutes from July 2012 through May 2017, almost five calendar years’ worth of data. As respondents observed, the SCFRT has in fact spent many meetings discussing the same issues repeatedly. The 51A recommendation letter is at the top of this list, appearing 15 times as a meeting agenda item (see Table 3).

**Table 3: Timetables for SCFRT Projects**

SCFRT Project	Number of Meetings as Agenda Item	Number of Years to Complete
<b>51A Recommendation Letter</b>	15	5
<b>Needs assessment</b>	12	2.5
<b>2009-2012 Annual Report</b>	9	1.5
<b>2012-2014 Annual Report</b>	7	1
<b>SUIDI form revisions</b>	6	1.25
<b>Drowning prevention</b>	6	2.2
<b>Legislative Briefing</b>	3	0.4



Finally, survey respondents also identified other challenges to participation on the team. Two respondents were not sure about their individual role on the state team, two more said that they do not understand the state team’s role in the CFR process, and three respondents said that the time and location of the meeting does not work with their schedule.

**IX. Recommendations**

As Table 4 shows, the findings from the state team needs assessment reveal that the SCFRT has many strengths that it can draw upon to improve CFR in Massachusetts. The findings also reveal several needs that must be addressed in order to clarify the role of the SCFRT and its members, and to make the kind of systemic policy change that can prevent child injuries and deaths in the future.

**Table 4: Strengths and Needs of the SCFRT**

What the SCFRT Has	What the SCFRT Needs
1. A common understanding of the general purpose of CFR.	1. A common understanding of the role of the SCFRT in the CFR process.
2. SCFRT leadership focused on supporting local teams.	2. A CFR program structure that also supports state team activities.
3. Positive working relationships between team members and leadership.	3. More team member engagement in state team activities.
4. Members who believe it is their responsibility to work on statewide, systemic policy issues to prevent child deaths.	4. Alignment between leadership priorities and team member priorities.
5. Places where the SCFRT can influence policy change (state agencies, annual report).	5. More clarity on the specific actions the SCFRT can take to affect policy change.
6. Meetings and annual conferences identified as important places for learning about issues in child fatality.	6. More communication regarding state team activities across the CFR program.

The majority of the needs of the SCFRT coincide with the needs of the local teams; more clarity regarding purpose, roles, and responsibilities, clearer communications, and additional resources. But the SCFRT also has to consider making certain internal changes so that it can better achieve its ultimate goal of changing policies and programs to reduce child injuries and deaths.

As such, the OCA recommends the following:

**1) The SCFRT should develop a state team manual that clearly articulates the role of the SCFRT in the CFR process and the responsibilities of state team members.**

The findings in this report can serve as a foundation for important conversations about the state team's role in CFR and the expectations for OCME, DPH, and state team members. The SCFRT needs to delve deeper into discussions regarding team priorities and what actions the team can take with local recommendations to drive systemic policy change. The SCFRT can use state team meetings, collaboration with the National Center, and working groups to clarify the priorities of the state team and the roles and responsibilities of all members. The ultimate product from this work would be the creation of a Massachusetts SCFRT manual.

**2) The SCFRT should consider changing its current practices for internal communications.**

There are communication issues between the state and local teams and within the SCFRT. The local teams shared that they often did not know what the state team was doing and expressed frustration with the lack of feedback or updates on their recommendations. The findings here suggest that state team members themselves may not be aware of what the SCFRT is doing, especially the work that goes into CFR between state team meetings.

Initially, the OCA recommended that the SCFRT consider sending state team members to local meetings as a way to improve communications between the teams. However, since state team members see themselves contributing on a more systemic level, this recommendation may be difficult to implement. As an alternative, the SCFRT should discuss ideas about the best ways to share information to ensure that local and state teams are aware of each other's activities. This can include:

- Creating a schedule for local teams so that they know when they can expect feedback from the state team on their recommendations
- Asking DPH liaisons to share updates regarding the state team to the local teams, and vice versa
- Revising the structure of the SCFRT meeting minutes so state team members can quickly find updates on projects

Again, state team meetings and collaboration with the National Center can serve as places for generating more ideas about improving communications. OCME and DPH may also want to have a separate discussion about how to best implement changes to this component of the CFR program.

### **3) The SCFRT should add a public policy component to the CFR program.**

Survey respondents generally agreed that the state team is responsible for reviewing local team recommendations and doing something with those recommendations to affect policy. If the state team wants to influence policy and program changes to reduce child injuries and deaths in the state, then there must be a public policy component to the CFR program to manage state team activities in this area.

A public policy component could serve the following functions:

- Work with the SCFRT to create and implement work plans for state team projects and activities
- Follow up between meetings to ensure SCFRT projects are moving in a timely fashion
- Provide support to state team members when needed
- Provide updates for state and local teams about the status of SCFRT projects
- Track SCFRT successes in making policy change
- Ensure that the SCFRT is meeting all of its statutory requirements, including having full team membership, producing the annual report, and developing processes to help local teams review fatalities **and** near fatalities.

This is not meant to suggest that DPH must provide funding for another staff person. In the short-term, there are two ways to address this gap in the program:

1. DPH and OCME can come together to determine if either agency has the capacity to take on this function.
2. State team members can volunteer to manage different projects and activities.

However, in the long-term, the SCFRT will need funding to support this and all other components of the CFR program.

### **4) The SCFRT should develop a budget proposal and identify strategies to obtain funding for the CFR program.**

Nationally, thirty-seven out of 50 states and the District of Columbia receive funds for their CFR programs from sources such as the federal Maternal and Child Health block grants, the Child Abuse Prevention and Treatment Act (CAPTA), and the Children’s Justice Act (CJA). The median funding amount is \$140,000 annually.<sup>16</sup> For Massachusetts to achieve its goals and be effective in preventing child injuries and deaths, it needs proper funding to support all state and local team activities. As such, the SCFRT should commit to developing a budget proposal and identifying funding sources for CFR, whether that is through grants and/or by asking for legislative support.

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<sup>16</sup> National Center for Child Fatality Review and Prevention (2016). Keeping kids alive: A report on the status of child death review in the United States. Retrieved from [https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CDRinUS\\_2016.pdf](https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CDRinUS_2016.pdf)

## Appendix

### **I: Massachusetts Child Fatality Review Team Members**

#### **Mandated State Child Fatality Review Team**

- Chief Medical Examiner (Co-Chair)
- Commissioner of Dept. of Public Health, or designee (Co-Chair)
- Attorney General, or designee
- Commissioner of Dept. of Elementary and Secondary Education, or designee
- Commissioner of Dept. of Mental Health, or designee
- Commissioner of Dept. of Developmental Services, or designee
- Commissioner of Dept. of Children and Families, or designee
- Commissioner of Dept. of Youth Services, or designee
- Representative of Mass. District Attorney's Association
- Colonel of Mass. State Police, or designee
- Director of Mass. Center for Sudden Infant Death Syndrome (SIDS), or designee
- Representative of the Mass. Chapter of the American Academy of Pediatrics with experience in child abuse and neglect
- Representative of the Mass. Hospital Association
- Chief Justice of the juvenile division of the trial court, or designee
- President of Mass. Chiefs of Police Association, or designee
- The Child Advocate, or designee
- Other individuals with information relevant to cases under review

#### **Mandated Local Child Fatality Review Team Members**

- District Attorney of county (Chair)
- Chief Medical Examiner, or designee
- Chief Justice of the juvenile division of the trial court, or designee
- Commissioner of Dept. of Public Health, or designee
- Commissioner of Dept. of Children and Families, or designee
- Director of Mass. Center for Sudden Infant Death Syndrome (SIDS), or designee
- Pediatrician with experience in child abuse and neglect
- Local police officer from the community where the fatality occurred
- State law enforcement officer
- Other individuals with information relevant to cases under review

## **II. Objectives of the SCFRT per Massachusetts G.L. Ch 38, Section 2A**

“The purpose of the state team shall be to decrease the incidence of preventable child fatalities and near fatalities by: (i) developing an understanding of the causes and incidence of child fatalities and near fatalities; and (ii) advising the governor, the general court and the public by recommending changes in law, policy and practice that will prevent child fatalities and near fatalities.

To achieve its purpose, the state team shall:

- (i) develop model investigative and data collection protocols for local teams;
- (ii) provide information to local teams and law enforcement agencies for the purpose of the protection of children;
- (iii) provide training and written materials to local teams to assist them in carrying out their duties;
- (iv) review reports from local teams;
- (v) study the incidence and causes of child fatalities and near fatalities in the commonwealth;
- (vi) analyze community, public and private agency involvement with the children and their families prior to and subsequent to fatalities or near fatalities;
- (vii) develop a protocol for the collection of data regarding fatalities and near fatalities and provide training to local teams on the protocol;
- (viii) develop and implement rules and procedures necessary for its own operation; and
- (ix) provide the governor, the general court and the public with annual written reports, subject to confidentiality restrictions, which shall include, but not be limited to, the state team's findings and recommendations.”

### III: SCFRT Evaluation of the Nine Statutory Objectives

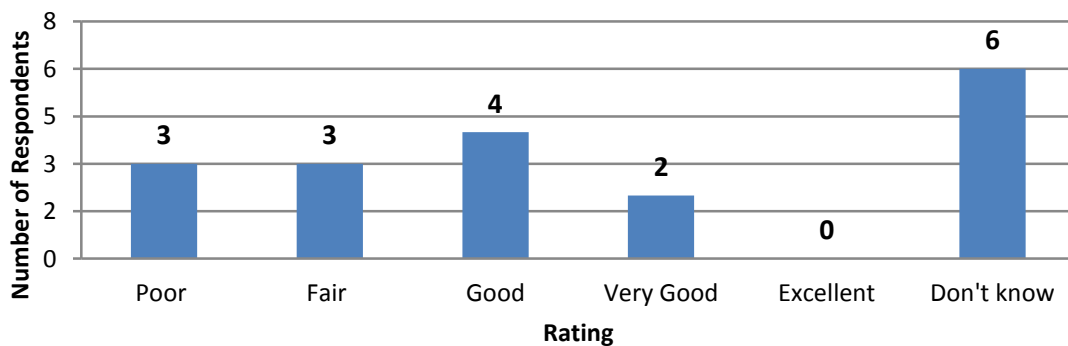
#### 1. Develop model investigative and data collection procedures for local teams



#### 2. Provide information to local teams and law enforcement agencies for the purposes of the protection of children



#### 3. Provide training and written materials to local teams to assist them in carrying out their duties



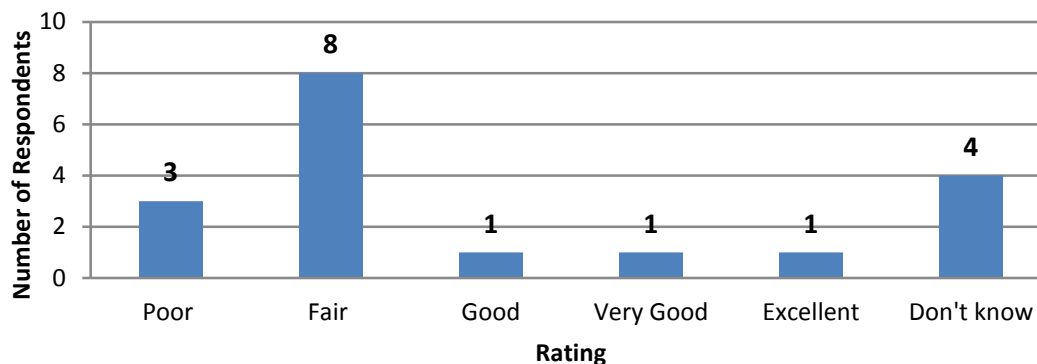
#### 4. Review reports from local teams



#### 5. Study the incidence and causes of child fatalities and near fatalities in the Commonwealth

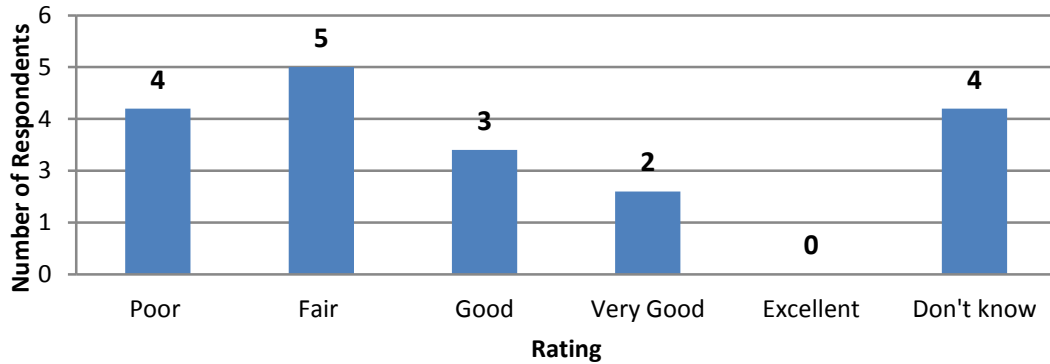


#### 6. Analyze community, public, and private agency involvement with the children and their families prior to and subsequent to fatalities or near fatalities

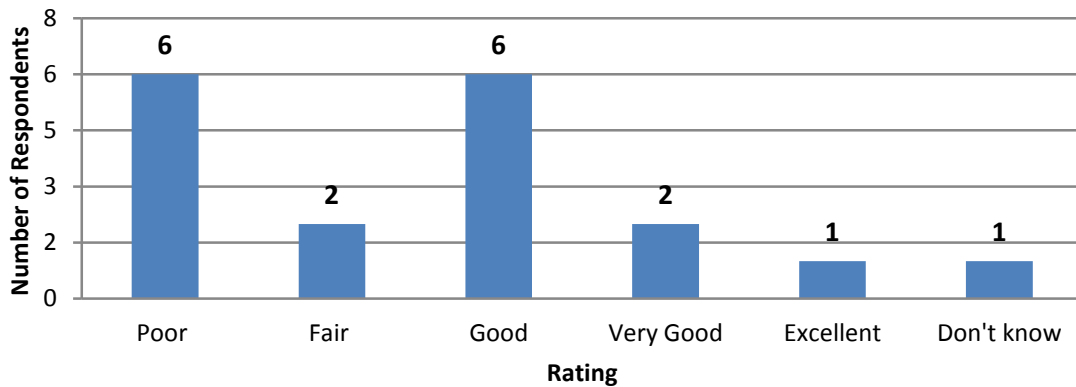




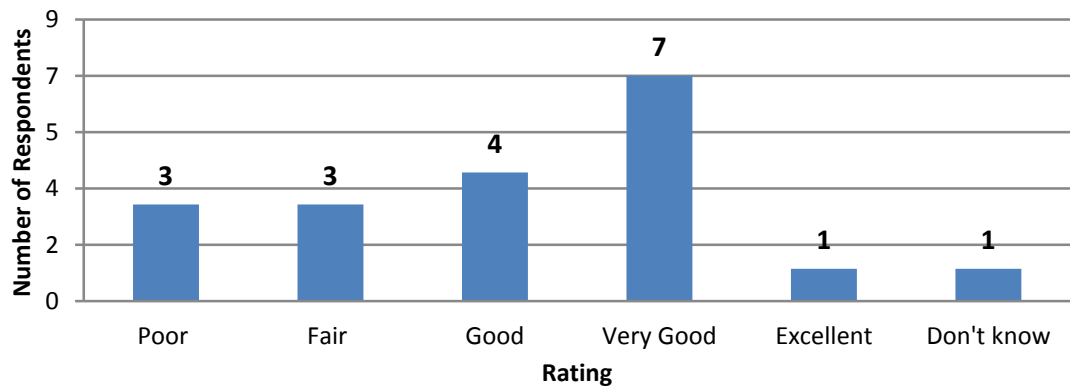
**7. Develop a protocol for the collection of data regarding fatalities and near fatalities, and provide training to local teams on the protocol**



**8. Develop and implement rules and procedures necessary for its own operation**



**9. Provide the governor, the general court, and the public with annual written reports, subject to confidentiality restrictions, which shall include, but not be limited to, the state teams findings and recommendations.**



#### **IV: Full List of Recommendations from the Massachusetts CFR Needs Assessment**

##### *Recommendations for the State Team from Local Team Leaders and Coordinators (June 2017)*

1. The state team should provide information and resources to local teams about common issues.
  - a. Create a list of resources that local teams can use to address common issues (e.g. safe sleep, suicide prevention).
  - b. Develop a list of experts that local teams can contact if they want a guest speaker on a specific topic. This list should include which experts are willing to travel to different parts of the state.
  - c. Share best practices, both from other local teams and from across the country.
2. The state team should improve communication with the local teams.
  - a. Give feedback and updates to local teams, especially in regard to the status of their recommendations.
  - b. Provide the local teams with information and updates on the state team's activities.
  - c. Assign state team members to serve as liaisons to the local teams. State liaisons would attend local team meetings to share any news from the state team, and then would share any information or questions with the state team.
3. The state team should provide technical assistance for local teams.
  - a. Develop guidelines for local teams that clearly articulate the state team's expectations in terms of case selection, case review, and desired outcomes.
  - b. Develop training opportunities and tools for local teams, including training on any new guidelines to ensure consistency across teams.

##### *Recommendations for the State Team to Improve its Internal Functions (March 2018)*

1. The SCFRT should develop a state team annual that clearly articulates the role of the SCFRT in the CFR process and the responsibilities of state team members.
  - a. Use this opportunity to discuss team priorities and actions that the team can take to affect policy change.

2. The SCFRT should consider changing its current practices for internal communications. Options include:
  - a. Ask DPH liaisons to share updates regarding the state team to the local teams, and vice versa.
  - b. Revise the current structure of SCFRT meeting minutes so state team members can quickly find updates on projects.
  - c. Create a schedule so that local teams know when they can expect feedback from the state team on their recommendations.
3. The SCFRT should add a public policy component to the CFR program. A public policy component can serve the following functions:
  - a. Work with the SCFRT to create and implement work plans for state team projects and activities.
  - b. Follow up between meetings to ensure SCFRT projects are moving in a timely fashion.
  - c. Provide support to state team members when needed.
  - d. Provide updates for state and local teams about the status of SCFRT project.
  - e. Track SCFRT successes in making policy change.
  - f. Ensure that the SCFRT is meeting all of its statutory requirements, including having full team membership and producing the annual report.
4. The SCFRT should develop a budget proposal and identify strategies to obtain funding for the CFR program.

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