

**Texas Child Fatality Review Teams
Biennial Report
2002–2003**

Texas Child Fatality Review Teams Biennial Report 2002–2003

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Acknowledgements

The Texas Child Fatality Review Team State Committee would like to gratefully acknowledge past members of the committee for their devoted service to the children of Texas. These are:

Debra Owens, former Chief and State Registrar, Bureau of Vital Statistics, Texas Department of State Health Services (DSHS), Austin

Teddy Thomas, Sergeant (retired), Houston Police Department, Homicide Division, Houston

Gloria Black, Program Administrator (retired), Services to Children, Youth and Families, Texas Education Agency (TEA), Austin

Rose Benham, Child Protective Services Director (retired), Texas Department of Family and Protective Services (DFPS), Austin

Joseph Hamilton, Captain (retired), Texas Department of Public Safety (DPS), San Antonio

The committee would also like to commend **Kathy Keenan** for her services as the Child Fatality Review Team Coordinator until September 2003.

Pursuant to §264.503 of the Texas Family Code, this report is to be submitted to the governor, lieutenant governor, and speaker of the house of representatives.

This report was written and edited by John Hellsten, DSHS epidemiologist, Lyuda Baskin, DSHS Bureau of Vital Statistics, and Wanda Pena, State Child Fatality Review Team Coordinator, DFPS Child Protective Services, with individual contributions as noted throughout the report.

The report was sponsored by the Texas Department of State Health Services (formerly the Texas Department of Health) and the Texas Department of Family and Protective Services (formerly the Texas Department of Protective and Regulatory Services).

Questions about this report should be directed to:

Sheriff Jack Ellett,

Chair of the State Child Fatality Review Team Committee

Attn: Wanda Pena

Texas Department of Family and Protective Services

MC: E-557

P.O. Box 149030

Austin, Texas 78714-9030

512-438-3303

Or by e-mail to: guadalupe.pena@dfps.state.tx.us

Letter from the National MCH Center for Child Death Review

Dear Friends,

Congratulations on the release of your 2002-2003 Texas state report on child fatalities.

It has been 10 years since the first national symposium was held to encourage the development of child death review (CDR) programs. Ten years later and there are now review teams meeting in all but one state. With the growth of CDR teams came an expansion in the purpose of CDR: from a focus on the reviews of fatal child maltreatment to reviews of all preventable deaths.

Texas was an early pioneer and leader in the review process. You were one of the first states to develop a statewide system of local reviews, your state and local reports became models for other states, and your protocol manual was adopted for use in many states. The new National Manual for Child Death Review is based largely on the Texas manual.

As a nation, we have seen the death rate of children decrease annually over the past 10 years. However, every year more than 53,000 children die in the U.S., an average of 145 children every day. Tragically, many of these deaths could have been prevented. Our call to action as review team members should be to ensure that our reviews identify the steps we can take to prevent other deaths of children.

The National Maternal and Child Health (MCH) Center for Child Death Review was established to provide support and guidance to states in translating review findings into actions to prevent deaths and improve the health and safety of children. Today, all 49 states and the District of Columbia report that their primary purpose of reviews is the prevention of other deaths.

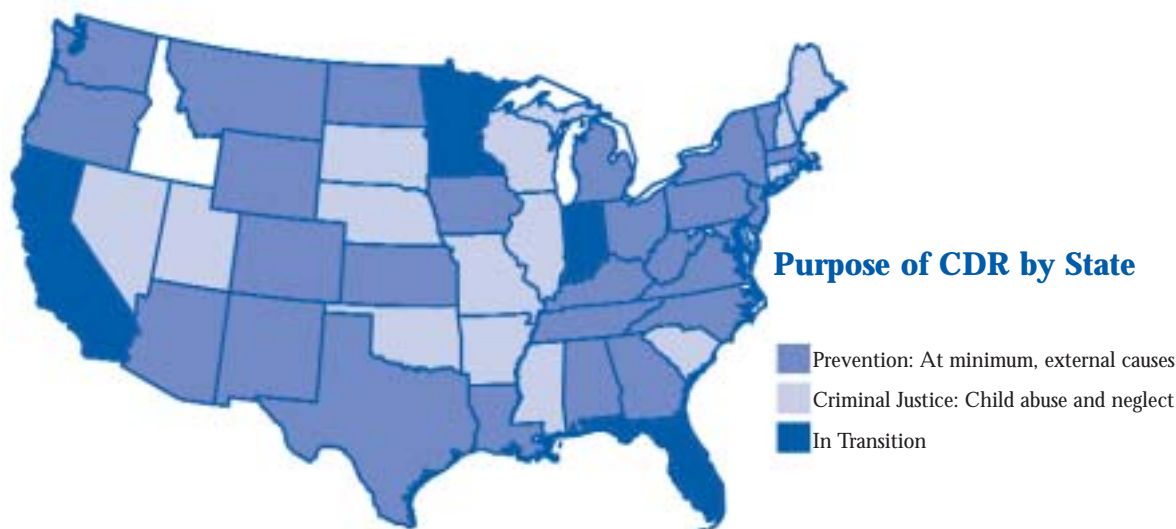
Prevention work is hard work. It often requires that we think outside of our professional roles and responsibilities to identify the actions our community and state can take to change our policies, practices, programs, services, and physical environments. We need to be aware of what works best to prevent deaths, and there are so many areas we could focus on. Your team may want to work for better prenatal care services, safe infant sleep education, pool safety legislation, smoke detector campaigns, home visiting for high risk families, graduated driver's licensing for teenagers, child care seat inspections, or any other of the hundreds of proven strategies for child health and safety.

As you continue your noble work of child death review, I encourage you to renew your commitment to the prevention of child deaths so that every single death of a Texas child may be honored because you took action to keep other children alive.

Thank you all for your commitment to child death review and for your contribution to improvements in the CDR process nationwide.

Sincerely,

Teri Covington, Director
National MCH Center for Child Death Review
Okemos, Michigan



Letter from the Chair

In the early 1990s, caring people realized that the future of Texas was our children. Realizing that we lose approximately 4,000 children each year between first breath and 18 years of age, a decision was made to do everything possible to reduce the number of preventable child deaths. The only way to reduce the number of deaths was to have reviews to determine cause of death and have a reporting system to collect data. Once that data was accumulated, it would have to be analyzed so we could gain knowledge of areas of preventable deaths.

Monies received from a federal grant by the Children's Trust Fund of Texas was used to fund the start of subcommittee meetings in 1993. With much help from the Texas Department of Health (now the Texas Department of State Health Services), the Texas Department of Protective and Regulatory Services (now the Texas Department of Family and Protective Services), and volunteers from multi-agencies that deal with children, a plan was formulated. Everything seemed to be going well by 1995. By the year 2000, 41 teams had been developed across the state covering approximately 80 percent of the population of Texas. Teams were energetic; training and assistance were being provided. We had a full-time coordinator, death certificates were being mailed to teams, data was being submitted and analyzed, and local teams and communities were involved in multidisciplinary planning, training, and prevention projects.

Because of budget cuts in the 2003 Legislative Session, our Child Fatality Review Program has been seriously wounded. We do not have a full-time coordinator. Teams, made up of volunteers, have lost two-thirds of their funding and are told that they will have to find other funds to obtain the death certificates that are vital to the review process. Cutbacks have caused problems in gathering and analyzing data. Lack of support for the State Team has seemed to cause a loss of enthusiasm among the local teams; and several local teams are unable to review deaths due to budget difficulties. Training and prevention projects have been radically curtailed. It bothers me that we seem to have digressed because of lack of support. Nonetheless, many teams are to be commended for their continuing commitment despite loss of state support.

There is no doubt that Child Fatality Review Teams in Texas are vital to reducing the number of preventable deaths. But in order to sustain the effort we need a full time coordinator/developer; teams should be able to obtain death certificates at no charge; personnel dedicated to collection and analysis of the data are crucial; and teams need to be able to carry out training and prevention efforts. It is my opinion that, at minimum, if these things are not continued at an effective level, all of the work that dedicated people have done as volunteers over more than 10 years will be wasted.

It has been a privilege to serve as State Chairman of this committee for the past years. I remain extremely proud of the work that we have done and know that our efforts have saved the lives of children in our state. I am firmly committed to the mission of child fatality review--to reduce the number of preventable child deaths. And I cannot impress enough upon those interested in truly placing resources where they will do the most good, that case review, data gathering and analysis, and targeted prevention efforts based on the data analysis is the way to address the tragedy of preventable child deaths. This is certainly a worthy endeavor. It is my prayer that this program will be supported and funded to continue on and improve the chances of our children.

Jack Ellett
Chair of the State Child Fatality Review Team
February 2005

Definition of Child Fatality Review Team

What is a Child Fatality Review Team?

A child fatality review team (CFRT) is a multi-disciplinary, multi-agency panel that reviews all child deaths regardless of the cause. Local teams identify gaps in service and coordination among all agencies represented on the team, and focus on developing community programs and activities to reduce the incidence of preventable child deaths.

Texas Family Code §264.505; §264.506

Who are the team members?

The core members include a:

- ◆ Criminal prosecutor for crimes against children;
- ◆ Sheriff;
- ◆ Justice of the peace or medical examiner;
- ◆ Police chief;
- ◆ Pediatrician experienced in diagnosing and treating child abuse and neglect;
- ◆ Child educator;
- ◆ Child mental health provider;
- ◆ Public health professional;
- ◆ Child protective services specialist;
- ◆ Sudden infant death syndrome family service provider;
- ◆ Neonatologist;
- ◆ Child advocate; and
- ◆ Chief juvenile probation officer.

Other members may be selected by the core membership according to community resources and needs.

Texas Family Code §264.505

What happens during a review?

During the review, teams explore what each member agency knows about the child, family, and circumstances surrounding the death. Information shared by team members is confidential by law. After reviewing the circumstances of the death, team members ask two questions: 1) Was this death preventable and 2) What can we do to prevent such a death in the future? Data are collected and sent to the Texas Department of Health (Texas Department of State Health Services) for compilation and analysis. Aggregate data from CFRTs are used to identify statewide trends and prevention strategies likely to reduce preventable child deaths.

What impact do communities report from participation in child fatality review?

On a local level, teams identify trends and prevention strategies. Teams initiate community awareness campaigns and events such as seat belt/car seat safety demonstrations and distribution, suicide prevention programs, shaken baby prevention programs, and other activities targeted to the communities' identified needs.

In addition to identifying factors that contributed to the specific deaths reviewed, benefits mentioned by local teams include improved working relationships and communication among member agencies, and improved investigation skills and evidence protection procedures practiced by members working in the field.

Most importantly, child fatality review teams help reduce child deaths in their communities. The results from a recent study indicate that overall child death rates, in particular the mortality rates from Sudden Infant Death Syndrome (SIDS), have shown greater decline in Texas communities with CFRTs than in those communities without a team. The study also suggests that local review teams are helping to more accurately identify the cause of death.¹

1. Migala, Witold. *Impact Analysis of Texas Child Fatality Review Teams on Incidence and Select Cause of Death Determination*. 2001, presented at TCFRT Network Meeting.

How do the teams use their data to help reduce preventable deaths?

- ◆ Distribute materials to new mothers about dangers of co-sleeping;
- ◆ Outreach to young mothers and pregnant teenagers about the importance of pre-natal care;
- ◆ Shaken baby prevention/information packets distributed to expectant mothers;
- ◆ Water safety campaigns;
- ◆ Motor vehicle safety efforts, including a program to distribute free booster seats designed for school-age children, and teen driving safety programs;
- ◆ 4-Wheeler safety campaign;
- ◆ Publication of annual reports that community agencies use to target prevention efforts;
- ◆ Suicide prevention programs;
- ◆ Gun safety programs;
- ◆ Identifying safety risks, including child abuse, during training offered to Head Start employees; and
- ◆ Fire safety programs.

What are CFRTs accomplishing in my community?

Not every community or every accomplishment can be fully explored in this report. This report includes a brief summary to demonstrate the profound effect local teams have on reducing preventable child death. While each team responds with a wide variety of prevention efforts, the responses cluster primarily in three subject areas:

- ◆ Reduction of preventable deaths caused by motor vehicle crashes;
- ◆ Accurate identification of cause of death for infants and prevention efforts that attempt to reduce infant mortality;
- ◆ Improvements in the coordination and quality of service delivery for child death investigations and prevention efforts.

Overview of Child Deaths in Texas

Data for this report are derived from three sources: death certificates, child fatality review team reports, and population estimates. Death certificates, collected by the Texas Department of Health (now Texas Department of State Health Services) Bureau of Vital Statistics, record virtually all deaths and collect a variety of information about the decedent and the death. Analyses of death certificate information are particularly useful for establishing demographic (e.g., age, sex, and race) and geographic patterns of for particular causes of death, as well as identifying trends over time.

Reports from child fatality review teams are also collected by the Texas Department of Health (now Texas Department of State Health Services) Bureau of Vital Statistics and compiled into the Texas Child Death Registry. These reports contain pertinent and significant information on each child and the circumstances of death that is useful for developing prevention activities and evaluating the effectiveness of prevention programs.

Population estimates are provided by the Texas A&M University State Data Center and are available by age, race, sex, and geographic areas for specific years. For purposes of this report, these estimates are used to calculate mortality rates. Rates standardize the number of deaths by the size of the population and enable comparisons across time and geographic areas. It should be noted, however, that rates computed from small numbers of incidents may be unreliable and difficult to interpret from year to year.

Overview of Child Fatality Review Teams (CFRT) in Texas

As of December 2004, there were 47 established CFRTs in Texas that covered 151 counties.

- ◆ In 2000, there were 41 operating teams covering 82 percent of the total state population and 122 of Texas' 254 counties. In 2000, local CFRTs in Texas reviewed 1,762 deaths, or 44.9 percent of all the deaths of children in Texas younger than age 18.
- ◆ In 2001, there were 41 operating teams covering 85 percent of the total state population and 140 of Texas' 254 counties. In 2001, local CFRTs Teams in Texas reviewed 2,293 deaths, or 57.3 percent of all the deaths of children in Texas younger than age 18.
- ◆ In 2002, there were 43 operating teams covering 86 percent of the total state population and 144 of Texas' 254 counties. In 2002, local Child Fatality Review Teams in Texas reviewed 2,424 deaths, or 58.4 percent of all the deaths of children in Texas younger than age 18.
- ◆ In 2003, there were 46 operating teams covering 86.4 percent of the total state population and 150 of Texas' 254 counties. In 2003, local Child Fatality Review Teams in Texas reviewed 1,935 deaths, or 45.1 percent of all the deaths of children in Texas younger than age 18 (data as of March 2005).

As you can see by the figures above, local teams have decreased the number of deaths reviewed significantly in 2003. Due to decreases in state funding, death information from TDH/BVS was no longer available to the teams in the same manner; allocations to the teams for training, meetings, and prevention projects were severely reduced; and support for the teams in the way of community development, data gathering and analysis, and technical assistance from BVS and DFPS was decreased by about half.

The Bureau of Vital Statistics (BVS) no longer sends copies of death certificates and birth transcripts to the teams, but rather sends abbreviated reports with the information from the death certificates. For natural causes of deaths, BVS produces the birth certificate reports for each child and sends them to the teams.

In September 2003, Local Registrar Officials received letters from the State Registrar requesting that they assist CFRTs in their efforts to get complete death information. Four teams supplemented state funds with local funds to enter into contracts with BVS to get copies of death certificates and birth transcripts.

The difficulties teams faced in obtaining complete information on deaths made the review process more difficult, took longer to obtain information, decreased the number of reviewed cases, and made the CFRT data less informative.

In summary:

Less data:

In 2004, CFRTs reviewed 1,519 reports—905 fewer cases than the year before, representing a 38 percent decrease.

Lost momentum:

- ◆ 2001 data includes 2,293 cases.
- ◆ 2002 data includes 2,424 cases.
- ◆ 2003 data includes 1,519 cases—a decrease of about 1,000 reviewed cases.

Less informative data:

With death certificates often being unavailable to teams, teams must rely on other records (medical examiner reports, hospital records) that do not have sufficient information to conduct a thorough review.

Lost 13 working teams:

There are 46 CFRTs in Texas. In 2004, only 23 teams sent in data. In 2003, 36 teams sent in data. Thus, there was a net loss of reports from 13 teams from 2003 to 2004.

Small teams are not able to meet

The smaller teams have been most adversely affected by the budget cuts. Therefore, the 2003 Child Death Registry will over-represent urban vs. rural areas.

Reduced team efficiency:

The lack of records decreased teams' efficiency. More time is required to acquire records necessary for review, thus reducing time available for reviewing deaths and planning prevention strategies.

Decreased the number of reviewed out-of-county child deaths:

Other counties' death certificates are also often unavailable to teams when a resident of one county dies in another county. It sharply reduced the number of reviewed injury deaths—reflective of trauma centers and large medical facilities that serve multiple counties.

Teams engaged in fewer cooperative efforts:

Normally, when teams receive records from the Bureau of Vital Statistics, they exchange them as needed to ensure that the appropriate teams review injury deaths in the counties where the injuries occurred. Without proper records, this procedure does not work—also contributing to the reduction in the number of injury deaths reviewed.

The inability to obtain needed records due to budget cuts greatly hampers the review process. It also hinders the goal of child fatality review teams to improve community response to child fatalities, to provide accurate information on how and why Texas children are dying, and to ultimately reduce the number of preventable child deaths in Texas. **The emphasis on data is core to the success of this project because if we do not know how and why our children are dying, we cannot save them.**

Child Mortality

Infant mortality comprises 55 percent of all child deaths, and most of these babies die during the first month of life. The leading causes of infant mortality include perinatal conditions, congenital anomalies, and Sudden Infant Death Syndrome (SIDS).

Injuries are the leading cause of death after children reach their first birthday. Although child mortality rates from motor vehicle crashes are at a plateau, these still account for nearly half of all childhood injury deaths. Violence, either self-inflicted or inflicted by another, remains a leading cause of death for young children and teens. Each week, on average, five children die violently. Most of these violence-related deaths are due to a gunshot wound and are preventable.

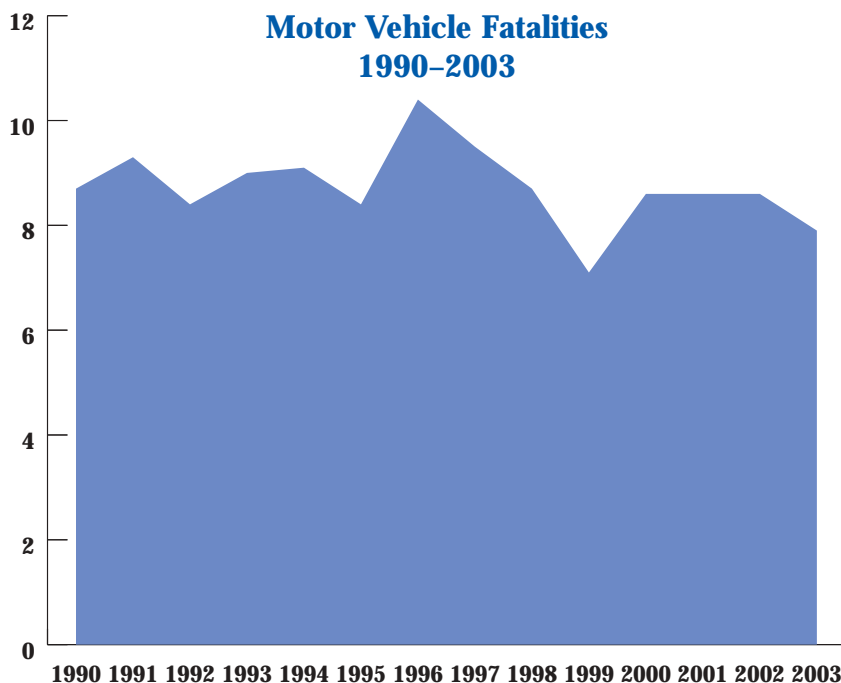
As in our 2000-2001 report, the overwhelming majority (85 percent) of all injury deaths reviewed by teams were considered to be preventable. Team members identified two particular areas in which the death of a child might be averted: the use of safety precautions or a safety device (seat belt, personal flotation device, firearm lock, etc.) and improvement in parenting skills, particularly supervision of children. Changes in the community were also noted as ways to help prevent child deaths. Most notably, these included an increase in the availability of prevention education programs and legislative action, particularly regarding child restraints in motor vehicles.

More detailed information regarding specific causes of child death is available through the DSHS Bureau of Vital Statistics Web page at <http://www.tdh.state.tx.us/bvs/default.htm>



Motor Vehicle Fatalities

In an average week in Texas, nine children die in motor vehicle collisions. This is the leading cause of death for Texas children 1 year or older. This alone is reason for concern, but analysis of trends in motor vehicle fatalities suggests the situation is not improving. From 1980-1990 the motor vehicle fatality rate plummeted 45 percent, representing 253 fewer child deaths in the latter year. Since 1990, however, the decline has stalled. After some fluctuation during the late 1990s, the mortality rates in the early 2000s (8.6 per 100,000 in each year of 2000-2002) are nearly identical to those more than a decade earlier (8.7 per 100,000 in 1990).



Source: Texas Department of State Health Services, Bureau of Vital Statistics; Note: 2003 is provisional data, not yet finalized.

Risk Factors for Child Drivers in Fatal Crashes (n=44)

Number of Occupants	Seatbelts Not Used	Drugs/Alcohol Use	Driver Inexperience	Excessive Speed
Solo Driver	22.00%	13.00%	52.00%	52.00%
At least 1 Passenger	36.00%	21.00%	43.00%	57.00%

Source: Texas Department of State Health Services, Child Death Registry 2002

Child drivers with at least one passenger may be more likely to engage in risky behavior (no seat belt, substance use, excessive speed) than children driving alone. Fatalities of solo child drivers are more often attributed to driver inexperience.

The graduated drivers license requirements restrict the number of child passengers riding in a vehicle with a child driver. The law also provides restrictions for the time of day in which a newly licensed driver may be operating a motor vehicle. The law should be evaluated for its effectiveness in reducing the number of motor vehicle fatalities among child drivers.

Passengers

An estimated 224 Texan children died as passengers in motor vehicle crashes during 2002. Of the 133 passenger deaths reviewed by local CFRTs; 58 (44 percent) were identified as front seat passengers, 71 riding in rear seats, and 4 riding in the bed of pickup trucks.

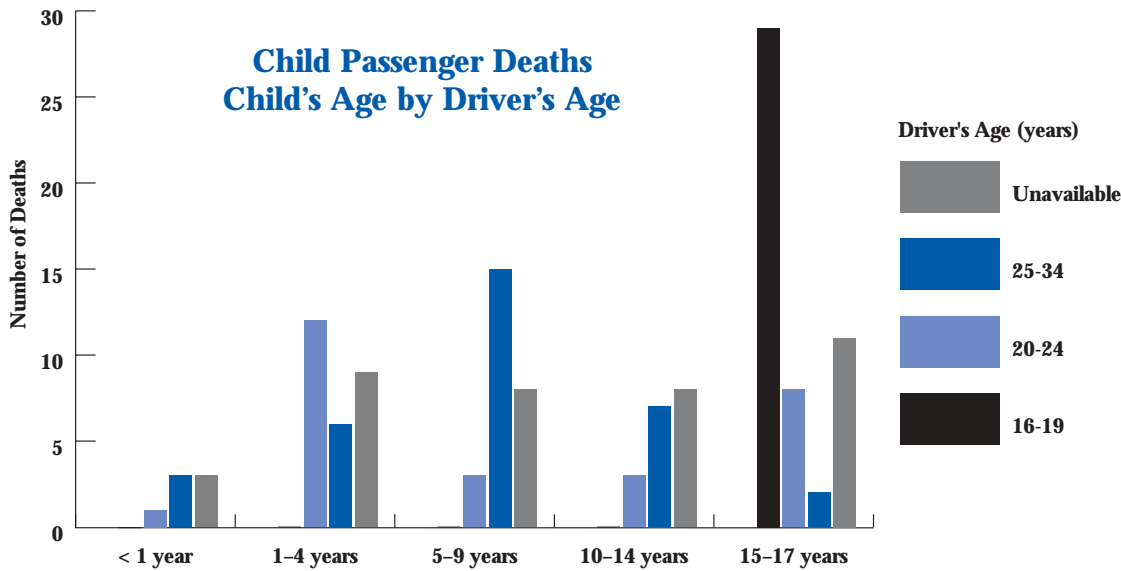
A disproportionate number of these passengers are teens; 15-17 year olds account for approximately 16 percent of the population but 36 percent of the deaths in this category.

The majority of transport related crashes can be divided into three areas: driver, passenger, or pedestrian. Data available from the Child Death Registry, the database of reviews from CFRTs, provides valuable information about the circumstances of death in each of these three areas that are otherwise unavailable.

Children as Drivers

During 2002, there were 119 child drivers killed in transport related crashes. Local CFRTs reviewed 57 (48 percent) of these deaths; 44 of these drivers were of legal age. Although a single year of data is not enough information to make valid conclusions, the table below provides an indication that risk factors for fatal motor vehicle crashes are different for children driving alone than for child drivers with passengers.

The graph below also indicates that 29 of the 50 (58 percent) passengers aged 15-17 years were with drivers in the same age group. Younger passengers are most often riding with young adults, presumably young parents. The age of the driver increases with the age of the child until the teen years. Within this age group, the child is more likely to die in a motor vehicle driven by a peer.

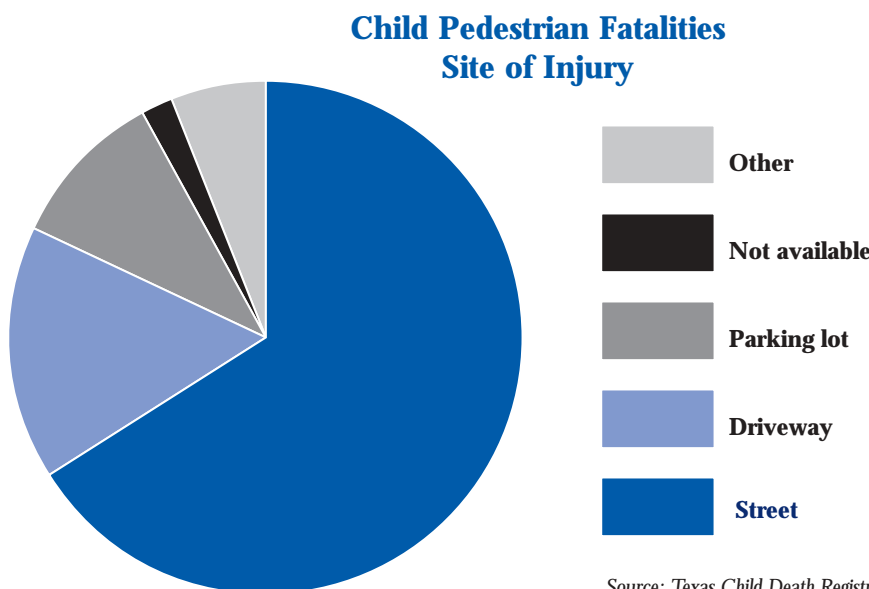


Source: Texas Department of State Health Services, Child Death Registry 2002

Pedestrians

Of the 87 child pedestrian deaths occurring in Texas during 2002, 50 (56 percent) were reviewed by CFRTs. This information reveals that nearly two-thirds of these children were hit by a vehicle while in a roadway (see chart below); this was more likely for teens than babies and toddlers.

There were no sidewalks available for pedestrians in the majority of deaths occurring in the street. Analyses of local data may reveal that the construction of sidewalks in particular areas of the community would help reduce the number of child pedestrian deaths.



Source: Texas Child Death Registry 2002

Infant Mortality

Infant mortality is defined as the death of a child before his or her first birthday. Infant mortality rates remain a serious concern for Texas. The overall infant mortality rate for 2002 in the United States has risen from 6.8 to 7.0. The overall infant mortality rate in Texas for 2002 was 6.4, compared with rates as low as 4.8 in some northern states. African American mothers are faced with the greatest losses with infant mortality rates in Texas at a staggering 13.5.

Complications that occur during the perinatal period remain the most significant reason for infant deaths in our state. We define this perinatal period as from birth through the first 28 days of life. In 2002 certain perinatal conditions were responsible for claiming the life of 1,034 infants. 524 infant deaths were attributed to Congenital Malformations, Sudden Infant Death Syndrome (SIDS) had 208 casualties, and Accidents claimed 84 babies. These three areas of infant loss represent 79 percent of all infant deaths.

There are several consistent patterns emerging in infant mortality data across the country. The National Center for Health Statistics suggests that infant mortality rates are highest when the mother exhibits the following characteristics:

- ◆ Low socio-economic status
- ◆ Less education
- ◆ Younger than Age 20 at first pregnancy
- ◆ Unmarried
- ◆ Smoker
- ◆ Born in U.S. compared with born outside U.S.
- ◆ African American

The same studies stress that infant mortality rates are higher for male infants, multiple birth, and infants born preterm or at a low birth weight. When we mix these risk factors for the baby with the characteristics outlined above for the mother, we can recognize that these babies are at significantly higher risk of death than are other babies.

In 2002 we also identified an alarming trend. We began to see more infants die while in bed with a parent, or sleeping in a location other than a crib or bassinet. These growing numbers were initially attributed almost exclusively to Positional Asphyxia. Parent obesity, fatigue, and drug or alcohol use were commonly cited as reasons that a parent might have been unaware of lying on top of an infant while sleeping. Recent scene investigation reflects a growing number of infant deaths without any evidence of positional asphyxia, despite the fact that the infant was co-sleeping during their last sleep. These findings echo national studies that suggest that babies are at higher risk of death while in a location other than their own cribs or bassinets.

Studies of new parents reflect that more than 45 percent of the new parent population reports co-sleeping at least occasionally. Reasons for this growing trend included:

- ◆ For working mothers, time to reconnect and feel close to baby
- ◆ Convenience for breast feeding
- ◆ Cultural tradition
- ◆ No crib

Each of the studies cited above indicate that the single most important deterrent to infant mortality is parent and caregiver education. The State Child Fatality Review Team recommends developing community education campaigns that target areas of specific concern, and that we continue to develop programs that consistently share new data with the general population.

—Submitted by Sandi Wiggins, MPA, State Child Fatality Review Team



What Are Some Local Teams Doing to Prevent Child Fatalities?

Accidents

More than 500 Texas children die every year from motor vehicle crashes making this the leading cause of injury death. CFRTs conduct public safety workshops, develop web sites that cover safety issues, participate in motor vehicle safety programs such as "Operation Prom Night," "Buckle Up," car seat distributions and checks, motor vehicle crash prevention, and bike safety education in schools.

To prevent different kinds of injury deaths (firearms, drowning, asphyxiation, poisoning), CFRTs publish newspaper articles; organize radio interviews and parenting classes focused on substance abuse and supervision; provide educational materials to communities; educate teen mothers and high risk families; and work with parks and wildlife authorities regarding area education, safety, and training for visitors.

CFRTs produce reports and articles and distribute them through local newspapers to thousands of subscribers.

Intentional Injuries

Each year in Texas, 200 to 250 children die as the result of suicides and homicides. CFRTs develop suicide prevention programs; conduct prevention training on SIDS prevention, Shaken Baby Syndrome, and other forms of child abuse; develop special websites devoted to child injury prevention; conduct gun safety programs in schools and for community organizations; work with families where children committed suicides; and conduct informative forums in their communities about suicide, and publish suicide statistics in the local media to raise community awareness of the problem.

CFRTs were able to determine accurately the causes of deaths in situations that might have been mistaken for homicides without the benefit of expertise and effective interdisciplinary interventions of team members involved in the investigations.

Local Team Accomplishments and Challenges

Statewide

Child Fatality Review Teams prepare their members to better differentiate among the possible causes of death whether fatalities result from natural causes of death, unintentional injuries, or intentional injuries. Team members are better equipped to recognize child abuse or neglect when it is present. The review process itself is not intended to change the determined cause of death in the case reviewed. Instead, the formal training offered to team members and the process of the review itself teaches members what to look for in their own disciplines so that violent deaths are more likely to be identified than to be attributed to another cause.

Teams across Texas report that working together improves the accuracy of cause-of-death determinations. In cases in which the cause of death was difficult to accurately determine, member agencies were able to call upon their colleagues to sort out situations that might have been misidentified without collaboration. Whether a team is reviewing a death that appeared accidental but was determined to be a homicide, or a death resulting from natural causes that could easily have been mistaken for an intentional injury, the benefit of multidisciplinary teams is clear.

Tri-County Child Fatality Review Team—Panola, Rusk, and Harrison Counties

The Tri-County Child Fatality Review Team is involved in child safety seat inspections, motor vehicle crash prevention education in schools, media coverage on water safety, overlay prevention information on infants, fire safety awareness, and other prevention issues.

Victoria County Child Fatality Review Team

As a result of national and statewide data that indicates that suicide is the third leading cause of death among teenagers (Leading Causes of Child Mortality by Age, 2001, DSHS, <http://www.tdh.texas.gov/bvs/reports/01chfat/leadcaus.htm>), Victoria County has created a teen line, which is successfully being utilized. Suicide numbers have decreased since the communication line was initiated.

The City of Victoria has begun a car seat certification program. The team discovered during their meetings that very few Victoria County health and safety providers are actually certified. Victoria is bringing in a program (four days of instruction and hands-on experience), which will include training for members of various community departments (Department of Public Safety, police and sheriff, both hospitals, and emergency medical services). At the completion of this program, the city will have a clinic day where the public can come to have their car seats inspected in their vehicles and receive instructions in proper car seat installation and use. Donated car seats for families who otherwise could not purchase car seats will also be available.

The team reports, like others, that it is very difficult to obtain death certificates for the reviews in a timely manner. Nonetheless, they are looking forward to transitioning to the automated data reporting system that will allow faster entry of data and improved interface with Bureau of Vital Statistics.

Bexar County Child Fatality Review Team

The team has more than 20 member agencies that work together to take the information learned at the reviews and provide prevention efforts in the community. Key in this role are injury prevention specialists and trauma coordinators who attend team meetings. These individuals promote injury prevention efforts locally and in the South Texas area.

The Bexar County CFRT has been able to meet regularly despite the difficulty in obtaining death and birth records provided by the dtate. The team is also involved in assisting with the Fetal and Infant Mortality Review in Bexar County.

Dr. Juan Parra, member of Bexar County CFRT, continues to chair and work with Texas Pediatric Society Injury Prevention Committee to address legislation for child fatality review and injury prevention.

CFRT members participated in the audit done by the Texas Health and Human Services Commission's Office of the Inspector General that reviewed the Child Protective Services program of the Texas Department of Family and Protective Services.

Led by Dr. Richard Cartie, team members conducted research on Sudden Infant Death Syndrome and co-sleeping influence on sudden unexpected infant deaths.

Major challenges encountered by the Bexar County CFRT are: funding for child fatality review from the state; obtaining death and birth records from the state; prevention of needless deaths such as child abuse, motor-vehicle deaths and drownings; and maintaining the interest of community agencies in participating in child fatality review. Nonetheless, Bexar County has successfully maintained an active core group of involved agencies.

Ellis County Child Fatality Review Team

The Ellis County Team is stretching its budget to ensure that valuable training is available to team members. The team sponsored a multi-agency team training on Shaken Baby Syndrome conducted by a speaker from the Shaken Baby Alliance. The team reports that the information presented has helped to improve the way in which local agencies respond to this type of call. The team and other local agencies also found informative a seminar on Severe Child Abuse and Child Sexual Abuse conducted by Dr. Coffman of the Cooks Care Team. The Ellis County team has been able to send at least two team members to the Crimes Against Children Conference in Dallas. This conference is one of the best in the country, and is very informative regarding the prevention of, and education about, child abuse and child death cases.

The challenges faced by the team include finding the time to have meetings and to research the information for the reports. But they make time because the project is so important to the community.

Marlena Pendley of the Ellis County CFRT writes: I have been in law enforcement for almost 20 years and have been working these types of cases for most of that time. The establishment of Child Fatality Teams has helped in the way the various agencies respond to child death cases. I know our county has benefited because the agencies have learned to work these cases as a team. Because of the meetings, they are able to network and learn from each other. Being a mother myself, I know that I want the county where I live and work to be safe for my kids and their friends. If a child dies here, I want everyone working on that case to be the best in their field and to be able to determine the appropriate action to be taken with the case. Our children really are the most important asset we have, and they deserve to be protected. With all the negative press that CPS has had to receive, I think that the formation of child fatality teams is a positive step in the right direction for Texas. We need to realize that we all share a responsibility in protecting our Texas children.

Walker County Child Fatality Review Team

Walker County is trying to reinstitute the Car Seat Program in all its county courts. Under this program, if a driver gets a ticket for a car seat violation, the driver can either choose to buy a car seat from the county that has already been pre-approved, or the driver can pay the seat belt fine (which is more than the cost of the car seat).

They have extended their invitation to be a member of the CFRT to all of the Precinct Judges in Walker County to ensure that at least one of them is able to attend the meetings. Walker County CFRT has also extended their invitation to be a member of the CFRT to all the physicians in practice with a group that serves children in Walker County to ensure that at least one of the physicians is able to come to the meetings.

Challenges include obtaining death certificates, especially those from out of county; the cost of the death certificates; and not having all of the information to make proper decisions (autopsy report, death certificate, medical records, family history, etc.).

Cameron/Willacy County Child Fatality Review Team

In addition to regular meetings and multidisciplinary cooperative efforts, the Child Fatality Review Team of Cameron and Willacy Counties co-sponsored the First Rio Grande Valley Seminar in Forensic Sciences in November 2004. Three hundred participants representing health care, law enforcement, child protection, advocacy, and education attended the seminar. Speakers included Dr. Vincent Di Maio of the Bexar County Forensic Science Center in San Antonio; Dr. Joni McClain of the Southwestern Institute of Forensic Sciences in Dallas; Yolanda de Leon, J.D., from the Cameron County District Attorney's Office; Dr. David R. Senn of the Center for Education and Research in Forensics at the UTHSCSA - Dental School in San Antonio; Dr. William Smock of the Department of Emergency Medicine at the University of Louisville Hospital in Louisville, Kentucky; Lt. William Walsh, Investigations Unit of the Youth and Family Support Division, Dallas Police Department; James O. Beasley II from the Critical Incident Response Group of the National Center for the Analysis of Violent Crime at the FBI in Quantico, Virginia; and Dr. Fred B. Jordan, Chief Medical Examiner in Oklahoma City, Oklahoma (retired) and President of the National Association of Medical Examiners. The team is already looking ahead to the second annual seminar in 2005.

Houston/Harris County Child Fatality Review Team

The Houston/Harris County team (HHCCFRT), which has a full time coordinator courtesy of the Houston/Harris County Public Health Department, has been very active. In addition to the highlights below, you can find more about them on their website at: <http://www.harriscountyhealth.com/opa/child%5Ffatalit%5Freview%5Fteam/>

The HHCCFRT highlights include:

- ◆ Team members joined other agencies in planning Head Start and Early Head Start Teacher Trainings in August 2003. Four hundred day care teachers received training on SIDS, Shaken Baby Syndrome (SBS), and unintentional injuries in young children. In August 2004, team members helped to train 200 Head Start teachers on the role of the CFRT and the types of injury deaths reviewed for children younger than age 5; and in October, 2004, helped train 95 Early Head Start teachers on the role of the CFRT, and on SIDS and SBS.
- ◆ The HHCCFRT Presiding Officer was instrumental in forming the Houston-area Suicide Prevention Coalition (HSPC) in November 2003.
- ◆ In October 2003, the team hosted a Youth Suicide Prevention Workshop for local school districts, featuring Richard Lieberman, NCSP, which was attended by 450. As a member of the Houston-area Suicide Prevention Coalition, the team hosted a second workshop on October 15, 2004.
- ◆ HHCCFRT provided data to Houston Trauma LINK in an effort to identify potentially hazardous locations for motor vehicle injuries and deaths of children younger than age 16 throughout the county. Team members participated in writing "fact sheets" for professionals concerning motor vehicle crash data.
- ◆ HHCCFRT participated in the Healthy Family Initiative's Community Input Groups for "The Worth of a Child" Leadership Conference in April 2004.
- ◆ The HHCCFRT Coordinator presented at the Annual Conference on the Prevention of Child Abuse in February 2004; worked with the State CFRT Committee to host the 10th Annual Texas CFRT Network Meeting in Houston in July 2004; and attended the National Child Fatality Review Team Conference in St. Louis, Missouri in 2004.
- ◆ Team members presented an orientation to Harris County employees on the Houston/Harris County CFRT.

Local Team Recommendations

Local teams were asked to submit recommendations to State Legislators and to the SCFRT. Following are the major themes in those recommendations:

- ◆ The number one recommendation was to re-establish funding for local teams to receive death and birth records from the state.
- ◆ Teams would also like to access birth and death record information online so that turn around on conducting reviews and data transmission from those reviews would be faster, the information more accurate, and the process less time consuming.
- ◆ A statewide, faster, more efficient, and less time-consuming process would encourage voluntary participation by teams and formation of additional teams.
- ◆ Establish funding specifically targeted toward disseminating data from local team reports.
- ◆ Better enforcement of laws pertaining to child passenger safety, and increase the age for booster seat use to 8 years and height to 57 inches.
- ◆ Enable all local teams to complete their reports electronically.
- ◆ Improve the current electronic reporting system so that it is user-friendly (a project that DSHS is working on currently —and as a result of input by local teams).
- ◆ Allocate addition funds for multidisciplinary training of local team members in child death investigations, and for education of other community partners and the public on child injury prevention.

State CFRT Committee

The purpose of the Texas Child Fatality Review Team State Committee (SCFRT) is to develop an understanding of the causes and incidents of child death, identify procedures within committee agencies to reduce the number of preventable child deaths, promote public awareness, and make recommendations to elected officials for changes in law, policy, and practices in order to reduce the number of preventable child deaths. Since the last report submitted in February 2003, the State Committee has engaged in a number of activities designed to fulfill these purposes.

The SCFRT has experienced similar budget reductions and reductions in staff support from DSHS and DFPS as the local teams. The overall DFPS budget for the SCFRT and local teams has gone from \$300,000 in FY 2001 to less than \$100,000 in FY 2004. This is the major reason that DFPS discontinued dedicated funding for the death certificates for the teams; and why DSHS asked teams to seek assistance from their local registrars in obtaining information, and altered the kinds of information that teams can get from BVS; and why funding for training and prevention projects for local teams was reduced from an average of \$3000 per team to \$1000 per team. In addition to team funding, the lead agencies, DFPS and DSHS, reduced staff support for state and local teams. DFPS and DSHS also experienced restructuring and consolidation changes brought on by the parent agency for both, the Texas Health and Human Services Commission, and passage of HB 2292 during the 2003 Session of the Texas Legislature.

Even in the midst of all this change and reduction of resources, the SCFRT continued to meet quarterly; to sponsor the annual CFRT networking meeting for the local teams (although very much scaled down from a nationally recognized conference of 300 persons to a training meeting of about 100 members of local teams); to maintain contact with state officials and professional and advocacy groups; to develop additional teams; and to be a sponsor of the successful statewide "Look Before You Leave" campaign during Summer, 2004 that was aimed at preventing deaths of children left in hot cars (3 Texas children died of heat-related causes during Summer 2004, compared to 10 children dying Summer 2003).

Information about the SCFRT can be found on the DFPS website at :

http://www.tdprs.state.tx.us/Child_Protection/About_Child_Protective_Services/cfirt.asp.

Statewide data and analysis based on information gathered by local teams can be found on the DSHS website at:

<http://www.tdh.texas.gov/bvs/reports.htm> - cfirtdata.

Recommendations for State Policy Makers

As per the requirements of Chapter 264, Subchapter F of the Texas Family Code, the SCFRT submits the following recommendations to the State Legislature.

In September 2001, SCFRT developed a strategic plan of operation. This plan has four main goals to help reduce the number of preventable child deaths. These goals are:

- 1) Establish coverage of 100 percent of Texas counties with child fatality review teams;
- 2) Accurately identify and prioritize prevention strategies;
- 3) Develop and implement a comprehensive state plan for child death prevention; and
- 4) Evaluate and improve the effectiveness of Texas child fatality review teams.

To help accomplish these goals, the State Committee encourages the Texas Legislature take the following actions:

- 1) Enact legislation requiring jurisdictions to have a child fatality review team to review all deaths of Texas children less than 18 years of age.
- 2) Enact legislation requiring that information requested by CFRTs, including records from DSHS, be provided at no charge.
- 2) Provide funding for a full-time child fatality review team state coordinator.
- 3) Provide a means by which to develop and implement a comprehensive state plan for child death prevention.
- 4) Support and enact enhanced automobile restraint/seatbelt legislation.
- 5) Add injury prevention specialists and trauma coordinators to the required members of state and local teams.
- 5) Adopt all recommendations of the Texas Suicide Prevention Plan Steering Committee including the mandate to develop a comprehensive, coordinated suicide prevention plan.

Appendix A

Texas Child Fatality Review Team Committee State Committee Members

Juan Parra, MD

Associate Professor of Pediatrics
University of Texas Health Science Center
7703 Floyd Curl Dr.
San Antonio, TX 78229
(210) 562-5344 Fax (210) 562-5319
parraj@uthscsa.edu

Geraldine Harris

Chief and State Registrar
Bureau of Vital Statistics
Texas Department of State Health Services
1100 West 49th St.
Austin, TX 78756-3199
(512) 458-7366 Fax (512) 458-7130
geraldine.harris@dshs.state.tx.us

Sandi Wiggins

5113 Singing Brook Rd.
Flower Mound, TX 75028
(972) 899-1988
swiggins@advantemail.net

Elizabeth Peacock, MD

Travis County Medical Examiners Office
P. O. Box 1748
Austin, TX 78767
(512) 473-9599 Fax (512) 473-9044
Peacock@co.travis.tx.us
epeacock@austin.rr.com

Eric N. Levy, MD, FAAP, FCCP

Director — Pediatric Critical Care Medicine
Associate Professor of Pediatrics
Amarillo Area Healthcare Specialist, LLP
P.O. Box 51688
Amarillo, TX 79159-1688
(806) 468-4326 Fax (806) 468-4360
elevymd@amaonline.com

Judge Judy Schier Hobbs

Justice of the Peace
Williamson County
109 West 5th St.
P.O. Box 588
Taylor, TX 76754
(512) 352-2161 Fax (512) 352-8956
jhobbs6785@aol.com

Ada McCloud

Program Coordinator
Children's Advocacy Centers of Texas, Inc.
12325 Hymeadow Dr., Bldg. 1-200
Austin, TX 78750
(512) 258-9920 Fax (512) 258-9926
Toll Free (800) 255-2574
amccloud@cactx.org

Terry Pence

Texas Department of Transportation
125 East 11th St.
Austin, TX 78701-2483
tpence@dot.state.tx.us

Dr. Raymond Teske, Jr.

Professor
Sam Houston State University
Huntsville, TX 77341
(936) 294-1667
rayteske@cox-internet.com

Jack Webster, Captain

Texas Department of Public Safety
6502 S. New Braunfels Ave.
San Antonio, TX 78223
(210) 531-2206
jack.webster@txdps.state.tx.us

George Kerr, MD

Professor, School of Public Health
University of Texas Health Science Center
P.O. Box 20186
Houston, TX 77225
(713) 500-9276 Fax (713) 500-9264
Gkerr@utsph.sph.uth.tmc.edu

Alice Gong, MD

University of Texas Health Science Center
Pediatrics-Neonatology MSC 7812
7703 Floyd Curl Dr.
San Antonio, TX 78229-3900
(210) 567-5227 Fax (210) 567-5169
Gong@uthscsa.edu

Colleen McCall, LMSW-AP, LPC

CPS Director of Field
Texas Department of Family and Protective Services
Mail Code E-557
P.O. Box 149030
Austin, TX 78714-9030
(512) 438-3303 Fax (512) 438-3782
Colleen.McCall@dfps.state.tx.us

Skip Oertli, PhD

Chief, Bureau of Epidemiology
Texas Department of State Health Services
1100 West 49th St.
Austin, TX 78756
(512) 458-7111 Fax (512) 458-7689
Ernest.Oertli@dshs.state.tx.us

Joyce James

Director, Child Protective Services
Texas Department of Family and Protective Services
Mail Code E-557
P.O. Box 149030
Austin, TX 78714-9030
(512) 438-3312 Fax (512) 438-3782
Joyce.James@dfps.state.tx.us

Bruce Williams, Sergeant

Homicide Division
Harris County Sheriff's Department
601 Lockwood
Houston, TX 77011
713-967-5810
BWilliams@itc.co.harris.tx.us

Jack Ellett, Sheriff

Panola County
314 West Wellington
Carthage, TX 75633
(903) 693-0333 Fax (903) 694-9028
jack.ellett@co.panola.tx.us
SGTFIELDS@hotmail.com

Denise Oncken, JD

Chief, Child Abuse Division
Harris County District Attorney's Office
201 Fannin, 2nd Floor
Houston, TX 77002-1901
(713) 755-5546 Fax (713) 755-8181
oncken_denise@dao.co.harris.tx.us

Sharon Derrick, MD

Injury Surveillance Coordinator
Harris County Public Health
(713) 439-6137 Fax (713) 439-6306
sderrick@harriscountyhealth.com

Child Fatality Review Team Staff Member**John Hellsten, PhD**

Epidemiology
Texas Department of State Health Services
1100 West 49th St.
Austin, TX 78756-3199
(512) 458-7111
John.Hellsten@dshs.state.tx.us

Child Fatality Review Team Staff Member**John Marostica**

Bureau of Vital Statistics
Texas Department of State Health Services
1100 West 49th St.
Austin, TX 78756-3199
(512) 458-7111 ext. 2551
John.Marostica@dshs.state.tx.us

Child Fatality Review Team Staff Member**Wanda Pena, LMSW-AP**

CFRT State Coordinator
Texas Department of Family and Protective Services
Mail Code E-557
P.O. Box 149030
Austin, TX 78714-9030
(512) 438-3303 Fax (512) 438-3782
Guadalupe.Pena@dfps.state.tx.us

Child Fatality Review Team Staff Member**Lynda Baskin**

Bureau of Vital Statistics
Texas Department of State Health Services
1100 West 49th St.
Austin, TX 78756-3199
(512) 458-7111
Lynda.Baskin@dshs.state.tx.us

Appendix B

Child Deaths Reviewed by Team*

	2002			2003			
	#Death Certs*	# Reports	%	#Death Certs*	# Reports	%	
No Team	666		0.00%	No Team	640		
Team				Team			
Anderson / Cherokee	23	2	8.70%	Anderson / Cherokee	24	0.00%	
Bastrop	20	8	40.00%	Archer/Clay/Montague	12	0.00%	
Bexar*	293	310	105.80%	Bastrop	11	5	45.50%
Bowie	21	0	0.00%	Bexar*	301	278	92.40%
Brazoria	37	13	35.10%	Bowie	23		0.00%
Brazos	13	0	0.00%	Brazoria	42		0.00%
Cameron / Willacy	65	22	33.80%	Brazos	17	15	88.20%
Central Texas	94	45	47.90%	Cameron / Willacy	73	20	27.40%
Coastal Bend	109	108	99.10%	Central Texas	74	41	55.40%
Collin	89	14	15.70%	Coastal Bend	102	27	26.50%
Comal	15	4	26.70%	Collin	101		0.00%
Concho Valley	24	24	100.00%	Comal	16		0.00%
Dallas	470	197	41.90%	Concho Valley	31	30	96.80%
Ector	27	0	0.00%	Dallas	524	166	31.70%
Ellis	18	18	100.00%	Ector	22		0.00%
El Paso	99	104	105.10%	El Paso	114	115	100.90%
Galveston	67	13	19.40%	Ellis	16	4	25.00%
Gregg	32	0	0.00%	Galveston	56	22	39.30%
Hardin	6	0	0.00%	Gregg	25		0.00%
Harris	665	678	102.00%	Hardin	5		0.00%
Hays	15	0	0.00%	Harris	721	733	101.70%
Hill	12	9	75.00%	Hays	8		0.00%
Houston/Trinity	3	0	0.00%	Hill	15	7	46.70%
Hunt	17	14	82.40%	Houston/Trinity	11	3	27.30%
Jefferson	55	51	92.70%	Hunt	10	5	50.00%
Leon / Madison	7	0	0.00%	Jefferson	59	47	79.70%
Liberty	27	13	48.10%	Leon / Madison	7		0.00%
McLennan	45	21	46.70%	Liberty	18		0.00%
Montgomery	66	67	101.50%	McLennan	39	32	82.10%
Orange	11	10	90.90%	Montgomery	56		0.00%
Panhandle	109	73	67.00%	Orange	12	15	125.00%
Robertson	1	0	0.00%	Panhandle	112	36	32.10%
Smith	57	51	89.50%	Robertson	2		0.00%
South Plains	73	28	38.40%	Smith	41	11	26.80%
Starr / Hidalgo	138	0	0.00%	South Plains	83		0.00%
Tarrant	367	258	70.30%	Starr / Hidalgo	142		0.00%
Three County	13	7	53.80%	Tarrant	377	109	28.90%
Travis	118	119	100.80%	Travis	151	143	94.70%
Tri-County	33	36	109.10%	Tri-County	25	26	104.00%
Victoria	20	20	100.00%	Victoria	23	24	104.30%
Webb	48	44	91.70%	W.A.C.	17	1	5.90%
Wichita	29	12	41.40%	Walker	10		0.00%
Williamson	31	31	100.00%	Washington/Grimes	9		0.00%
Total	4148	2424	58.40%	Total	4293	1935	45.10%

* Note: These data are being reviewed and are subject to change.

Appendix C

Texas Child Fatality Review Teams

Team	Address	Presiding Officer	Phone Numbers	Counties Served
Anderson/Cherokee County CFRT 07-1998 T28/SF15	Crisis Ctr of Anderson & Cherokee Counties P.O. Box 837 1700 E. Cherokee Jacksonville, TX 75766	Jennifer Mitchell , Coordinator crsscncntr@risecom.net (DNW) jenniferm@mycrisiscenter.com	903-586-9118 903-723-5858 903-589-3992 (fax)	Anderson, Cherokee
Archer/Clay/Montague Counties CFRT 07/2002 T-45	Patsy's House Children's Advocacy Center 1411 Tenth St. Wichita Falls, TX 76301	Kathryn B. McKinney , Executive Director patsyshouse@sbcglobal.net	940-322-8890 940-322-6695 (fax) www.patsyshouse.org	Archer, Clay, Montague Contact information is the same as for Wichita County
Bastrop County CFRT 04-1997 T01	The Children's Advocacy Center of Bastrop County P.O. Box 1098 Bastrop, TX 78602	Shelley Mathews Julie Elliot Mindy Graber , Coordinator mindian5@hotmail.com	512-321-6161 512-321-6161 (fax-call first) 512-303-3985 (fax, local Austin #)	Bastrop, Fayette, Lee
Bexar County CFRT 01-1992 T02/SF04	U.T. Health Science Center Department of Pediatrics 7703 Floyd Curl Dr. San Antonio, TX 78229-3900	Juan M. Parra, M.D., M.P.H. Asst. Professor of Pediatrics U.T. Health Science Center S.A. parraj@uthscsa.edu	210-562-5344 210-562-5319 (fax) 210-567-7781 210-567-7772 (fax)	Bexar
Bowie County CFRT 04-2000 T42/SF42	LifeNet, Inc. 6300 Hampton Rd. Texarkana, TX 75503	David Baumgardner , Presiding Officer & Executive Director LifeNet, Inc. DBaumgardner@LifeNetEMS.org Cindy White cindywhite297@juno.com	903-832-8531 800-832-6395 903-585-5428 903-585-2111 (fax)	Bowie
Brazoria County CFRT 08-1999 T34/SF34	Child Fatality Review Team Brazoria Cty. Courthouse 111 E. Locust, Suite 408A Angleton, TX 77515-4676	Rhonda Harley , Coordinator Jeri Yenne Sharon Couch Sharon@brazoria-county.com	979-864-1792 979-864-1525 (fax)	Brazoria
Brazos County CFRT 01-1996 T03/SF16	Brazos County Office of the Sheriff 300 E. 26th St., Suite #105 Bryan, TX 77803-5359	Christopher C. Kirk , Sheriff chriskirk@highsheriff.com Hayes Glen (979-361-4469) hglen@co.brazos.tx.us (DNW)	979-361-4150 979-361-4170 (fax)	Brazos
Cameron/Willacy Counties CFRT 09-1995 T16 (Was Lower Rio Grande)	Child Fatality Review Team of Cameron and Willacy Counties 321 South 21st St. Harlingen, TX 78550-7430	Stanley I. Fisch, M.D. , Presiding Officer sfisch@sbcglobal.net	"956-425-8761 956-425-9207 (fax)	Cameron, Willacy

24 Child Fatality Review Teams

Team	Address	Presiding Officer	Phone Numbers	Counties Served
Central Texas CFRT 01-1996 T31/SF18	The Children's Advocacy Ctr. of Central Texas, Inc. 402 North Main (physical addr.) P.O. Box 145 (mailing address) Belton, TX 76513	Cindy Finnegan , CFRT Coord. caccted@hotmail.com Bubba Moffat, Co-Presiding Bell County Sheriff's Office Sheila Lewellyn Julie Van Dyne - CAC ExecDir	254-939-2946 254-939-2939 (fax) 254-770-6831 ext. 254 - Judge Ivey, Presiding Officer gwivey@vvm.com 254-770-6833 (fax) - Ivey	Bell, Coryell, Falls, Hamilton, Mills, Milam
Coastal Bend CFRT T3009 12/1997 (as the Nueces County CFRT)	Texas Department of State Health Services, PHR-11 C.S.H.C.N. Program 1233 Agnes Street Corpus Christi, TX 78401	Sonja Eddleman, R.N. Driscoll Children's Hospital CARE Team Coordinator 361-694-4240 sonja.eddleman@dchstx.org	361-888-7762 ext. 484 361-694-6700 (Paige) 361-888-7766 (fax) dinnp@driscollchildrens.org	Aransas, Bee, Brooks, Duval, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio
Collin County CFRT 01-1994 T04	Collin County Children's Advocacy Center, Inc. 2205 Los Rios Blvd Plano, TX 75074	Jane Donovan , Community Educator Child Fatality Review Coordinator Donoval@cac-plano.org	972-633-6600 (main) 972-633-6608 (Jane) 972-516-5766 (fax) www.cacplano.org	Collin, Grayson, Fannin, Red River, Lamar, Delta
Comal County CFRT 01-1995 T05	Comal County Office of the District Attorney 150 North Seguin, Suite 307 New Braunfels, TX 78130-5161	Michael Zamora datkld@co.comal.tx.us Kimberly Wade	830-620-5533 830-608-2008 (fax)	Comal
Concho Valley CFRT 11-1997 T27/SF12	Hope House Children's Advocacy Center of Tom Green County, Inc. 317 Koberlin P. O. Box 5195 San Angelo, TX 76902-5195	Debra R. Brown , Exec. Dir. drbrown@wtxcomail.com Eddie Howard, Justice of the Peace Precinct 4 (Presiding Officer)	915-653-4673 915-653-5045 (fax) hopehse@gte.net	Coke, Concho, Crockett, Irion, Kimble, Menard, McCulloch, Reagan, Runnels, Schleicher, Sterling, Sutton, Tom Green
Dallas County Child Death and Infant Mortality Review Team (The first multi-agency CFRT) 08-1992 T06/SF13	Dallas County CFRT Children's Advocacy Center 3611 Swiss Av. Dallas, TX 75204	Marilyn Herrick , Coordinator marilyn@dcac.org Jennifer Coon	214-818-2616 214-823-4819 (fax)	Dallas
Ector County CFRT 04-1995 T07/SF10	Harmony Home Children's Advocacy Center 910 S. Grant P.O. Box 3087 Odessa, TX 79760	Diana Browning , Child Fatality Review Coordinator diana9866@aol.com Chip Carlson, Exec. Director ccarl@cablone.net	915-333-5233 915-333-5257 (fax)	Ector
Ellis County CFRT 07-2002 T44/SF	Ellis County Children's Advocacy Center 629 Farley P.O. Box 2838 Waxahachie, TX 75168	Marlena Pendley marlena.eccac@ectisp.net	972-937-1870 972-937-1891 (fax)	Ellis

Team	Address	Presiding Officer	Phone Numbers	Counties Served
El Paso County CFRT 05-1996 T08	El Paso District Attorney's Office 500 E. San Antonio Av., Suite 201 El Paso, TX 79901	Penny Hamilton , Presiding PHamilton@co.el-paso.tx.us Frances Niethamer, Data Entry Fniethamer@co.el-paso.tx.us Michael Hoppe Mhoppe@co.el-paso.tx.us	915-546-2059 x 3725 (Frances) 915-4546-2059 x 3309 (Penny) 915-533-5520 (fax) Fed Ex. # 1084-6003-2	El Paso
Galveston County CFRT 10-1995 T09/SF08	Galveston County Children's Advocacy Center 5710 Avenue S 1/2 Galveston, TX 77551	Trudy Deen Davistrudy@ev1.net Louise Pound , Coordinator lpound@ev1.net	409-741-6000 409-740-6004 (fax)	Galveston
Gregg County CFRT 09-1999 T35	Gregg County CSCD P.O. Box 3226 Longview, TX 75606 (MW) Gregg County Sheriff's Office 101 E. Methvin, Suite 559 Longview, TX 75601 (KH)	Melinda Wilson , Coordinator melinda.wilson@co.gregg.tx.us Lt. Ken Hartley, Presiding Officer	903-234-3151 (MW) 903-757-7151 (MW, fax) 903-236-8411 (KH)	Gregg
Hardin County CFRT 10-1997 T10/SF07	Hardin County CFRT Juvenile Probation Dept P.O. Box 7 Kountze, TX 77625	Esther Scarborough , Co-Coordinator estherfay1@aol.com Judge Kenneth Enloe, Co- Coordinator	Judge Enloe: 936-262-8271 (fax)936-262-8043 Esther Scarborough: 409-246-5193 409-246-8051 (fax)	Hardin
Houston/Harris County CFRT 04-1994 T11/SF01	Harris County Public Health and Environmental Services Epidemiology Department 2223 W. Loop South Houston, TX 77027	Milissa Kennedy , CFRT Coor. mkennedy@harriscountyhealth.com Sharon M. Derrick, Ph. D., Injury Surveillance Coordinator sderrick@harriscountyhealth.com Cindy Kilborn, MPH, Presiding	Milissa: 713-439-6224 713-439-6303 (fax) Sharon: 713-439-6137 713-439-6306 (fax)	Harris
Hays County CFRT 08-1999 T36/SF36	Hays-Caldwell Women's Center Roxanne's House P. O. Box 234 San Marcos, TX 78667	Melissa G. Rodriguez, M.S. , Program Dir. - Roxanne's House mrodriguez.hcwc@corridor.net	512-396-7276 (Crystal) 512-754-6268(fax) cv46875@swt.edu	Hays
Hill Country CFRT 01-1995 T12/SF14	Hill Country Children's Advocacy Center P.O. Box 27 1001 North Hill St. Burnet, TX 78611	Deborah Keith , CFRT Coordinator and Executive Director hccac@tstar.net	512-756-2607 512-756-6773 (fax)	Blanco, Burnet, Lampasas, Llano, Mason, San Saba
Houston/Trinity Counties CFRT 04-2003 T46	Houston Co. Courthouse, 3rd Fl. P.O. Box 1076 Crockett, TX 75835 Spindle/Barrett P.O. Box 520 160 E. Houston St. Lovelady, TX 75851	Sylvia Edwards , Crime Victim Assistant, CFRT Presiding Officer dahcsde@yahoo.com Ann Spindle and Randy Barrett, Co-chairs kalinshouse@yahoo.com	936-544-3255 ext 245 (Sylvia) Fax: 936-544-2790 Spindle/Barrett: 936-636-7071 Fax: 936-636-7072	Houston, Trinity

26 Child Fatality Review Teams

Team	Address	Presiding Officer	Phone Numbers	Counties Served
Hunt County CFRT 09-1996 T13/SF11	Greenville Presbyterian Hospital P.O. Drawer 1059 Greenville, TX 75401-1059 (Bret & Patrick) DFPS 2920 Lee Street P.O. Box 847 Greenville, TX 75403 (Tamora)	Bret Freeman, Co-Presiding bfree- man@hmhd.org Patrick Schooler pschooler@hmhd.org Tamora Wooldridge , Coord. tamora.wooldridge@dfps.state.tx.us	903-408-1412 (Bret) 903-408-1428 (Patrick) 903-455-7636 (Tamora) 903-454-1575 (fax)	Hunt
Jefferson County CFRT 01-1996 T14	Garth House Children's Advocacy Center 1895 McFaddin Beaumont, TX 77701	Marion Tanner Child Fatality Review Coordinator Mickey Mehaffy, Children's Advocacy Program, Inc. mtanner@garthhouse.net	409-838-9084 409-838-9106 (fax)	Jefferson
Leon/Madison County CFRT 11-1997 T15/SF19	Madison St. Joseph Health Center 100 W. Cross Street Madisonville, TX 77864-0698 (AM)	Pam Stetz, St. Francis Hospital Charlotte Ferguson , Coordinator cferguson58@aol.com	936-336-7283 (PS) 936-348-2631 (CF) 936-348-3404 (fax)	Leon, Madison
Liberty/Chambers County CFRT 09-1999 T37	Liberty/Chambers County CFRT Child Protective Services 303 South Winfree Dayton, TX 77535	Patsy Dewey , Chairperson pdewey1958@aol.com	936-257-9045 (home) 281-793-4254 (cell) 936-257-0809 (wk)	Liberty, Chambers
McLennan County CFRT 10-1994 T18	Advocacy Center for Crime Victims and Children 2323 Columbus Avenue Waco, TX 76701	Kerry Burkley , Coordinator kburkley@advocacycntr.org	254-752-9330 ext. 101 254-752-9655 (fax)	McLennan
Montgomery County CFRT 08-1999 T38/SF38	Justice of the Peace 9909 Grogan's Mill Rd. The Woodlands, TX 77380	Judge Edie Connelly Justice of the Peace, Precinct 3 connelly@co.montgomery.tx.us	281-363-4428 936-539-7803 936-539-7959 (fax)	Montgomery
Orange County CFRT 12-1999 T41/SF41	Garth House Children's Advocacy Center 1895 McFaddin Beaumont, TX 77701	Kim Hanks , Chairperson Orange County CFRT khanks@garthhouse.net	409-838-9084 409-883-1315 (fax)	Newton, Orange
Panhandle CFRT 10-1993 T20/SF02	City of Amarillo Department of Public Health P.O. Box 1971 Amarillo, TX 79105-1971	Jesica Bohannon , CFRT Coord. Jesica.Bohannon@ci.amarillo.tx.us Cathy Davis, Assistant Director cathy.davis@ci.amarillo.tx.us Claudia.Blackburn@ci.amarillo.tx.us Melissa Blackburn pancfrt@hotmail.com	806-351-7264 (Jesica) 806-351-7232 (Cathy) 806-372-2873 806-372-2878 (fax) 1-888-993-5437 pancfrt@amaonline.com www.bridgecac.org/child.htm pancfrt@hotmail.com	Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Roberts, Randall, Sherman, Swisher, Wheeler

Team	Address	Presiding Officer	Phone Numbers	Counties Served
Robertson County CFRT 11/2000 T42	P.O. Box 401 Wheelock, TX 77882	Brenda Harris skibreranch@txcyber.com	979-828-5942 979-224-1115 (cell)	Robertson
Smith County CFRT 11-1997 T21/SF09	Trinity Mother Frances Hospital Trauma Service 612 South Fleishel Tyler, TX 75701	Stacy Gregory, RN , Presiding gregors@tmfhs.org Stacy C. Smith, RN, BSN, Lead RN, Child Abuse Intervention Family Care Center 2990 N. Broadway Tyler, TX 75702 smiths3@tmfhs.org	903-531-4267 - Stacy Gregory 903-593-1892 - Stacy Smith 903-592-3886 (fax)	Smith
South Plains CFRT 10-1994 T17/SF06	Child Advocacy, Research & Education (C.A.R.E.) Center Texas Tech University Health Sciences Ctr. School of Medicine Thompson Hall, Rm. C-108 Lubbock, TX 79430	Barbara Pike, Dept of Pediatrics Patti Salazar , Coordinator, Sexual Assault Nurse Examiner Patricia.Salazar@ttuhsc.edu Esther Pena Esther.Pena@TTUHSC.EDU	806-743-7337 (Barbara) 806-743-2121 (Patty)	Bailey, Borden, Cochran, Cottle, Crosby, Dawson, Dickens, Floyd, Garza, Gaines, Hale, Hockley, Kent, King, Lamb, Lubbock, Lynn, Motley, Scurry, Stonewall , Terry, Yoakum
Starr/Hidalgo Cty. CFRT 04-1999 (10-1995 as Lower Rio Grande Valley CFRT) T32/SF25	Weslaco Independent School District Roosevelt Administrative Complex P.O. Box 266 Weslaco, TX 78596	Julie E. Majors , Presiding juliemajors@hotmail.com Carl Hayes, DFPS, Program Director (Hidalgo County) Diana Gonzalez	956-969-6918 ext 208 (Julie) 956-316-8666 956-316-8669	Hidalgo, Starr
Tarrant County CFRT 09-1992 T22/SF03	Tarrant County Medical Examiner Office 200 Feliks Gwozdz Place Fort Worth, TX 76104-4919	Michael V. Floyd, B.S. , D-ABMDI Senior Forensic Investigator Presiding Officer mfloyd@tarrantcounty.com	817-920-5700 x 120 817-920-5713 (fax)	Tarrant, Denton, Parker
Three County CFRT 07/27/1999 T33/SF22 Was: Washington, Waller and Grimes Counties	Child Fatality Review Team Tx. Dept. of State Health Svcs. 1001 Oakridge P.O. Box 2329 Brenham, TX 77833	Dot Bochgardt /Chairperson Bonnie Lokey, RN , Coordinator Bonnie.Lokey@dshs.state.tx.us	979-277-6200 979-836-1740	Grimes, Washington
Travis County CFRT 12-1993 T23/SF24	Travis County Children's Advocacy Center, Inc. 1110 32nd St. Austin, TX 78722 Travis County District Attorney P.O. Box 1748 Austin, TX 78767	Sandra A. Martin , Coordinator smartin@traviscountycac.org Dan McClellan Dayna Blazey , CFRT Presiding Officer, District Attorney Asst. Lisa Weedon, Legal Assistant Lisa.Weedon@ci.austin.tx.us	512-472-1164 512-472-1167 (fax) 512-834-4740 (Lisa)	Travis
Tri-County CFRT 08-1995 T24/SF05	314 West Wellington St. Carthage, TX 75633	Jack Ellett, Panola County Sheriff's Department Sarah Fields , Coordinator sgtfields@juno.com	903-693-0333 903-694-9028 (fax)	Harrison, Panola, Rusk

28 Child Fatality Review Teams

Team	Address	Presiding Officer	Phone Numbers	Counties Served
<p>Victoria County CFRT</p> <p>12-1999 T40</p>	<p>Citizens Medical Center 2701 Hospital Dr. Victoria, TX 77901-5749</p>	<p>Gilda Miller, RN, BSN, CPN Nurse Manager Pediatrics Nursery gmiller@cmcvtx.org</p>	<p>361-574-1777 (Gilda) 361-582-5762 (fax) 361-573-9181</p>	<p>Victoria</p>
<p>W.A.C. CFRT</p> <p>12-2003 T48</p>	<p>Texas Department of State Health Services 800 East Wendt Bellville, TX 77418</p>	<p>Holly Wise, Pub. Health Nurse Holly.Wise@dshs.state.tx.us Donald McCarn, CPS Donald.McCarn@dfps.state.tx.us</p>	<p>979-865-5211 (Holly) 979-865-9168 ext. 224 (Donald)</p>	<p>Austin, Colorado, Waller</p>
<p>Walker County CFRT</p> <p>09-2003 T47</p>	<p>304 Elkins Lake Huntsville, TX 77340</p>	<p>Raymond Teske, Jr , PhD Co-Coordinator rayteske@cox-internet.com Leshia Fisher CPS, Co-Coordinator</p>	<p>936-525-2100 (Leshia)</p>	<p>Walker</p>
<p>Webb County CFRT</p> <p>T29/SF23</p>	<p>Children's Advocacy Center of Laredo-Webb County 1302 Cedar Av. Laredo, TX 78040</p>	<p>Melinda Landin, Executive Director Attn.: Rachel Gonzalez, Victim Program Coordinator melinda@caclaredo.org</p>	<p>956-712-1840 956-712-1844 (fax)</p>	<p>Webb, Zapata</p>
<p>Wichita County CFRT</p> <p>05-1995 T26</p>	<p>Patsy's House Children's Advocacy Center 1411 Tenth St. Wichita Falls, TX 76301</p>	<p>Johnny Roberts, Executive Director jrobertsed@sbcglobal.net</p>	<p>940-322-8890 940-322-6695 (fax) www.patsyshouse.org</p>	<p>Wichita</p>
<p>Williamson County CFRT</p> <p>02-1995 T25</p>	<p>P.O. Box 588109 W. 5th St. Taylor, TX 76574</p>	<p>Judge Judy S. Hobbs Justice Of The Peace, Child Fatality Review Coordinator jhobbs@wilco.org</p>	<p>512-352-2161 512-365-8922 (Austin metro) 512-352-8956 (fax) 512-238-2155 (Lori)</p>	<p>Williamson</p>
<p>Totals</p>	<p>46 established teams</p>			<p>150 counties served</p>

