Child Fatality Prevention System: 2024 Annual Legislative Report

Child Fatality Prevention Act; §§ 25-20.5-401 — 25-20.5-409 C.R.S.

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Submitted to: Governor Jared Polis and Members of the Colorado General Assembly

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Acknowledgments

It is with deepest sympathy and respect that we dedicate this report to the memory of those children and families represented within these pages. Thank you to all members and partners of the Child Fatality Prevention System who give their time and efforts to reviewing cases and entering data, developing and implementing prevention recommendations, and preventing child deaths in Colorado.

Executive Summary

This report highlights what Colorado's communities are learning about how and why infants, children, and youth die in the state and what the state can do to prevent these deaths through the state's public health child death review process: the Colorado Child Fatality Prevention System (CFPS). As outlined in the Child Fatality Prevention Act; §§ 25-20.5-401 — 25-20.5-409 C.R.S., CFPS is a statewide network that focuses on preventing child deaths. Housed at the Colorado Department of Public Health and Environment (CDPHE), CFPS consists of local child fatality prevention review teams (local teams), a 46-member State Review Team, and CDPHE CFPS staff.

CFPS applies a public health approach to prevent child deaths by aggregating data from individual child deaths, describing trends and patterns of the deaths, and recommending prevention strategies. CFPS teams review infant, child, and youth

deaths that occur in Colorado due to undetermined causes, injuries, motor vehicle, and other transportation incidents, child maltreatment, sudden unexpected infant death, suicide, and homicide. Data from these case reviews show trends and patterns in these deaths and help CFPS identify strategies to prevent future deaths. Based on the data, the CFPS State Review Team develops recommendations for how to prevent child deaths in an annual report. These recommendations are based on the collective expertise of CFPS, are independent from CDPHE, and do not reflect the official position of CDPHE or any individual CFPS member organization. These recommendations to promote the safety and well-being of children in Colorado are centered on the following areas: overdose prevention, suicide prevention, behavioral health promotion, gun violence prevention and firearm safety, infant safe sleep promotion, child maltreatment prevention, motor vehicle safety, drowning prevention, housing, broadband internet, and interagency information sharing.

This report also includes an overview of data from deaths of infants, children, and youth who died in Colorado from 2018-2022, identified system strengths and weaknesses, and an analysis of progress made on 2023 recommendations (Appendix B: Analysis and Updates on Child Fatality Prevention System (CFPS) Prevention Recommendations).

Approach

This report reflects the culmination of the collective expertise of state and local CFPS teams across Colorado and highlights how and why infants, children, and youth die in the state and what partners can collectively do to prevent these deaths. The structure of CFPS ensures state and local coordination to improve the health and well-being of children and their families, implement child fatality prevention strategies, and improve systems.

Each year, multidisciplinary local or regional CFPS teams across the state conduct individual case reviews of infants, children, and youth who die in their communities. Teams enter de-identified information from these reviews into a national database. Information includes not only the manner and cause of death for each child but also information on the caregivers in a young person's life, any life stressors the child or their family experiences, and recommendations for how to prevent future deaths from similar circumstances. Recommendations in this report are based on a thematic analysis of local recommendations for 2022 and alignment with recommendations outlined in the last three years' CFPS legislative reports. The recommendations are based on the collective expertise of CFPS, are independent from CDPHE, and do not reflect the official position of CDPHE or of any individual CFPS member organization.

Findings

Each year, CDPHE staff look at data on child deaths in the state. They clean up the data and analyze it, along with the specific findings for each case in local areas. Data in this report come from reviews of deaths among those younger than 18 years of age occurring in Colorado between 2018 and 2022, including non-Colorado residents. The overall rate of deaths reviewed by CFPS for the period was 18.5 per 100,000 Colorado residents (n = 1157). This rate combines all causes of death reviewed by CFPS and is interpreted as the overall rate of death among Colorado residents younger than age 18 due to injury, violence, and undetermined causes. The overall rate fluctuated year to year and ranged from a low of 17.1 per 100,000 population in 2018 (n = 216) to a high of 20.4 per 100,000 population in 2022 (n = 251). While the increase in the rate across the period was not statistically significant, CFPS monitors this trend closely.

The current leading causes of death are suicide, firearms, motor vehicle and other transportation incidents, sudden unexpected infant death (SUID), child maltreatment,

unintentional poisoning/overdose,[1] homicide, and unintentional drowning (Figure 1). **Some of these deaths may be counted in multiple categories**. For instance, firearm deaths include those determined to be an accident, a suicide death, or a homicide. Most firearm deaths were by suicide (47.5%, n = 115), followed by homicide (47.1%, n = 114) and unintentional firearm-related injuries (3.7%, n = 9). Homicide, firearm deaths, motor vehicle and other transportation incidents, and unintentional drowning deaths increased between 2021 and 2022, while other leading causes of death decreased. CFPS will monitor these trends in the coming years. More details about trends over time are available on the CFPS Data Dashboard.

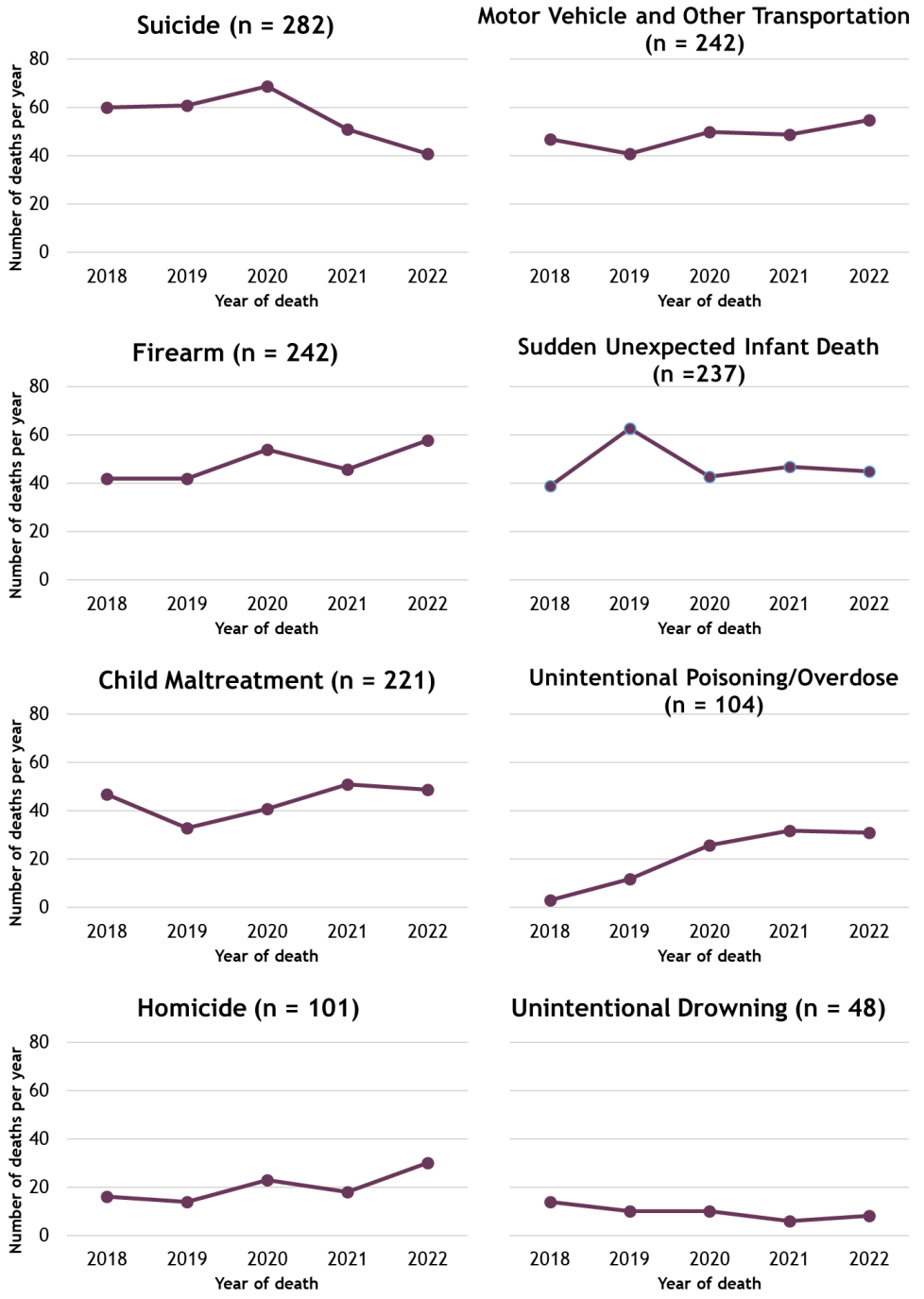
Across several of the leading causes of death, CFPS observed disparities for non-Hispanic Black, non-Hispanic American Indian or Alaska Native, and Hispanic infants, children, and youth, as well as for young people residing in rural and frontier counties in Colorado. Disparities result from historical trauma and the social conditions facilitated by racism and discrimination and from limited resources and extreme social and geographic isolation.[2] Changing policies and systems that create and perpetuate inequities can reduce the number of child deaths that occur in Colorado. Appendix A: Detailed Overview of Child Fatality Prevention System (CFPS) Disparities offers detailed information regarding observed disparities in the CFPS data based on racial, ethnic, and geographic differences.

[1] Overdose deaths include those of accidental and undetermined manners of death, as determined by the coroner. These can include deaths due to overdose by prescription, illicit, or over-the-counter drugs or may also result from poisoning with other substances, such as household cleaners, carbon monoxide, plants, or pesticides. It does not include intentional deaths (i.e., deaths that are the result of homicide or suicide), although making those determinations in some deaths can be difficult.
[2] Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the U.S.A.: evidence and interventions. The Lancet, 389(10077), 1453-1463.

Figure 1

Leading causes of death occurring among those under age 18 in Colorado and reviewed by CFPS by year, 2018-2022 (n=1215)

Note: Some of these deaths may be counted in multiple categories. The categories are not mutually exclusive.



To access this data in spreadsheet form, visit https://docs.google.com/spreadsheets/d/17IfYODD0UZ__kj04vhlP29Snffm_R78p/edit?usp=sharing&ouid=112737414647626263303&rtpof=true&sd=true

In addition, as a part of reviewing each death, CFPS teams generated nearly 300 findings for the deaths that occurred in 2022. These findings include ways to support children and their families and create safer communities. When aggregated, these findings tell a powerful story about what is needed to support young people and their families. The following are themes extracted from the nearly 300 findings:

Prevent child and youth suicide and overdose deaths by:

- Improving access to behavioral health care for youth.
- Ensuring connections between youth, peers, school supports, and their caregivers or other trusted adults.
- Limiting access to substances and firearms through locking up firearms and substances and even more widely distributing naloxone and fentanyl test strips.
- Expanding supports offered to families and communities, including robust bereavement supports after a child dies.
- Providing widespread education to parents, students, teaching staff, and community organizations on suicide warning signs.

Prevent motor vehicle deaths and other transportation deaths by:

- Improving road conditions and infrastructure to make them safer.
- Ensuring access to newer vehicles with safety features that save lives, like backup cameras.
- Educating new and young drivers on road hazards, impaired and reckless driving, seatbelt use, nighttime driving, etc.
- Increasing the public transportation infrastructure.
- Providing education on helmet use and other safety considerations for children and all-terrain vehicles (ATVs).

Prevent child maltreatment deaths by:

- Creating ways to confidentially share information between families, schools, health care providers, and human services.
- Expanding access to home visiting programs for any caregiver.
- Ensuring access to affordable, quality child care.
- Requiring safe weapons storage and education training for caseworkers.
- Increasing access to quality, affordable housing for families.

Prevent sudden unexpected infant death (SUID) by:

- Supporting resources and treatment for caregivers with substance use concerns.
- Providing infant safe sleep education that is culturally relevant, delivered by a trusted person, and includes harm reduction information.

Prevent injury-related deaths by:

- Ensuring families have access to a trusted health care provider or team and resources when they need them at no or low-cost, such as an after-hours call line, respite care, and comprehensive and culturally informed parenting courses.
- Ensuring access to water safety information and providing signage and securing fencing around pools and other water sources.

Recommendations

Each year, based on a review of the most recent five-year CFPS data set and local team findings, the CFPS state review team identifies and prioritizes prevention recommendations using the best available evidence for each recommendation. These recommendations are based on the collective expertise of CFPS, are independent from CDPHE, and do not reflect the official position of CDPHE or of any individual CFPS member organization.

1. **Overdose Prevention**: Provide information to parents and communities in their preferred language about the risks associated with substance use and overdose and evidence-informed strategies to reduce these risks, including how to access and use naloxone and fentanyl test strips; how to respond to a suspected drug overdose, including information on Colorado's Good Samaritan Law; how to safely store and dispose of both prescription and illicit drugs; how to avoid accidental ingestion of drugs by young children; and how to have conversations with children about overdose and poisoning prevention in age-appropriate ways.
2. **Suicide Prevention**: Provide resources and education to parents and caregivers in their preferred language about how to prevent child and youth suicide, including family- and health-related factors that protect against suicide risk; resources around safe technology use and considerations around restricting technology access for young people; and ways to support and affirm LGBTQ+ children and youth.
3. **Behavioral Health**: Increase access to culturally responsive behavioral health resources for children, youth, and families by: increasing and diversifying the behavioral health workforce; incentivizing care in rural areas; improving affordability of care; decreasing stigma related to seeking help; improving access to respite care; educating caregivers on social-emotional wellness and ways that caregivers can support young people's behavioral health; increasing telehealth services, especially in rural areas and for behavioral health care; strengthening youth connections to trusted adults; and increasing youth access to community-based supports and programs outside of school.
4. **Gun Violence Prevention and Firearm Safety**: Support evidence-based firearm safety practices by reducing access to firearms through safe storage and increasing access to affordable gun safety resources. *2024 Joint CFPS and*

Colorado Department of Human Services' Child Fatality Review Team Recommendation.[3]

5. **Child Maltreatment Prevention**: Integrate primary care with wraparound services to support family resilience and promote positive childhood development, including connection to culturally responsive behavioral health care for parents and caregivers; community-based services through parent navigators, community health workers/promotoras and doulas; proven, community-based home visitation programs for all families; and quality, affordable, and stable child care, especially for infants and young children.
6. **Infant Safe Sleep Environments**: Offer evidence-informed and culturally and linguistically appropriate education on promoting safe sleep environments — including harm reduction approaches — to parents and multigenerational caregivers, and expand safe sleep education, modeling, and discharge safety screening at birthing hospitals.
7. **Motor Vehicle Safety**: Partner with new parents, youth, and families to promote safe driving practices through child passenger safety programs, including car seat distribution programs; young driver safety programs; and education on graduated drivers license laws.
8. **Drowning Prevention**: Improve knowledge of and skills for parents and caregivers, children, and youth to follow water safety practices through expanded availability and affordability of safe swim programming.
9. **Housing**: Expand access to quality, affordable, and stable housing.
10. **Broadband Internet**: Expand access to broadband internet to improve access to educational, social, and health care opportunities, such as telehealth.
11. **Interagency Information Sharing**: Address barriers to interagency information sharing among providers who support young people and their families.

[3] As directed by §25-20.5-407(1)(i) C.R.S., the CFPS State Review Team collaborates with the Colorado Department of Human Services Child Fatality Review Team (§26-1-139 C.R.S.) to make joint recommendations to prevent child fatalities based on the systematic review of deaths reviewed by both systems.

Pursuant to §25-20.5-407 (1)(g) C.R.S., CFPS is required to report on system strengths and weaknesses identified during the child death review process. For the purpose of the report, "system" is defined as state and local agencies or Colorado laws that potentially impact the health and well-being of children. "Systematic child-related issues," means any issues involving one or more agencies. Appendix B: Analysis and Updates on Child Fatality Prevention System (CFPS) Prevention Recommendations provides an overview of system strengths and an analysis of the State Review Team's previous years' recommendations.

CFPS identified weaknesses primarily related to how data is collected, shared, analyzed, and used by different systems. CFPS prioritized four recommendations to strengthen the quality of child death data.

1. Encourage and incentivize law enforcement agencies and coroner offices to use the Sudden Unexpected Infant Death Investigation Reporting Form (SUIDIRF) during infant death scene investigations.
2. Encourage and incentivize law enforcement agencies and coroner offices to use the Colorado Suicide Investigation Form when investigating suicide deaths.
3. Strengthen CFPS data quality and prevention recommendations by encouraging local teams to use an equity lens, such as exploring ways to incorporate youth and families perspectives and ideas for prevention into case reviews.
4. Improve CFPS data quality on disability and special health care needs by providing technical assistance to local teams and supplementing CFPS data with other data sources such as the Pregnancy Risk Assessment Monitoring System, Colorado's Baby and You Survey, the Birth Defects Registry, and the National Survey of Children's Health.

Over the past ten years, CFPS has developed 57 statewide recommendations to promote the safety and well-being of children in Colorado and has made significant progress toward successfully implementing those recommendations by using and

developing statewide partnerships and resources. Changes in policy are effective prevention strategies for many types of child deaths. By supporting and adopting the recommendations outlined in this report, policymakers can save lives and make Colorado families more resilient to stresses caused by major life events. The CFPS State Review Team will take action to promote the findings and recommendations outlined in this publicly available report to the community of families, communities, organizations, and professionals who are dedicated to improving the lives and health of infants, children, and youth across Colorado.

Conclusion

Colorado policymakers and communities play a critical role in ensuring the health and well-being of infants, children, youth, and their families by supporting programs and policies that help families thrive. A focus on collective responsibility for the well-being and health of young people and their families will help shift the norm that places responsibility for children solely on parents and caregivers to one that considers caring for and protecting children as a shared, community responsibility. Safeguarding the health and well-being of Colorado's infants, children, youth, and families is a statewide concern.

Appendices

Appendix A: Detailed Overview of Child Fatality Prevention System (CFPS) Disparities

Generations of social, economic, and environmental inequities contribute to the deaths of infants, children, and youth. People exposed to these factors (below) experience additional harm, resulting in higher rates of death. When interpreting the data, it is critical to not lose sight of these systemic, avoidable, and unjust factors. Researchers work towards understanding how geography, race, ethnicity, sexual orientation, and gender identity correlate with health. It is extremely important that data systems like CFPS identify and understand the lifelong inequities that persist across groups in order to eliminate them. When limitations in the data system exist due to how data are collected or because data are not collected, CFPS strives to provide additional context and research about how inequities impact child deaths. By changing policies and systems that create and perpetuate inequities, CFPS can reduce the number of child deaths that occur in Colorado. Examples of these inequities include, but are not limited to:

Rural and Frontier Geography

- Limited access to Level 1 trauma centers and mental and behavioral health services.[4]
- Increased stigma associated with mental illness and seeking help.[5]
- Longer response times by emergency medical services.[6]

These and other factors contribute to higher death rates in rural areas, including suicide[7] and passenger vehicle deaths.[8]

Race and Ethnicity

- Racism, discrimination, and historical trauma.[9, 10]
- Limited access to high-quality education,[11] employment opportunities,[12] healthy foods,[13] culturally traditional foods,[14] and health care.[15]
- Chronic stress.[16]

These factors result in lasting health impacts for people of color that include infant mortality,[17] high rates of homicide and gun violence,[18] and increased motor vehicle deaths.[19]

Sexual Orientation and Gender Identity

- Discrimination, stigma, and bias.[20]
- Rejection from family, friends, and community.[21]
- Non-inclusive school curricula and inadequate anti-harassment policies.[21]
- Insufficient access to LGBTQ+-informed health care.[23]

This chronic social stress that LGBTQ+ children and youth experience influences health across the lifespan, including higher rates of suicide[24] and substance use.[25]

Racial and Ethnic Disparities*

From 2020 to 2022, **non-Hispanic Black** infants, children, and youth were **50.0 times** more likely to die by homicide** , **7.2 times** more likely to die by poisoning/overdose**, **6.2 times** more likely to die by child maltreatment**, **3.4 times**

more likely to die by sudden unexpected infant death**, and **6.3 times** more likely to die by firearm** when compared with non-Hispanic white infants, children, and youth.

From 2020 to 2022, **Hispanic** infants, children, and youth were **13.3 times** more likely to die by homicide**, **2.6 times** more likely to die by poisoning/overdose**, **1.8 times** more likely to die by child maltreatment, **1.8 times** more likely to die by sudden unexpected infant death**, and **2.2 times** more likely to die by firearm** when compared with non-Hispanic white infants, children, and youth.

Geographic Disparities

From 2018-2022, infants, children, and youth residing in **frontier** counties in Colorado were **3.0 times** more likely to die in motor vehicle crashes,**** 1.6 times** more likely to die by firearm suicide**, 1.2 times** more likely to die by suicide, and **2.3 times** more likely to die by sudden unexpected infant death when compared with infants, children, and youth residing in urban counties.

**Note: Racial and ethnic disparities should be interpreted with caution. Due to changes in the race and ethnicity categories that were made to align with the 2020 Census, CFPS was only able to calculate race and ethnicity rates for 2020-2022.*

***Difference is statistically significant.*

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Appendix B: Analysis and Updates on Child Fatality Prevention System (CFPS) Prevention Recommendations

Since 2006, CFPS has made annual recommendations to policymakers to promote the safety and well-being of children in Colorado. State agencies and other partners made significant progress towards accomplishing the majority of prior recommendations. An analysis and summary of the recommendations from the previous ten years is below.

Table 1: Completed Recommendations

Recommendation Year	Recommendation	Progress Toward Recommendation
2014	Incorporate safe sleep education and how to address safety concerns related to infant safe sleep practices as part of the Colorado Department of Human Services (CDHS) Child Welfare Training System (CWTS) for child welfare professionals.	In 2015, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, which coordinates the CWTS on behalf of the CDHS, developed a training curriculum for child welfare professionals to improve their knowledge and skills regarding infant safe sleep. The training was incorporated into the CWTS in September 2015 to improve the ability of child welfare professionals to provide information to parents and other caregivers about infant sleep-related risks and how to ensure safe sleeping environments.
2014	Modify childcare licensing requirements and regulations regarding infant safe sleep to better align with the American Academy of Pediatrics (AAP) safe sleep recommendations.	In 2015, CDHS's Office of Early Childhood amended rules that regulate licensed childcare centers and homes to incorporate best practices for infant-safe sleep environments. Qualistar Colorado has since released a web-based, mandatory safe sleep training for licensed child care providers: Prevention of Sudden Infant Death Syndrome (SIDS) and Use of Safe Sleep Practices.
2014	Increase funding for the Colorado	CDPHE began receiving an annual appropriation to implement the Colorado

Recommendation Year	Recommendation	Progress Toward Recommendation
	Department of Public Health and Environment (CDPHE) to expand the Colorado Household Medication Take-Back Program at pharmacies across the state.	Household Medication Take-Back Program for medication take-back activities.
2014, 2015, 2017	Increase funding for the Office of Suicide Prevention (OSP) to implement the following activities: 1) expand the statewide community grant program and increase funding for youth suicide prevention; 2) expand the implementation and evaluation of hospital means restriction education training (Emergency Department- Counseling on Access to Lethal Means (ED-CALM)); 3) expand implementation and evaluation of a full- spectrum of school-based suicide prevention programs; 4) expand means safety initiatives, including training clinicians to counsel on access to lethal means and safety planning and implement the Gun Shop Project in more counties; and 5) expand implementation of the Zero Suicide (ZS) framework	The OSP has secured all available federal suicide prevention funding streams and has increased local capacity for coordinated efforts across prevention, intervention, and postvention activities. Through a partnership with the Department of Health Care Policy and Financing, additional Medicaid incentives were available for hospital systems implementing elements of the ZS framework. The American Foundation for Suicide Prevention awarded Colorado a grant to expand implementation and evaluation of ED-CALM to six additional hospitals. The study demonstrated that a brief online training for counselors, coupled with free medication and firearm locking devices, helped caregivers make changes at home to improve safety. The OSP has expanded the Colorado Gun Shop Project, which provides educational information and suicide resources to gun shop owners to display in stores, from five pilot counties to nearly statewide reach. In 2018, the legislature passed SB18-272 (Crisis and Suicide Prevention Training Grant Program), creating a grant program for schools and school districts to enhance suicide prevention and crisis response through all staff training.

Recommendation Year	Recommendation	Progress Toward Recommendation
	within health systems.	
2015	Continue to provide dedicated resources for the implementation of Colorado's Child Welfare Plan, "Keeping Kids Safe and Families Healthy 2.0," to make prevention programs for families with young children available in every county in Colorado.	CDHS continues to dedicate resources and efforts to implement Colorado's Child Welfare Plan, "Keeping Kids Safe and Families Healthy 2.0." One component of this plan was to launch a statewide hotline to facilitate reporting of suspected cases of child abuse and neglect. The hotline (1-844-CO-4-KIDS) and Colorado Child Maltreatment Prevention Framework for Action are focused and essential outcomes of the Plan.
2015	*Joint CFPS and CDHS Child Fatality Review Team recommendation:* Modify CDHS rules regulating family foster care homes to better align with the American Academy of Pediatrics (AAP) infant safe sleep recommendations, including training for foster families regarding infant safe sleep.	In 2016, CFPS and CDHS partners reviewed the current rules regulating family foster care homes to assess alignment with AAP infant safe sleep recommendations. As a result, CDHS' Division of Child Welfare included a mandatory infant safe sleep webinar as part of foster care training through the Child Welfare Training System (CWTS).
2015	Provide funding for the Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) to promote uptake of the Quad-Regulator Policy for Prescribing and Dispensing Opioids through increased training and	The Consortium promotes the Quad-Regulator Policy for Prescribing and Dispensing Opioids through increased training and education of prescribers. CDPHE staff attend Consortium meetings and continue to serve as chairpersons of the Consortium's workgroups.

Recommendation Year	Recommendation	Progress Toward Recommendation
	education of prescribers.	
2015	Support policies that impact the priorities of the Colorado Essentials for Childhood (EFC) project.	The EFC identified five pilot communities to work on improving family economic security through addressing systemic barriers to food systems and child care assistance, educating on family-friendly policies that reduce stress for families, and to enhance social norms around help-seeking for caregivers and the role decision-makers have in preventing child abuse and neglect. The grant ended in 2023. From 2016-2018, local child fatality prevention review teams began to align with the EFC strategic priorities. The goal of this work was to expand the focus of state-level policies and coalitions to the local level, and a State of the State Report was created. Between 2019 and 2022, Colorado legislators passed 19 bills that supported EFC priorities including bills to improve access to child care, after school care, and improve the social and emotional health of mothers, fathers, caregivers, and children.
2016	Improve Colorado's Traffic Accident Report to include more specific information about motor vehicle crashes.	The Colorado Departments of Transportation (CDOT) and Revenue, Colorado State Patrol, local law enforcement, and other members of the Statewide Traffic Records Advisory Committee created a committee to update the crash form. Through these collaborations, a new form was released in October 2019 and will improve Colorado's data-driven decision making with better field officer data collection.
2016	Support policies that ensure the long-term financial stability of free full-day preschool and free	Colorado legislators passed HB19-1262 (State Funding For Full-day Kindergarten) in 2019, successfully securing funding for all-day Kindergarten in Colorado. During the 2022 legislative session, the

Recommendation Year	Recommendation	Progress Toward Recommendation
	full-day kindergarten.	Department of Early Childhood and the Universal Preschool Program (HB22-1295) were created.
2017, 2018, 2019	Improve substance use data quality by exploring additional data sources to supplement CFPS data.	CFPS is committed to understanding the contribution of substances, including alcohol, tobacco, marijuana, and prescription drugs, to the fatal circumstances leading to death among children and youth under 18 years of age occurring in Colorado. CFPS developed a data report *The Role of Substance Use in Child Fatality in Colorado* in January 2020 (www.cochildfatalityprevention.com/p/reports.html).
2018	*Joint CFPS and CDHS Child Fatality Review Team recommendation:* Raise awareness and provide education to child welfare providers and community agencies on safe firearm storage to prevent child deaths involving firearms.	CFPS and CFRT presented to several stakeholders and provided testimony to the Early Childhood School Readiness Legislative Committee. CFRT and CFPS also partnered with Illuminate Colorado to produce several safe firearm storage briefs to be shared with in-home service providers and families. CDHS' Division of Child Welfare worked with the CWTS to conduct a continuous quality improvement process which identified six courses where safe firearm storage education and awareness could be inserted in order to increase awareness. In 2021, Colorado lawmakers passed HB21-1106 (Safe Storage of Firearms).
2018, 2019	Improve CFPS data quality by providing technical assistance to local teams on best practices for firearm fatality reviews.	CFPS developed firearm-specific guidance for CFPS local teams to support difficult case review discussions and increase firearm data quality in the system. This guidance includes added CFPS questions to supplement the firearms questions in the National Center for Fatality Review and Prevention's (NCFRP) Case Reporting System. The two new questions focus on collecting data around if the firearm was stored securely and youth and firearms. CFPS will continue to support local teams in reviewing firearm deaths, and additional information on firearms is collected as part of Colorado's Suicide Investigation Form.

Recommendation Year	Recommendation	Progress Toward Recommendation
2019	Fund firearm research to understand contributing factors for firearm injury and violence, including risk and protective factors, social determinants of observed racial inequities, and effective prevention strategies to prevent future firearm deaths.	In 2021, Colorado lawmakers passed HB 21-1299, which created the state Office of Gun Violence Prevention in CDPHE. The office is charged with creating and maintaining a resource bank for data, research, and statistics on gun violence in Colorado. The office is also required to collaborate with researchers to improve data collection, enhance prevention tools, and provide resources to communities.
2016, 2017, 2018, 2019, 2020	Support policies that ensure access to paid leave for families.	After failed attempts to pass paid leave in the legislature from 2015 to 2019, Colorado voters approved a ballot initiative on paid family and medical leave in the fall of 2020. The Colorado Department of Labor and Employment oversees this program for Coloradans.
2020	Expand data collection, analysis, and community engagement.	The CFPS state support and CDPHE motor vehicle safety teams conducted additional data analysis using socioeconomic, demographic, and societal factors related to motor vehicle crashes in order to better understand populations who are disproportionately impacted, as well as systemic factors impacting these outcomes. The Colorado Young Drivers Alliance (CYDA) began work on its new Graduated Drivers Licensing Toolkit for local communities to increase awareness of young driver safety, for release in August 2021.
2020	Enhance CFPS data quality by providing technical assistance to local teams on best practices for reviewing motor vehicle deaths that involve young drivers and supplementing CFPS data with	The CFPS state support team provided support to local teams through the development and dissemination of a driver's permit and graduated driver's license law-specific guidance document. CFPS is in discussions with the Department of Revenue (DOR) to link and improve data on young drivers.

Recommendation Year	Recommendation	Progress Toward Recommendation
	other data sources.	
2020, 2021, 2022	Improve data quality of CFPS child maltreatment data by providing technical assistance to local teams and supplementing CFPS data with other data sources.	CFPS improved child maltreatment data quality by increasing technical assistance and training to local teams in identifying when child maltreatment caused or contributed to the deaths. CFPS initiated and continues a formal data-sharing agreement with CDHS' Administrative Review Division to improve data on child maltreatment history.

Table 2: Ongoing Recommendations

Recommendation Year	Recommendation	Progress Toward Recommendation
2014, 2015, 2016, 2017, 2018, 2019	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of seating position) in the vehicle is not properly restrained.	Based on the historical research and evidence-base for this type of legislation, the CFPS has recommended this policy in its annual legislative report for over 10 years. CDPHE continues to work with CDOT and other traffic safety partners on gathering data to identify disparities and correlating factors among infants, children, and youth who were unrestrained and died in a motor vehicle crash to inform additional prevention recommendations. CDPHE and CDOT will also engage communities with lower seat belt use rates in the development and implementation of culturally responsive occupant protection strategies.
2014, 2018	Require newly licensed K-12 educators and special service providers (nurses, school psychologists, school counselors,	In 2016, the Suicide Prevention Commission conducted a statewide survey of mental health providers, including those within school settings, to help identify preferences and barriers to accessing clinical suicide prevention training. A quarter of respondents reported they had not attended any

Recommendation Year	Recommendation	Progress Toward Recommendation
	and social workers) to complete suicide prevention training. Support training for mental health and substance use disorder providers on evidence-based treatment approaches for suicidal youth.	suicide prevention training within the past five years, indicating a need for additional training. The OSP prioritized the evidence-based, client-centered Collaborative Assessment and Management of Suicidality (CAMS) clinical training, which can be provided in any modality. The Office created a Clinician Locator tool so individuals seeking a local CAMS-trained provider can find a provider who will work with youth and accept Medicaid. From 2018-19, Colorado legislators passed nine bills to promote the behavioral health of children and youth.
2015, 2016, 2021, 2023	Mandate that hospitals develop and implement policies to provide education and information about infant safe sleep promotion and to require the practice and modeling of safe sleep behaviors in labor/delivery and neonatal intensive care unit (NICU) hospital settings. Mandate that all health care settings develop and implement policies to provide education and information about infant safe sleep promotion. Support policies that expand safe	The Colorado Infant Safe Sleep Partnership worked to engage hospitals and health care settings to provide them with model safe sleep policies and provide training opportunities to improve skills and knowledge. Examples of work include the development of a “Safe Sleep, Every Sleep” infographic for providers was created using CFPS data showing that more infants died from sudden unexpected infant death (SUID) than children and youth died in motor vehicle crashes during 2011-2015, as well as engaging partners from hospitals. CFPS worked with an MPH student to analyze CFPS SUID data on disparities at the intersection of race, ethnicity, and geography. Key results highlighted a significant geographic disparity among Hispanic infants that die by SUID. From 2009-2019, the rate of SUID among Hispanic infants living in a frontier county (237.6 per 100,000 live births) was 3.0 times higher than those living in an urban county (80.0 per 100,000 live births).

Recommendation Year	Recommendation	Progress Toward Recommendation
	sleep education, modeling, and discharge safety screening in birthing hospitals. Offer evidence-informed and culturally and linguistically appropriate education on promoting safe sleep environments, to include harm reduction approaches, to parents and multigenerational caregivers.	
2015, 2016, 2023	Increase funding to the CFPS to support the implementation and evaluation of youth programs that promote pro-social activities, resilience, and positive youth development as protective factors against child fatalities statewide. Mandate all schools in Colorado implement a full spectrum of suicide prevention programming, including programs that promote resilience and positive youth development as protective factors for suicide. Provide resources and education to	CFPS continues to partner with state agencies to implement and evaluate youth programs that promote protective factors against child deaths statewide. In FY 2015-16, the Maternal and Child Health (MCH) program at CDPHE selected the prevention of youth suicide and bullying as one of its statewide priorities. As part of this priority, state and local MCH programs implemented strategies that build and promote the protective factors of community connectedness, school connectedness, and economic stability. While there are no mandates for schools to have established suicide prevention policies and procedures on campus, the OSP encourages all schools/districts to have comprehensive and evidence-informed suicide prevention policies in place and offers model toolkits from SAMHSA and AFSR.

Recommendation Year	Recommendation	Progress Toward Recommendation
	parents and caregivers in their preferred language about how to prevent child and youth suicide.	
2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023	Mandate the use of the Centers for Disease Control and Prevention's (CDC) Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) for law enforcement agencies and coroner offices during infant death scene investigations.	The CFPS Investigative and Data Quality Subcommittee (subcommittee) prioritized the development and facilitation of training for law enforcement agencies and coroner offices to improve skills and knowledge of the SUIDIRF to be used during infant death scene investigations. This activity is a priority of the Sudden Unexpected Infant Death (SUID) Case Registry Grant, a CDC-funded project. In FY 2021-22, the subcommittee finalized a free, web-based training module on infant death investigation, with a particular focus on using the SUIDIRF. Due to CFPS collaborations, there has been an increase in investigations where the SUIDIRF was used. Colorado has also seen an increase in the proportion of investigations where doll reenactments, considered a gold standard practice during infant death investigations, were performed.
2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023	Mandate the use of a suicide investigation form for law enforcement and coroners when investigating suicide deaths.	In FY 2016-17, the CFPS Investigative and Data Quality Subcommittee (subcommittee) in partnership with OSP, the Suicide Prevention Commission, and the Colorado Violent Death Reporting System (CoVDRS) drafted the Colorado Suicide Death Scene Investigation Form (www.colorado.gov/cdphe/suicide-investigation-form). Key partners worked collaboratively to produce this comprehensive investigation tool that will improve Colorado's understanding of suicide deaths and aid in the identification of new prevention strategies. In FY 2020-21, OSP and CFPS developed and implemented a mini-grant program to encourage and incentivize death scene investigators across the state to utilize the form. The mini-grant program is still being utilized to support coroners.

Recommendation Year	Recommendation	Progress Toward Recommendation
		The El Paso County Coroner's Office (EPCCO) added questions to their death investigation questionnaire to learn about the circumstances of youth suicide deaths. The questionnaire includes, "Has discrimination or exclusion based on race, gender, sexual orientation, age, disability, or other impacted the decedent or their community?"
2016, 2017,2022	*2016 and 2017 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation:* Strengthen practices related to sharing child maltreatment data across local agencies in Colorado. Support policies that address barriers to interagency information sharing among providers who support young people.	CFPS conducted a needs assessment in FY 2016-17 of several Denver metro area local teams regarding information sharing, background research on other state processes to share information, and key informant interviews with partners at various state and local agencies. Additionally, efforts to coordinate various statewide projects and collaborations to increase information sharing related to child maltreatment, focusing on access to municipal court records began. Since 2017, partners from various sectors across Colorado have come together to support the building of social health information exchanges (S-HIE). S-HIE supports coordinated and connected care across systems including health care, government agencies, and community-based organizations.
2016,2019, 2023	Enhance the Graduated Drivers Licensing (GDL) law to increase the minimum age for a learner's permit to 16 years and expand restricted driving hours to 10:00 pm-5:00 am. Strengthen Colorado's graduated driver licensing law to better align with best practice by.	In 2005, Colorado passed additional components to the GDL law. The new law put limits on the number of passengers that a driver under 18 years old can transport and prohibited any minor driver who has held a license for less than one year from driving between midnight and 5 a.m. Although CFPS data suggests that the 2005 piece of legislation was successful in reducing deaths due to motor vehicles, partners across the state have expressed that the law is unclear and confusing for young people, their families, and prevention professionals, as well as difficult for officers to enforce. Additionally, there are concerns regarding inequities in the law

Recommendation Year	Recommendation	Progress Toward Recommendation
	Partner with new parents, youth, and families to promote safe driving practices.	because driver's education is not currently widely available across the state, or provided for free in most places. In FY 2021-22 the CYDA, which shares members with CFPS, released the new online Colorado GDL Toolkit which provides specific information for youth, parents, educators, law enforcement, hospital injury prevention specialists and other partners on how to increase awareness of GDL, protective factors for young drivers, and safe driving practices in their communities.
2017, 2018, 2019, 2020, 2021, 2022, 2023	Support policies to improve behavioral health for children, youth, and families in Colorado. Support policies to improve caregiver behavioral health. Support policies to improve behavioral health care in Colorado. Support policies to improve behavioral health care in Colorado. Support policies to improve behavioral health care. Support policies to improve caregiver behavioral health.	Governor Polis created the Colorado Behavioral Health Task Force at the CDHS in 2019. The task force assessed the landscape of Colorado's behavioral health system and developed a roadmap in September 2020 called Colorado's Behavioral Health Blueprint to guide improvements in the system. Colorado legislators passed HB22-1278 in 2022 to create the Behavioral Health Administration at CDHS to create a coordinated, cohesive, and effective behavioral health system in the state. Between the 2020 and 2022 sessions, Colorado legislators passed ten bills to promote the behavioral health of Colorado's children, youth, and families. Also, five bills were passed to address and treat opioid misuse disorders among Coloradans. Colorado also continues to implement and support efforts passed under SB19-195 (Child And Youth Behavioral Health System Enhancements) which required the Office of Behavioral Health to recommend standardized behavioral health screening tools for primary care providers. Colorado has also made strides to increase access to free behavioral health care for young people, such as the creation of the I Matter Program, which provides

Recommendation Year	Recommendation	Progress Toward Recommendation
	Support policies that increase access to telehealth services for behavioral health. Increase access to culturally responsive behavioral health resources for children, youth, and families.	at least three free behavioral health, including telehealth, sessions for Colorado youth. In June 2022, Governor Polis signed Executive Order 2022 023, accelerating broadband deployment in Colorado by setting a goal of connecting 99% of Colorado households to high-speed broadband by 2027. The Illuminating Child Care program was implemented at specific behavioral health facilities. The program supports no-cost on-site child care by qualified early childhood teachers, while their caregivers are accessing substance use disorder treatment and recovery support. Lawmakers also expanded access to respite care for young people and their families through HB22-1283 Youth And Family Behavioral Health Care. Additional efforts to support telehealth care passed by the legislature in the 2022 session include SB22-181 Behavioral Health-care Workforce and HB22-1302 Health-care Practice Transformation.
2017, 2018, 2019, 2020, 2021	*2019 and 2020 Joint CFPS and CDHS' Child Fatality Review Team recommendation:* Support policies that ensure access to quality, affordable child care for families.	Colorado legislators addressed the lack of access to child care in Colorado by passing five bills in 2022. During the 2022 legislative session, the legislature created the Department of Early Childhood and the Universal Preschool Program (HB22-1295). The Illuminating Child Care program supports, at specific behavioral health facilities, no-cost on-site child care by qualified early childhood teachers, while their caregivers are accessing substance use disorder treatment and recovery support.
2017, 2018, 2019, 2020, 2021, 2023	*2021 Joint CFPS and CDHS Child Fatality Review Team*	In May 2021, the Home Visiting Investment Task Force finalized recommendations that when fully funded and implemented, will provide

Recommendation Year	Recommendation	Progress Toward Recommendation
	recommendation: Support policies that expand access to community-based home visiting programs for all families with new infants.	home visitation to a minimum of 1,700 additional families, representing a 20% increase. The full Home Visiting Investment Plan with detailed recommendations can be found on the Early Childhood Leadership Commission website: www.earlychildhoodcolorado.org/working-groups. Several groups across Colorado are working to advance new models of home visiting to the state including Child First and Family Connections. Child First is a national, evidence-based, two-generation, trauma-informed model that works with young children and their caregivers who are most impacted by systemic and structural inequities through intensive, home-based services. Family Connects is an evidence-based model and successfully demonstrated program that connects parents of newborns to the community resources they need through postpartum nurse home visits. Illuminate Colorado is offering Family Connects to families in Boulder, Denver, Eagle, and Jefferson counties.
2019, 2020, 2021	Support policies that expand access to quality, affordable, and stable housing across Colorado.	State and federal governments took action during the pandemic to ensure that families were not evicted or forced to foreclose on their homes. The CDC first issued the national moratorium on evictions on September 1, 2020, which was then extended multiple times throughout the winter and spring of 2021. Recognizing the importance of housing on child and family health, Colorado policymakers passed 17 bills during the 2020 - 2022 legislative sessions.
2019	Encourage Colorado's school districts to delay school start times (after 8:30 a.m.).	School districts across Colorado have pushed back start times for students, with eight districts delaying start times. The OSP developed a resource called: Sleeping to Prevent Suicide: Promoting Health Sleep Habits Among

Recommendation Year	Recommendation	Progress Toward Recommendation
		Colorado's Young People to provide evidence for delayed school start times and preventing suicide.
2020, 2021, 2022, 2023	Strengthen CFPS data quality and prevention recommendations by encouraging local teams to use an equity lens.	Ways to improve equity among teams include bringing more diverse voices to the table, ensuring community members with lived experiences and who represent the diversity in the community are present at the review. Community input at the child death review helps to bring families' lived experiences to the surface and leads to improved understanding of the social and environmental determinants of child deaths. This comprehensive and equitable response to child death review enables teams to recommend upstream prevention strategies. Conducting family interviews and including community representatives during the child death review process will improve the knowledge and understanding of social and economic stressors that affect families. In FY 2020-21, the CFPS state support team began developing guidance for teams to use when discussing the Life Stressors section, as well as an Equity Toolkit to assist local team coordinators with incorporating equity throughout the entire case review process. In FY 2022-23, CFPS explored ways to fund a project for family interviews.
2021	Support policies that expand access to broadband internet to improve access to educational, social and health care opportunities for families.	In June 2022, Governor Polis signed Executive Order 2022 023, accelerating broadband deployment in Colorado by setting a goal of connecting 99% of Colorado households to high-speed broadband by 2027. Lawmakers passed expanded telehealth access bills including HB21-1109 Broadband Board Changes to Expand Broadband Service, SB21-060 Expand Broadband Service, and HB21-1289 Funding for Broadband Deployment extends the Connecting Colorado Students Grant Program. The American Rescue Plan Act of 2021 funding supported broadband deployment projects across the state.

Recommendation Year	Recommendation	Progress Toward Recommendation
2022, 2023	*2023 Joint CFPS and CDHS Child Fatality Review Team recommendation:* Support policies that increase funding to prevent overdose, including education campaigns and harm reduction efforts. Provide information to parents and communities in their preferred language about the risks associated with substance misuse and overdose and evidence-informed strategies to reduce these risks.	In 2022, Colorado legislators allocated $5 million for overdose prevention efforts and harm reduction strategies through HB22-1326 Fentanyl Accountability and Prevention Act).
2022, 2023	*2022 Joint CFPS and CDHS Child Fatality Review Team recommendation:* Support policies that increase funding to support non-police community-based crisis response.	While Colorado has made strides to increase access to behavioral health care for young people, such as the creation of the I Matter Program and passage of HB22-1052 (Promoting Crisis Services To Students), more efforts are needed to support young people in crisis. Two bills passed during the 2022 legislative session to support crisis response care for young people: HB22-1214 (Behavioral Health Crisis Response System) and HB22-1283 (Youth And Family Behavioral Health Care).
2022	Support policies that increase youth access to community-based programs and supports outside of school.	The Colorado Suicide Prevention Commission's Youth-Specific Initiatives Workgroup created recommendations which included the need for supporting out-of-school programs in order to create spaces for youth to connect with and seek social support from same-race peers, community leaders, trusted adults to help address suicide and support behavioral health, and prioritize a culturally appropriate lens. The state has

Recommendation Year	Recommendation	Progress Toward Recommendation
		prioritized funding to programs that support youth and prevent violence, substance use, and child maltreatment through the Tony Grampsas Youth Services Program.
2023	Improve knowledge and skills for parents and caregivers, children and youth, to follow water safety practices through expanded availability and affordability of safe swim programming.	Every child and adult should be equipped with the skills to protect themselves in water by learning and enhancing their basic water safety skills to reduce the risk of drowning. And yet, not all communities have equitable access to quality, safe swim instruction, and there is currently a nationwide shortage of lifeguards and swim instructors. To enhance our understanding of how and where children in the state drown, Colorado is participating in a national project with the National Center for Fatality Review and Prevention and CDC to build capacity in our existing review process to collect standardized information about pediatric drowning deaths.
2023	Support evidence-based firearm safety practices by reducing access to firearms through safe storage and increasing access to affordable gun safety resources.	In 2021, Colorado lawmakers passed HB 21-1299, which created the state Office of Gun Violence Prevention. The office is charged with creating and maintaining a resource bank for data, research, and statistics on gun violence in Colorado. The office is required to collaborate with researchers to improve data collection, enhance prevention tools, and provide resources to communities. The office also provides funding to a wide range of organizations to prevent gun violence including purchasing firearm storage and lethal means restrictions, hospital- and community-based violence intervention programs, and violence interruption programs.