



**BALTIMORE CITY CHILD
FATALITY REVIEW TEAM**

ANNUAL REPORT 2007

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GENERAL INFORMATION

Membership and Leadership of Team

Chair: Joshua M. Sharfstein, M.D., Commissioner of Health
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Walter Jackson
Maryland Department of Juvenile Services

Dan Wilson
Baltimore City Department of Social Services

Paul Kidd
Baltimore City Police Department

Meetings in 2007

CFR meetings are scheduled for the third Monday of each month. There were eleven meetings held in 2007. The meeting in April was cancelled.

Case Reviews

A total of sixty-four fatality cases were reviewed in 2007. There were 29 homicide cases, 22 accident cases and 13 SUDI/SIDS/SUDC cases.

RECOMMENDATIONS AND ACTIONS: INFANT DEATHS

Recommendation 1: Conduct an analysis of SUDI/SIDS cases reviewed by the CFR to inform policies and programming to prevent future infant deaths.

Actions: Conducted analysis and produced the Baltimore City Health Department Data Snapshot, Unexpected Infant Deaths During Sleep in Baltimore, 2002-2006; Volume 2, No.1.

Recommendation 2: Educate medical providers about the high number of infant deaths related to unsafe sleeping environment in Baltimore so that they understand the extent of the problem and can provide patients with needed resources and education to decrease sleep related deaths.

Actions: A letter is sent to the hospital of birth notifying the Chair of Pediatrics when an infant born at that facility died due to unsafe sleep practices.

Letters are sent to area pediatricians informing them of the Baltimore City Health Department's Safe Sleep initiative and free crib program.

As part of the Baltimore City Health Department's Safe Sleep Initiative, the Safe Sleep Coordinator distributes educational materials (brochures and posters) to medical providers and local agencies to raise awareness and educate patients and community members about the Initiative and free crib program.

Recommendation 3: CFR members met with Dr. Katz, Vice President of Medical Affairs at Mt. Washington Pediatric Hospital to discuss infants who were patients at Mt. Washington Hospital within one year of their death.

Actions: A review meeting was held and participants discussed each case. The relationship between Baltimore City Department of Social Services (BCDSS) and Mt. Washington was strengthened. Quarterly meetings jointly sponsored by BCDSS, Department of Human Resources and Alcohol and Drug Abuse Administration convening all Baltimore City Pediatric Social Workers is used

as a forum to facilitate better communication and to address pertinent issues affecting Baltimore City babies.

Conducted a presentation at Mt. Washington's Wednesday Lunch and Learn on Health Department resources including information on referrals to home visiting programs, Baltimore HealthCare Access (BHCA), and Baltimore Infants and Toddlers Program (BITP). Provided staff with written materials including the yellow Health Department Services card, the new BHCA resource guide, and BITP brochures.

Safe Sleep education has been incorporated into Mt. Washington's discharge protocol. Cribs provided by BCHD are provided to patients who need them at discharge.

Recommendation 4: Consistent and concise information must be collected at every infant death scene for the collection and analysis of the sleeping environment (e.g. crib availability and position of infant) to gain a better understanding of and to monitor issues leading to sleep related infant deaths.

Actions: The Infant Death Investigation Protocol is being revised and shortened to ensure that consistent and concise information is recorded at every infant death scene.

Recommendation 5: Child fatality victims and perpetrators of violent crimes may have siblings that continue to live in an unsafe environment. BC-CFR wants to ensure the safety of all children remaining in the household in order to prevent the untimely death of another child.

Actions: Joshua Sharfstein, Commissioner of Health, communicated with Samuel Chambers, Director, Department of Social Services, regarding the implementation of a reporting system in Baltimore City that would indicate whether a mom has had a child previously removed for neglect or abuse. This reporting system has been implemented in Michigan.

Supported legislation to implement new reporting system.

RECOMMENDATIONS AND ACTIONS: JUVENILE HOMICIDES

Recommendation 6: Make systems changes necessary to improve communication and the sharing of information between the adult and juvenile justice systems so that staff are able to make well-informed, appropriate recommendations on the disposition of each juvenile case.

Actions: The Department of Juvenile Services (DJS) now receives daily WATCH reports from the Baltimore City Police Department (BCPD), which include information on juveniles arrested for adult crimes.

DJS provides its case managers with immediate information from the State's Attorney Office (SAO) "warroom" when a juvenile under their supervision is arrested as an adult. In February 2008 DJS will assign a full-time staff person to work with the SAO "warroom" to access juvenile records.

DJS meets regularly with BCPD's warrant apprehension task force to review and prioritize juvenile cases that should be arrested due to outstanding warrants.

CFR continues to discuss changes in procedures to reduce gaps in communication between the adult and juvenile court systems.

RECOMMENDATIONS AND ACTIONS: JUVENILE PERPETRATORS

Recommendation 7: Cases of juvenile perpetrators should be reviewed by the Child Fatality Review to identify trends and risk factors for this group that may help determine appropriate interventions to prevent further deaths.

Actions: After the passage of state legislation, CFR began reviewing youth perpetrators convicted of 1st and 2nd degree murders in September 2007.

BCHD is working closely with DJS to develop child profiles to identify risk factors that are typically considered "red flags" and can be used to identify the highest risk youth for an appropriate intervention, before a child commits a murder or is murdered.

RECOMMENDATIONS AND ACTIONS: SCHOOL SYSTEM

Recommendation 8: Case reviews suggest that there may be a relationship between school related factors – including truancy and violence -- and youth who are victims or perpetrators of homicides. The CFR recommended an analysis of the data.

Actions: BCHD's Office of Epidemiology and Planning is working with Baltimore City Public School System (BCPSS) to identify school-related factors that victims and/or perpetrators have in common.

Dr. Sharfstein sent a request to DHMH Secretary John Colmers on behalf of the CFR team, requesting that immunization requirements not hinder school attendance for older adolescents in an effort to minimize the possibility of school truancy or dropout. DHMH adopted regulations that permitted youth to remain in school during a period of catch-up vaccination.

RECOMMENDATIONS AND ACTIONS: ACCIDENTS

Recommendation 9: CFR team recommended changing regulations around supervision of children at Baltimore City pools based on the review of a case concerning a child drowning while unsupervised at a Baltimore City pool.

Actions: Dr. Sharfstein sent a letter to the Baltimore City Director of Recreation and Parks requesting information about standard practices of Baltimore's public pools with regard to parental/caregiver supervision of children.

Regulation was subsequently changed requiring that all children under age 12 must be able to swim independently and be supervised by an adult aged 18 or older. Children must also meet a height requirement to swim in 3ft of water without adult supervision.

Recommendation 10: In response to several deadly house fires that may have been started due to unsafe cigarette use, the CFR supported the sale of self-extinguishing cigarettes in Baltimore City.

Actions: The Health Department proposed that the sale of self-extinguishing cigarettes in Baltimore City begin prior to the state implementation date of July 1, 2008. Three major tobacco companies voluntarily agreed to this request.

Recommendation 11: Discontinue advertising and sale of cold medication for young children in order to prevent related deaths.

Actions: Dr. Sharfstein led a petition to the federal government to stop the sale of cold medications marketed to children under age 6.

Companies voluntarily withdrew all cough and cold medications marketed for children under age 2. The FDA is reviewing medications for children between ages 2 and 5.

Press/public education.

RECOMMENDATIONS AND ACTIONS: INJURY DEATHS

Recommendation 12: Conduct an analysis of childhood injury deaths reviewed at the monthly CFR meetings.

Actions: BCHD's Office of Epidemiology and Planning drafted a "Childhood Injury Deaths in Baltimore City 2002-2006" report. The report, which was released in February 2008, summarizes injury deaths in Baltimore City among children aged 1 to 17 from 2002 through 2006.
http://www.baltimorehealth.org/info/2008_02_07.CFR%20Report.pdf