New Jersey Child Fatality and Near Fatality Review Board

● 2013 Annual Brief ● Published December 2015 ●

What is the NJ Child Fatality and Near Fatality Review Board? The CFNFRB is a multidisciplinary team whose purpose is to understand the circumstances around why a child dies, and to recommend prevention strategies to prevent future child injury and death. This is primarily accomplished through team reviews at the local and state level. In New Jersey, all counties participate with the CFNFRB, which has and have been conducting reviews since 1999.

The Review Process:

The CFNFRB is notified of child deaths by several sources, including the State Central Registry (SCR), the Office of the State Medical Examiner, and upon request, the Department of Health. Once a case is identified for review, liaison staff are responsible for obtaining all relevant records, including but not limited to, autopsy, death scene investigation, law enforcement, educational, mental health, medical, and social service records. The CFNFRB has the authority to subpoena and secure the required materials as necessary. The CFNFRB does not review all fatalities and near fatalities, but always reviews those which come to their attention involving abuse or neglect, or are otherwise defined by statute.

All relevant documentation is posted in an on-line library so that members of the review teams are able to access for review, approximately two (2) weeks before a scheduled meeting for review in preparation for discussion at the meeting.

Some of the possible actions following each case review may include: recommending policy and practice changes in particular fields, strengthening interagency collaboration, staff training, public outreach and education, or recommendations to amend state law. Lessons learned from these tragedies lead to stronger prevention efforts that help protect children, keeping them safe and healthy.

Case Selection Criteria:

Cases are selected for review based on New Jersey State Law. Cases are reviewable when the cause of death is:

- Undetermined
- Related to substance abuse
- Homicide, due to child abuse or neglect
- Related to child abuse or neglect
- Malnutrition, dehydration, medical neglect or failure to thrive
- Sexual abuse
- Head trauma, fractures, or blunt force trauma*
- Suffocation or asphyxia
- Burns*
- Suicide

The CFNFRB also elects to review the following:

- Deaths of children whose families were under the supervision of the Division of Child Protection and Permanency (CP&P) at the time of the fatal or near fatal incident or within the preceding twelve months
- Fatal or near fatal drownings
- Motor vehicle accidents in which the child:
  - Had a positive toxicology screen
  - Was under the supervision of CP&P
- Sudden Unexpected Infant Deaths (SUID); which include Sudden Infant Death Syndrome (SIDS)

*without obvious innocent reason, like auto accidents or house fires

All data represented herein were collected during the case review process. Data analysis occurred after all 2013 fatalities were reviewed. This report only discusses child fatalities that occurred in 2013 and that were reviewed by the CFNFRB or one of its regional teams or subcommittees.

THE BOARD MEMBERS: Kathryn McCans, M.D., F.A.A.P., Chair, Cooper University Hospital, Division of Pediatric Emergency Medicine ● **Judy L. Postmus, Ph.D., A.C.S.W., Vice Chair**, Associate Professor/Director, Rutgers University School of Social Work, Center on Violence Against Women and Children ● **Karen D. Wells, Psy.D.**, Licensed Clinical Psychologist ● **Manuel Guantez, Psy.D., L.C.A.D.C.**, Vice President, Outpatient and Addiction Services, Rutgers, U.B.H.C. ● **Sean F. Dalton, Esq.,** Prosecutor, Gloucester County ● Mary E. O'Dowd, M.P.H., Commissioner, Department of Health, Designee: **Lakota Kruse, M.D., M.P.H. ● James A. Louis, Esq.**, Deputy Public Defender, Office of the Law Guardian ● Col. Rick Fuentes, Superintendent, New Jersey State Police, Designee: **Lt. Jim McGowen** ● Allison Blake, Ph.D., L.S.W., Commissioner, Department of Children and Families, Designee: **Clinton Page, Esq. ● Lisa von Pier, M.Div.,** Assistant Commissioner, Division of Child Protection and Permanency (CP&P), Department of Children and Families ● Jeffrey S. Chiesa, Esq., Attorney General, Office of the Attorney General, Division of Law, Designee: **Lisa Rusciano, Esq. ● Martin A. Finkel, D.O., F.A.A.P.,** New Jersey Task Force on Child Abuse and Neglect ● **Andrew Falzon, M.D.,** Acting State Medical Examiner ● **STAFF: Lisa Kay Hartmann, State Coordinator, Amanda Craig, Ashley Costello, and Nicholas Pecht, Liaisons to the Board**

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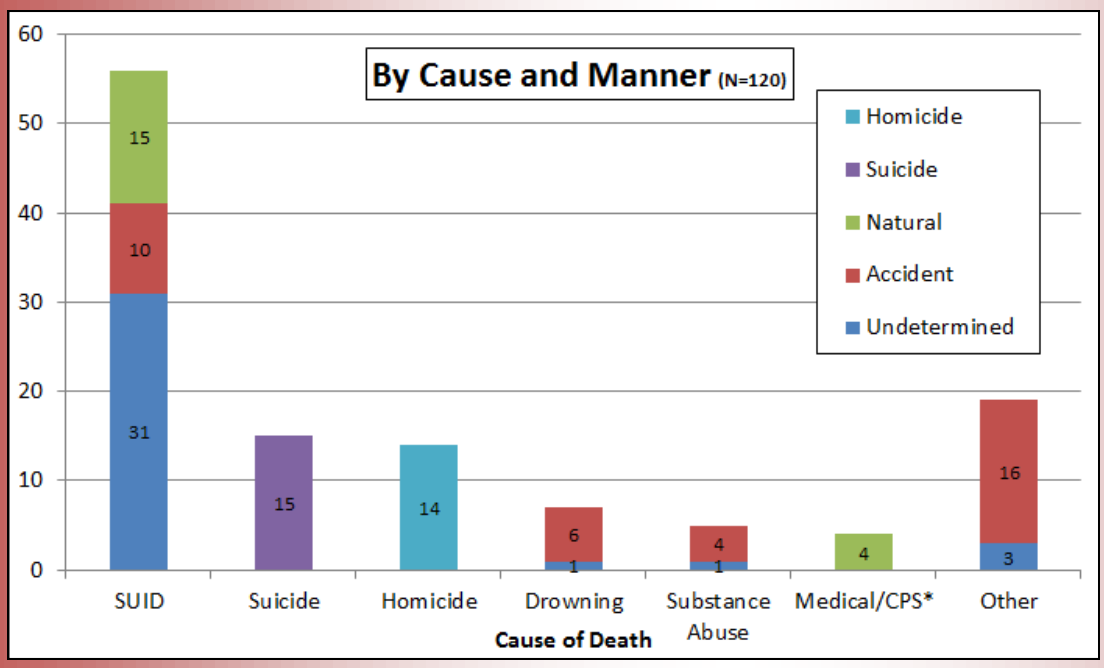
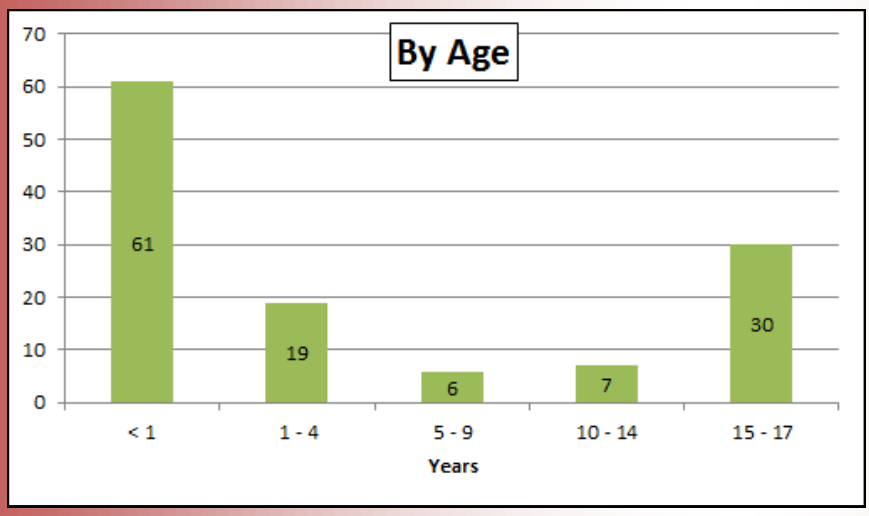
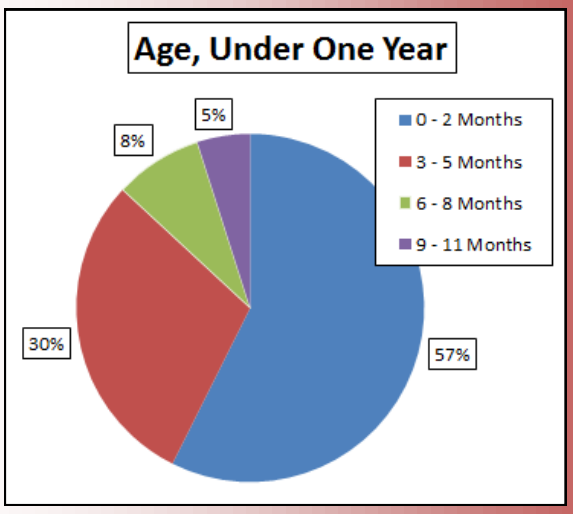
SUDDEN UNEXPECTED INFANT DEATH (SUID) SUBCOMMITTEE: Lillian Brennan, Esq., Office of the Public Defender, Office of Law Guardian ● **Lakota Kruse, M.D., M.P.H.,** Department of Health ● **Barbara Ostfeld, Ph.D.,** Program Director, The SIDS Center of New Jersey ● **Susan Fiorilla**, CP&P ● **Det. Matt Norton**, Mercer County Prosecutor's Office ● **Sunday Gustin, R.N., M.P.H.,** Early Childhood Services, Division of Family & Community Partnerships, Department of Children and Families ● **Thomas Lind, M.D.,** Division of Medical Assistance & Health Services, Department of Human Services ● **Susan Hollander,** President, CJ Foundation

Statewide (N=123)

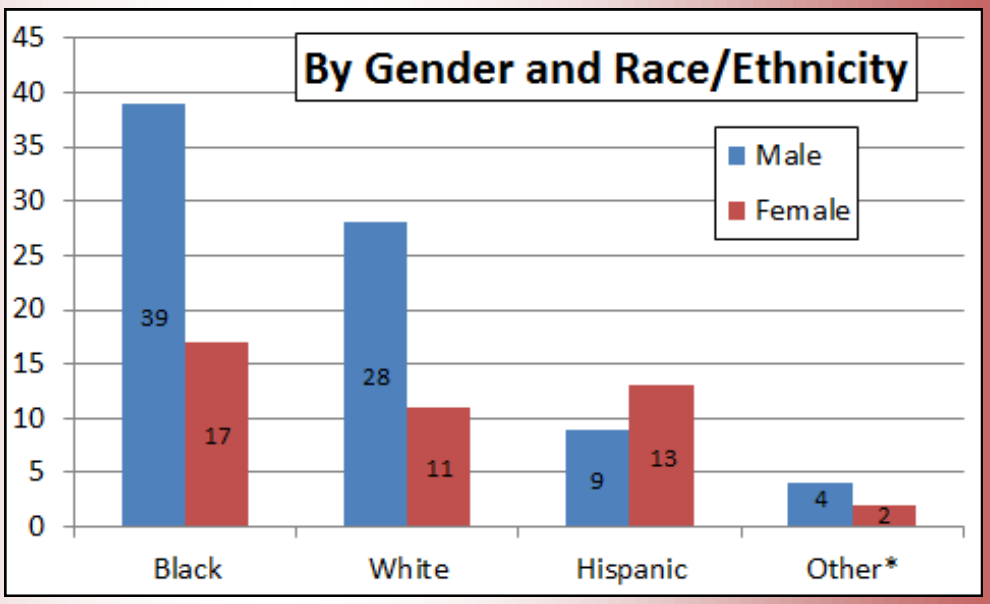


*Medical/CPS: These are deaths related to natural medical illnesses. These cases were reviewable because of recent or current involvement with state child protective services; however these deaths are not related to child abuse or neglect.

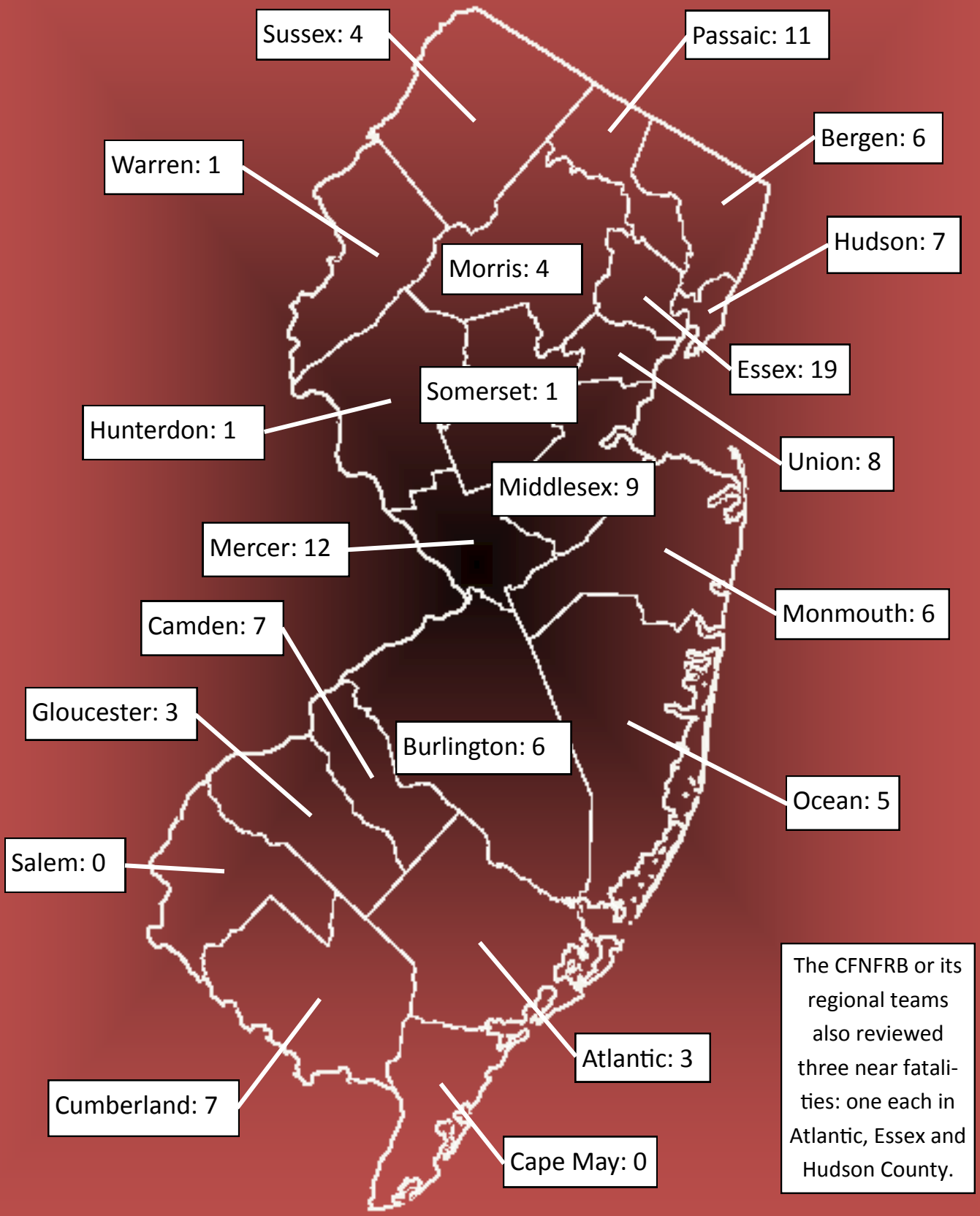




*Other includes: Four Asian/Pacific Islanders, One American Indian and One Biracial (Black/White).

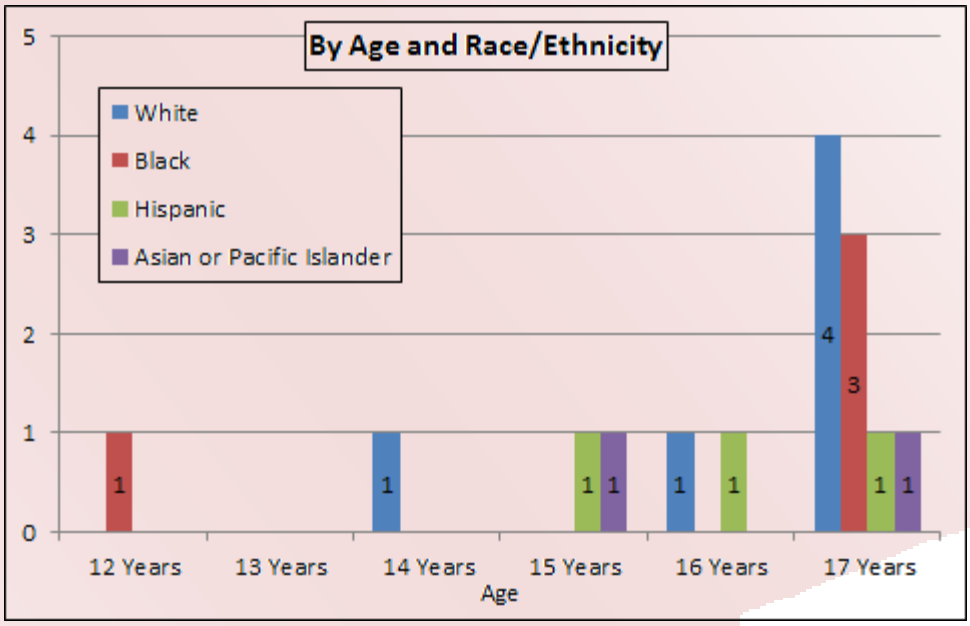


Number of Fatalities per County



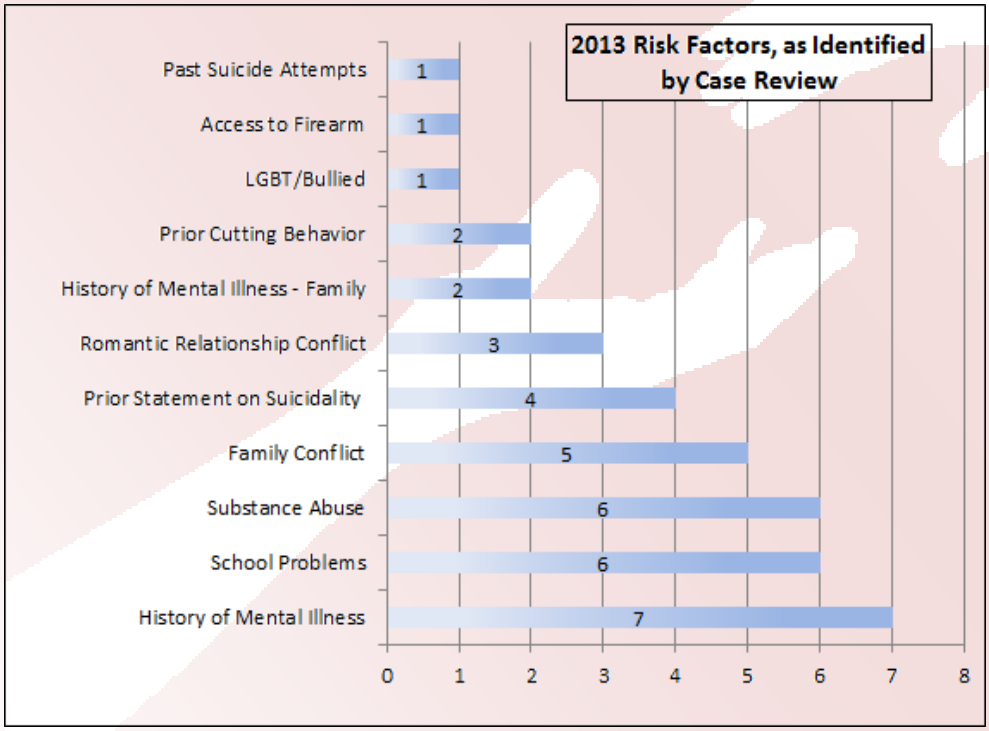
The CFNFRB or its regional teams also reviewed three near fatalities: one each in Atlantic, Essex and Hudson County.

Suicide (n=15)



Gender: Of the 15 deaths, only 2 were female.

Method: Two-thirds of the suicides were completed by hanging. The other methods included: ● motor vehicle collision ● substance intoxication ● jumping from the roof of a multi-story building ● using a firearm.

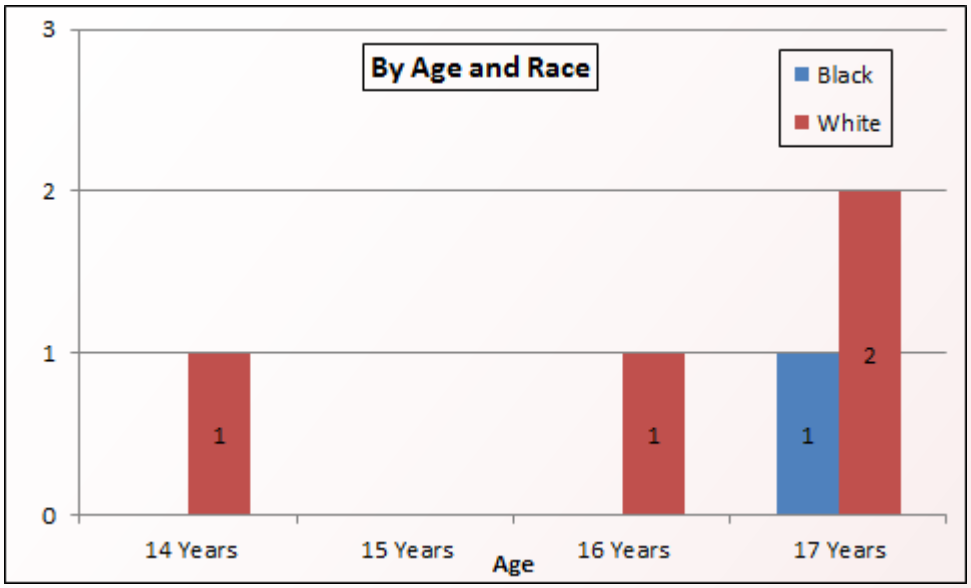


If in crisis, youth between 10 and 24 years old can call or text 2NDFLOOR Youth Helpline: 888-222-2228
OR
People of any age can call or text the New Jersey Hopeline: 855-654-6735

What to Do*: A suicidal youth is not likely to seek help directly; however, parents, school personnel, and peers can recognize the warning signs and take immediate action to keep the youth safe. When a youth gives signs that they may be considering suicide, the following actions should be taken ● Remain calm ● Ask the youth directly: Are you thinking about suicide? ● Focus on your concern for their wellbeing and avoid being accusatory ● Listen ● Reassure them that there is help and they will not feel like this forever ● Do not judge ● Provide constant supervision. Do not leave the youth alone ● Remove means for self-harm ● Get help: Peers: do not agree to keep the suicidal thoughts a secret and instead, tell an adult, such as a parent, teacher, or school psychologist. Parents: seek help from school or community mental health resources as soon as possible. School staff: take the student to the designated school mental health professional or administrator. **Suicide Warning Signs:** Many suicidal youth demonstrate observable behaviors that signal their suicidal thinking. These include ● Suicidal threats in the form of direct and indirect statements. ● Suicide notes and plans. ● Prior suicidal behavior. ● Making final arrangements (e.g., making funeral arrangements, writing a will, giving away prized possessions). ● Preoccupation with death. ● Changes in behavior, appearance, thoughts and/or feelings.

***Source: www.nasponline.org/resources/crisis_safety/suicideprevention.aspx**

Substance Abuse (n=5)



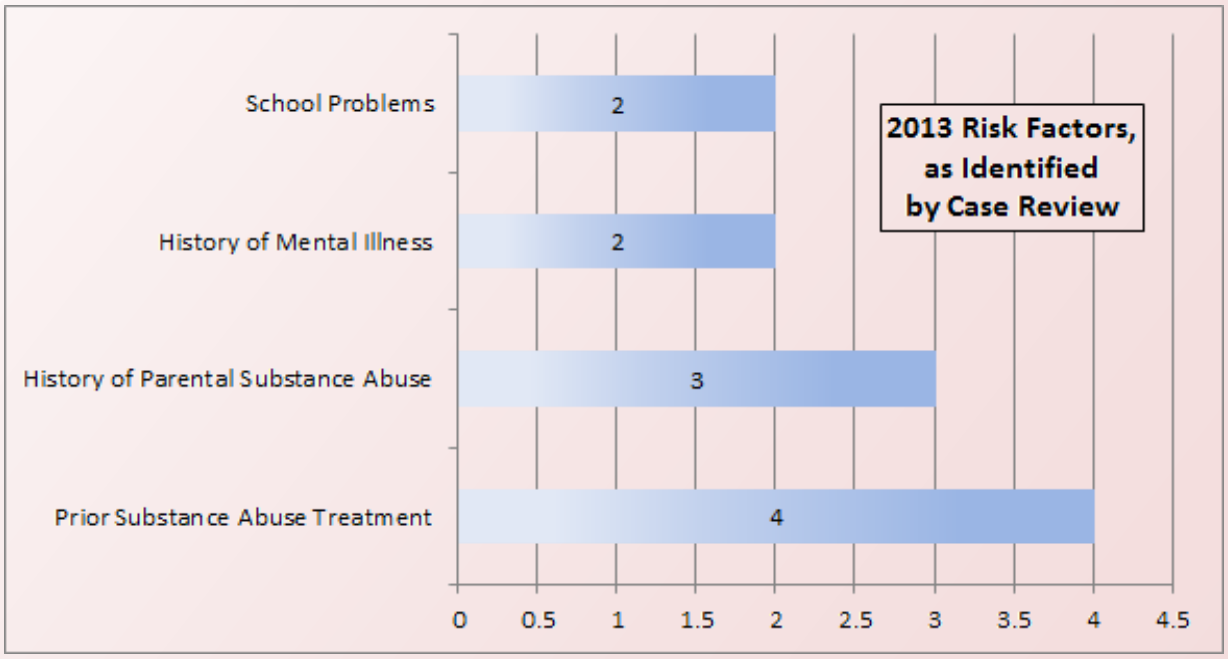
Gender: Of the 5 deaths, 2 were male and 3 were female.

Substance used: Of the 5 deaths, 2 used Heroin and 3 used prescription opiates.

Call PerformCare at 877-652-7624 to access child behavioral healthcare and other services!

Warning Signs*: Many youth may show behaviors in adolescence that are indicative of substance abuse, but can also be considered normal behaviors while growing up. It is important to take notice if there are several signs happening at the same time, if they occur suddenly, and if the behaviors are extreme. The following behaviors in a youth might indicate drug or alcohol abuse: • Mood changes (temper flare-ups, irritability, defensiveness) • Academic problems (poor attendance, low grades, disciplinary action) • Changing friends and a reluctance to have parents/family get to know the new friends • A "nothing matters" attitude (lack of involvement in former interests, general low energy) • Finding substances (drug or alcohol) in youth's room or personal effects • Physical or mental changes (memory lapses, poor concentration, lack of coordination, slurred speech, etc.)

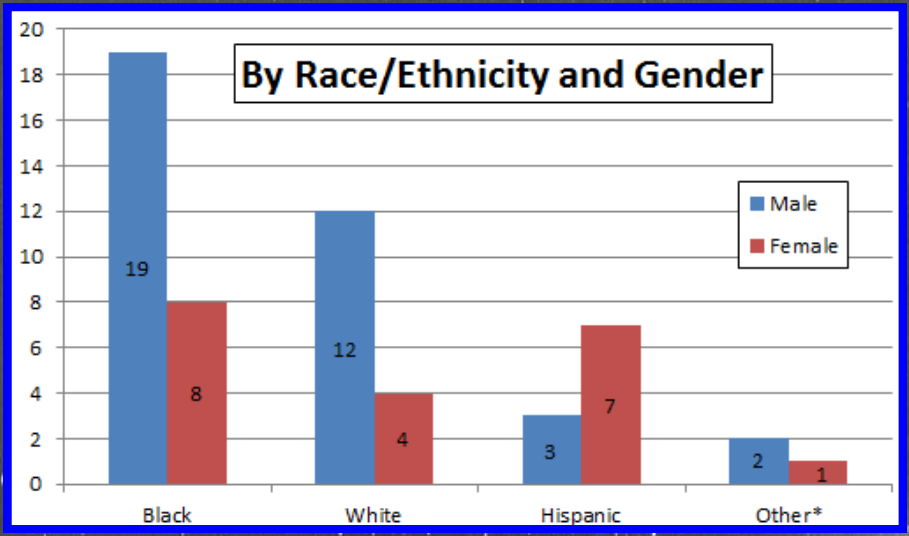
Warning signs indicate that there may be a problem that should be looked into—not that there is definitely a problem. First, speak with the youth to get a better understanding of the situation. Next, have the youth screened for substance use by a professional. If there is no clear evidence of abuse, families should contact their primary physician to rule out a physical problem. If formal intervention is necessary, local substance abuse professionals should be contacted.



*Source: http://youth.gov/youth-topics/substance-abuse/warning-signs-adolescent-substance-abuse

Sudden, Sleep-Related (n=56)

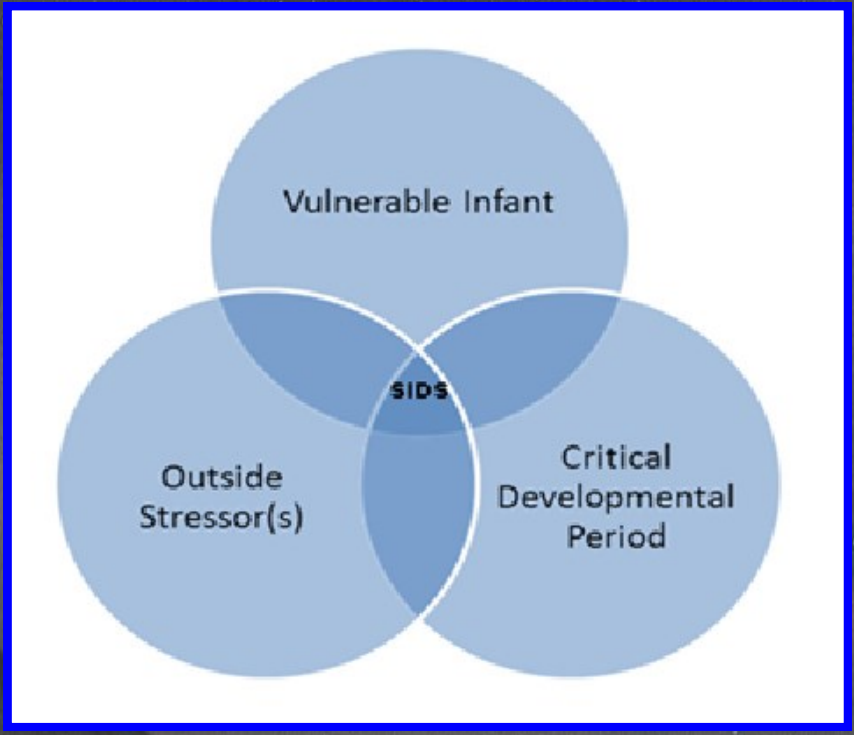
Sudden, sleep-related infant deaths make up the largest portion of cases reviewed in New Jersey; 56 of the 120 reviewed fatalities from 2013 (47%). These cases may have been classified as Sudden Unexplained Infant Death (SUID), Sudden Infant Death Syndrome (SIDS), undetermined, or positional asphyxia.



*Other: consists of two Asian children and one child who was bi-racial (Black/White).

Age: All but seven of these deaths were under 12 months old; six deaths were of one-year-olds and one death was that of a two-year-old.

The Triple Risk Model for SIDS



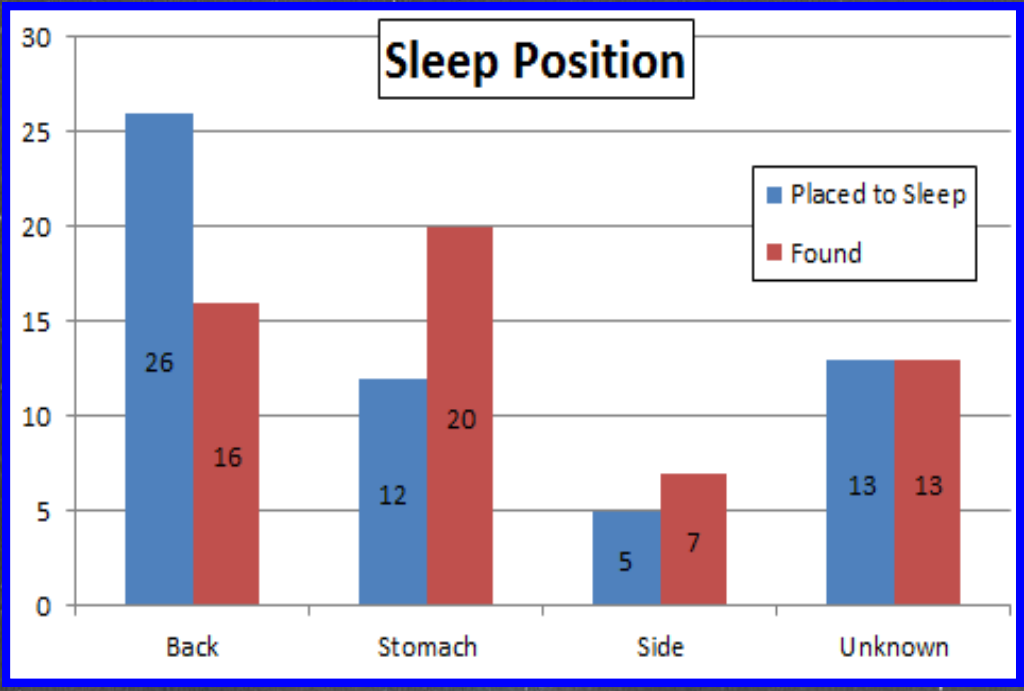
What causes sudden, sleep-related deaths like SIDS? Although the actual cause of SIDS is still unknown, **the current literature indicates** it may be the result of a combination of three things: 1) **Arousal (ability to wake up)**: Some children are born with less of an ability to wake up when unable to breathe than others. There is currently no test to determine if an infant is "vulnerable." 2) **Time**: SIDS is most likely to occur when a child is between one and four months old. This is considered a **"critical developmental period."** 3) **Outside factors**: these are things like the sleep environment as well as daily practices not necessarily associated with sleeping. Limiting these factors is the only way we can try to prevent sudden, sleep-related deaths.

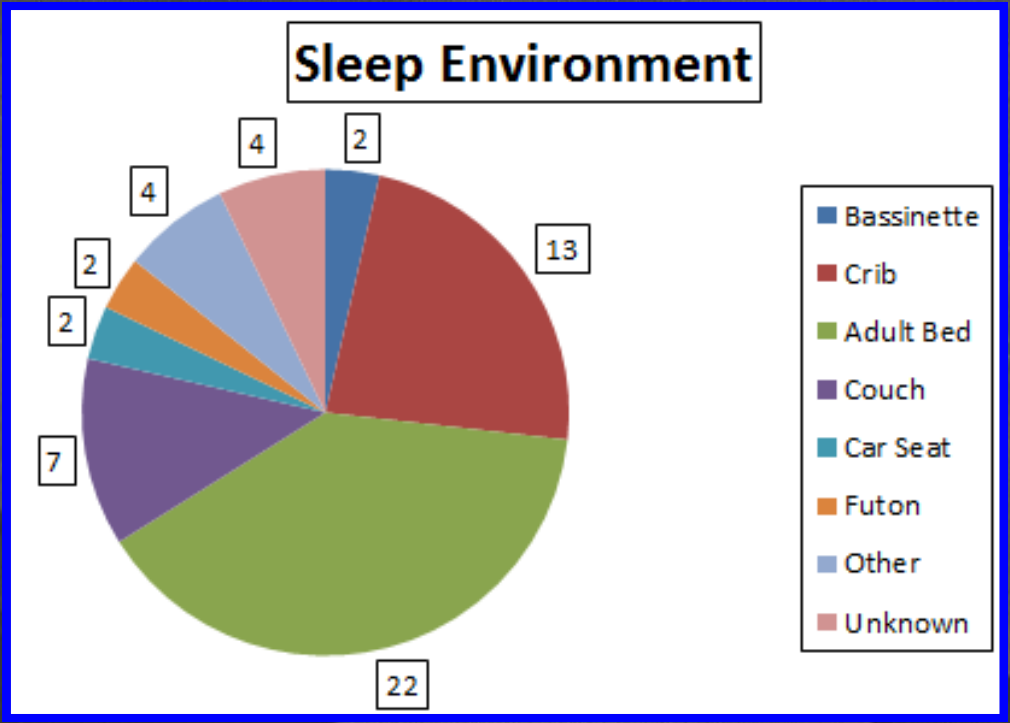
Sudden, Sleep-Related (n=56)

Safe Sleep Guidelines: Infant safe sleep includes the following practices as recommended by the American Academy of Pediatrics: Place in a supine (on back) sleep position ● Provide a firm sleep surface ● Share the room without sharing the bed ● Keep soft objects/loose bedding out of sleep areas ● Avoid co-bedding of twins and other multiples ● Avoid smoke exposure ● Consider offering a pacifier ● Avoid overheating ● Avoid the use of commercial devices such as: bumpers, wedges, positioners, etc. ● Practice supervised, awake "tummy time" ● Consider breastfeeding ● Obtain child immunizations and well-visits as recommended.

20% had intrauterine tobacco exposure

Only 41% were ever breastfed

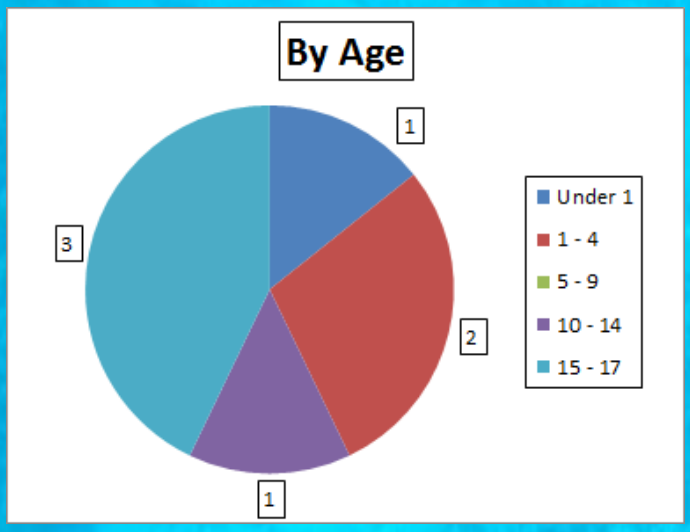


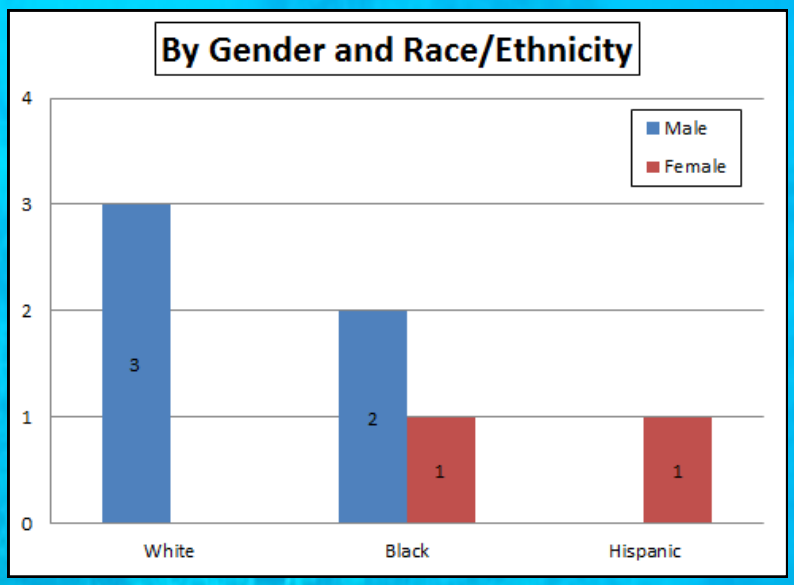


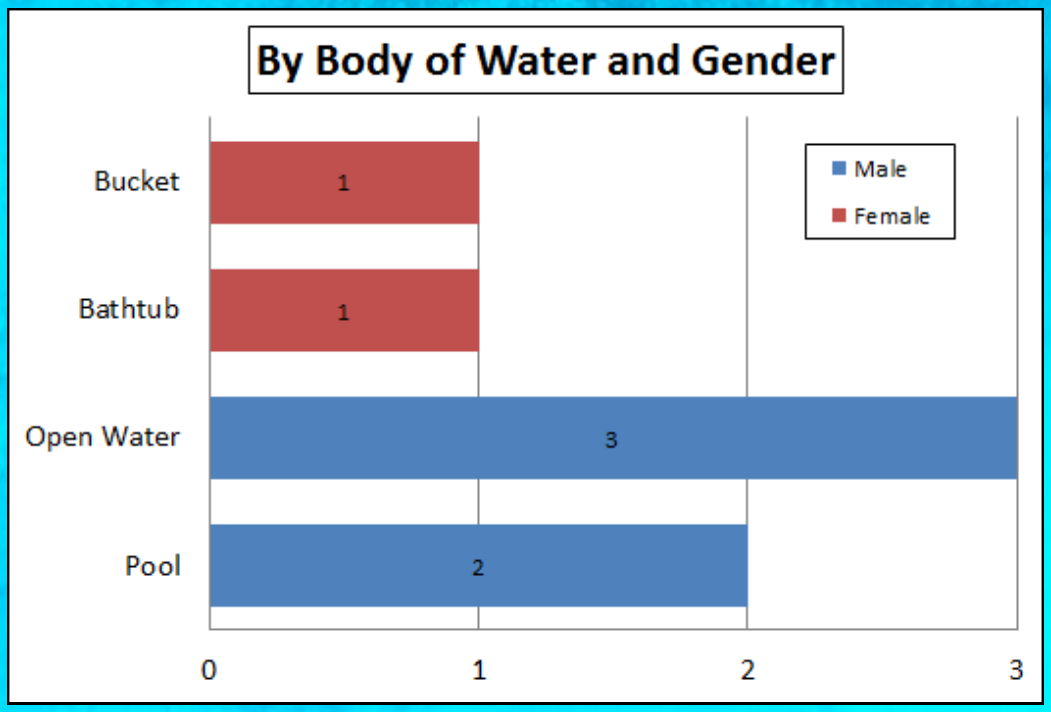
48% were sharing a sleep surface with an adult at time of death

75% were on Medicaid, a reliable indicator of low income status

Drowning (n=7)



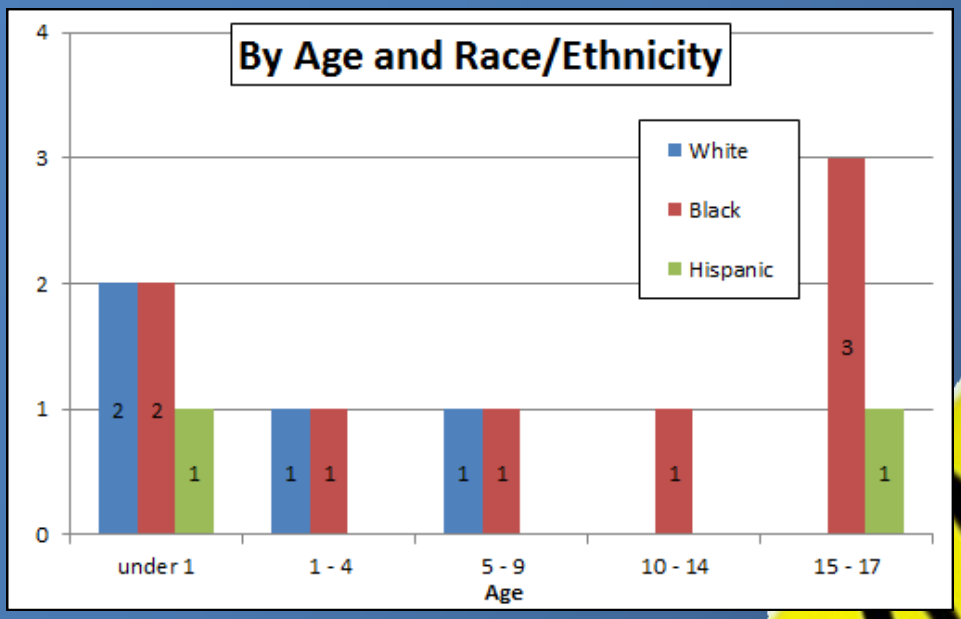




Keep your kids safe around water by following these simple guidelines*: Never leave children swimming unattended. Drowning can occur in an inch or two of water. ● Stay within an arm's length of small children in water to protect against rapid drowning. ● Warn children to never swim at a pool or beach alone or without a lifeguard. ● Train children to swim at an early age. ● Teach children that swimming in a pool is far different than swimming in open water. ● Be certain only qualified and undistracted adults are entrusted with supervising children in water. ● Always empty inflatable pools, buckets, pails and bathtubs after each use. ● Remember that personal flotation devices do not guarantee water safety.

***Source: http://nj.gov/dcf/families/safety/water/**

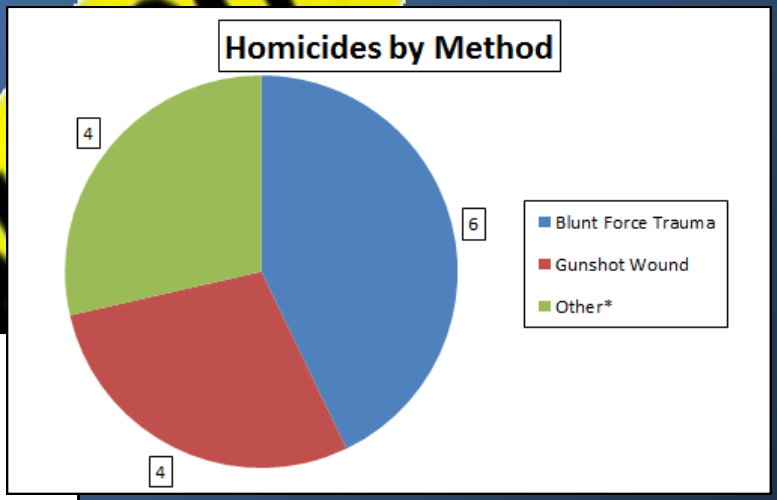
Homicide (n=14)

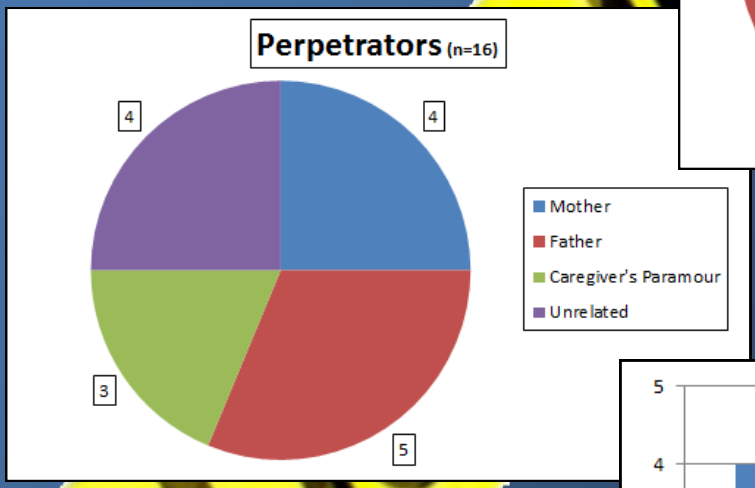


Gender: Of the 14 deaths, 8 were male, and 6 were female.

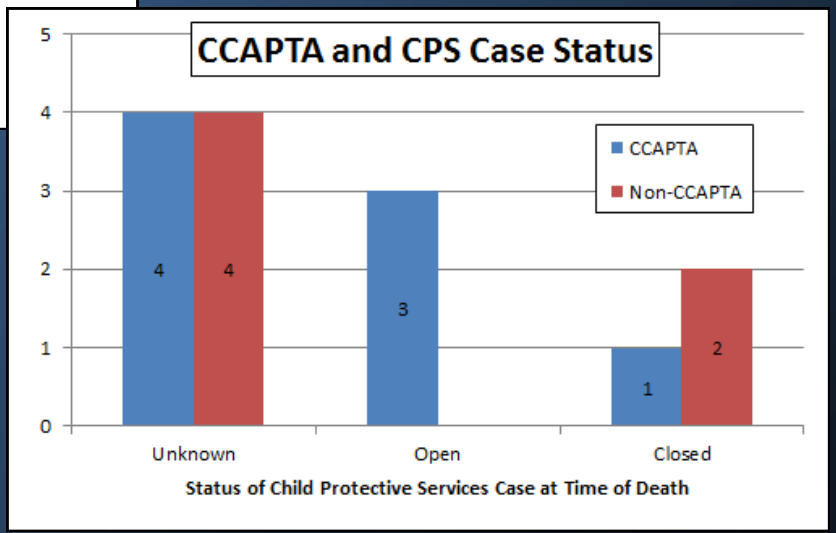
New Jersey's Child Protective Services (CPS) agency is called the Division of Child Protection and Permanency.

CCAPTA cases are those determined by the NJ Department of Children and Families (DCF) to have been the result of child abuse or neglect.



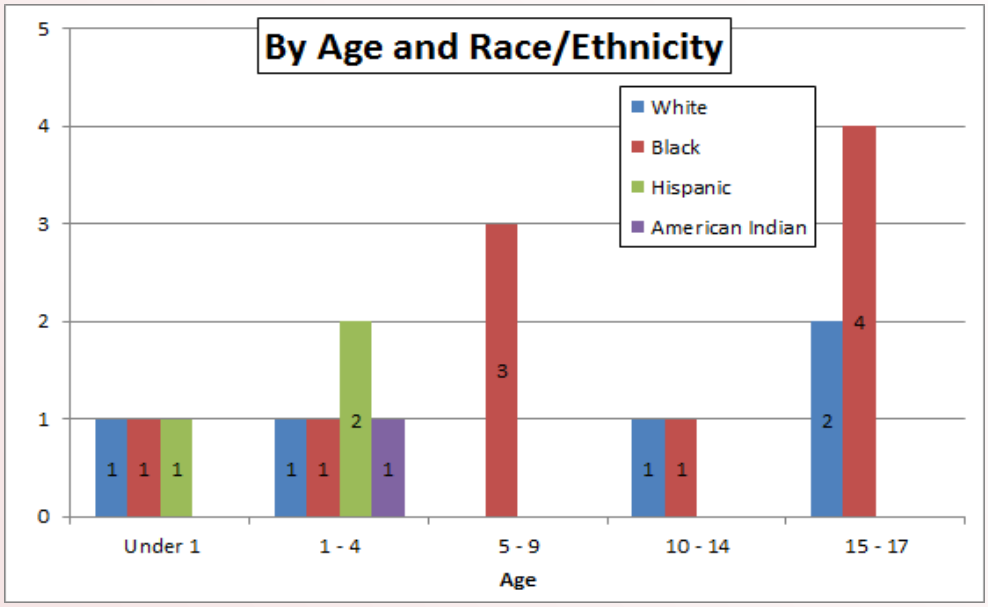


*Other: Blunt Force Trauma and Strangled, Stabbing, Compression/Exsanguination, Smothering



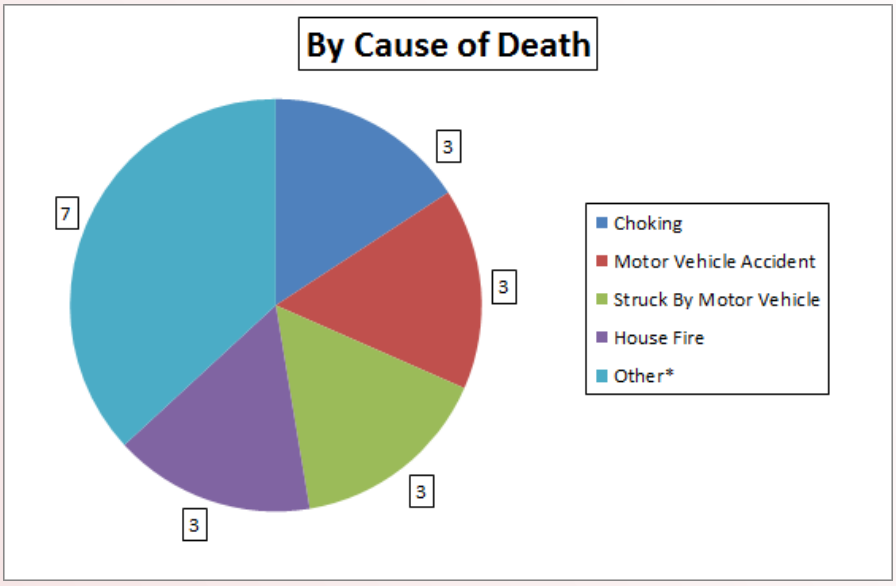
Report child abuse and neglect concerns to the State Central Registry: 877-NJ ABUSE (877-652-2873)

Accidental and Undetermined (n=19)

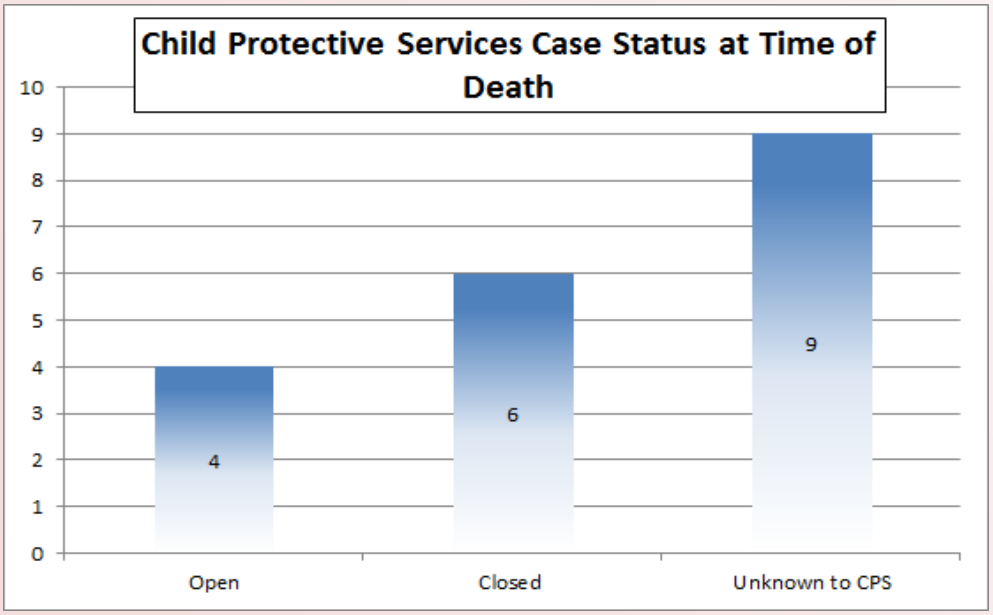


Manner of Death: Of the 19 deaths, 16 were deemed Accidental and 3 were deemed Undetermined.

Gender: Of the 19 deaths, 13 were male and 6 were female.



*Other includes: Undetermined, Positional Asphyxia with Underlying Medical Conditions, Asphyxia by Neck Compression, Falling/Jumping from Motor Vehicle, Nut Allergy, Dehydration, Head Trauma due to Falling TV



Recommendations

Medical Examiner

To: The Office of the State Medical Examiner

The CFNFRB recognizes the appointment of Dr. Andrew Falzon as the Acting State Medical Examiner as of June 2015. To ensure policies, practices, and National Association of Medical Examiners' standards are consistent in medical examiner offices across the State, the CFNFRB continues to recommend the appointment of a permanent State Medical Examiner. The CFNFRB also recommends that the State Medical Examiner position have greater authority to oversee and enforce policy and practice.

Pool Safety

To: The Department of Community Affairs

Per the 2009 New Jersey International Residential Code, residential pools, spas and hot tubs must have barriers surrounding them to prevent drowning and non-fatal submersions. Currently, the barrier may be comprised of any combination of fences, walls, and the exterior of homes. The CFNFRB recommends the revision of codes to reflect that newly constructed pools should have surrounding barriers that do not rely on the exterior walls of the home, in order to decrease the risk of children leaving the house unsupervised and having direct access to the pool.

Substance Abuse

To: The Department of Human Services; Division of Mental Health and Addiction Services

The CFNFRB recognizes the impact substance use disorders have on children and their families. It is imperative that strategies be implemented to prevent these disorders. It is equally important to ensure that those affected have access to quality treatment to maximize achievement and maintain sobriety. Professionals involved in such treatment should be held to best practice models that incorporate counseling in addition to any pharmacological aides.

To: The Department of Children and Families

The CFNFRB recognizes that The Children's System of Care (CSOC), under the Department of Children and Families, has made great strides in terms of ensuring the use of trauma-informed care models among its contracted providers and recommends that this important work continue. The CFNFRB also recommends that CSOC continue to advocate for: clear documentation of trauma assessments by its providers; continuity of care, by keeping children with the same provider whenever possible and clinically indicated; and the adoption of integrated co-occurring disorders care, which to date, is still lacking.

The CFNFRB recommends that the Division of Child Protection and Permanency (CP&P) examine its policies regarding case closure and acceptable length of sobriety for parents in recovery. The CFNFRB recognizes the inherent stress of caregiving and the increased risk of relapse presented by parent-child reunification; therefore, the CFNFRB recommends that extended supervision and/or follow-up in-home visitation be provided to families with parents in recovery, if possible. The CFNFRB also recommends that CP&P develop better guidelines for dealing with caregivers who are legally prescribed medications which are highly addictive, like oxycodone, when the caregiver has a history of substance use disorder.

Recommendations

Safe Sleep

To: The Joint Commission and The New Jersey Hospital Association

All birthing hospitals should receive certification in The National Safe Sleep Hospital Certification Program developed by Cribs for Kids in conjunction with Halo Innovations, which recognizes hospitals that demonstrate a commitment to community leadership for best practices and education on infant sleep safety. This hospital certification program requires hospitals to develop policy on safe sleep, train hospital staff on the policy and safe sleep practices, and educate parents. The program also asks that hospitals replace regular receiving blankets in the nursery and NICU with wearable blankets to model no loose bedding in the crib.

Suicide Prevention

To: The Department of Children and Families

The CFNFRB recommends the expansion and evaluation of school-based therapeutic and prevention programs that promote resilience and positive youth development. Programs should be required to monitor outcomes so that evidence-based programs with proven success can become standard practice.

The New Jersey Youth Suicide Prevention Project (NJYSPP) is funded by the Garrett Lee Smith Suicide Prevention Grant, administered by the Substance Abuse and Mental Health Services Administration, through 2015. The NJYSPP is currently in six designated counties throughout the State of New Jersey, with training programs for Division of Child Protection and Permanency (CP&P) staff and school staff. The CFNFRB recommends that all CP&P staff receive training through this project.

To: The Office of the State Medical Examiner

Medical Examiners should standardize their protocols when investigating cases of suspected suicides. For example, the State of Washington utilizes a form that captures important and specific information related to the decedent's mental health, substance abuse, and actions leading up to the incident, as well as the incident itself. This form can be supplemented by a narrative of interviews with family members completed by the medical examiner's investigator.

Fatalities Related to Child Abuse

To: The Division of Consumer Affairs

The CFNFRB recommends that all professionals who are likely to come into contact with children and families be mandated to receive continuing education on child abuse and neglect. This continuing education should focus on trauma-informed care and the use of evidence-based practices. These professionals include, but are not limited to, the following: Alcohol and Drug Counselors, Marriage and Family Therapists, Nurses, Physicians, Physician Assistants, Professional Counselors, Psychoanalysts, Psychologists and Social Workers.

To: The Office of the Attorney General

The CFNFRB recognizes the value of the child fatality and multidisciplinary investigation protocol which is utilized throughout the State of New Jersey and continues to support this as best practice. It is important that this model continue to be supported, refined, and updated as evidence is obtained regarding improvements in the model.