State of New Hampshire
Child Fatality Review Committee

Annual Report

State Fiscal Year 2024



Department of
HEALTH &
HUMAN SERVICES

Division of
Public Health

Acknowledgement

We, the committee, would like to take a moment to acknowledge the hard work and dedication that every participant contributes to the efforts of the child fatality review.

Reviewing circumstances surrounding any death is never easy, and it is that much more difficult when it is a child.

Through your commitment to this program, recommendations are created to prevent similar circumstances from occurring again.

Thank you.

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Letter From Child Fatality Review Commission Co-Chairs

Dear Friends of New Hampshire Children,

The New Hampshire Child Fatality Review Committee (CFRC) has begun the 28th year of reviewing fatalities of New Hampshire children. Our shared commitment is to better understand the patterns and circumstances of child deaths in our state to more effectively prevent further tragedy.

Under an Executive Order of Governor Stephen Merrill in 1996, New Hampshire began systematically reviewing the preventable deaths of NH children to identify risks and provide feasible recommendations for prevention. The Executive Order guided the work of the CFRC for more than 20 years. The CFRC was then re-established in 2019 and put into statute with support from Governor Chris Sununu. The Committee is composed of representatives from the medical, law enforcement, judicial, legal, victim services, public health, mental health, child protection and education communities (RSA 132.41).

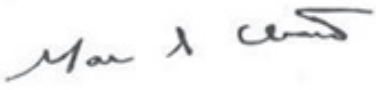
The following is the CFRC annual report, covering the work for the fiscal year of July 1st, 2023, through June 30th, 2024. The report summarizes data from the 5-year period between 2019 and 2023, 10-year period between 2014 and 2023 along with single data from 2023 where possible. Because there are relatively few child fatalities in NH on a yearly basis, single-year data can fluctuate greatly from year to year. Five-year and ten-year analyses are more stable and provide a better picture of any data trends. During this reporting period, the CFRC reviewed cases from three specific causes of death that are reflected in this report: drowning, suicide, and motor vehicle crashes.

The CFRC recognizes that each child's fatality impacts a community and a family who suffered the loss of a child. We respect those impacted by these deaths. We hope the difficult work of conducting comprehensive case reviews will lead to recommendations that can prevent further deaths such as the ones presented here.

In recognition of the Committee's commitment and dedication to this work, it is with great pride that we present the 21st Annual Report of the NH Child Fatality Review Committee to: Kelly Ayotte, Governor of the State of New Hampshire; New Hampshire State Senate President Sharon Carson; Speaker of the House of the New Hampshire House of Representatives Sherman Packard; the Health and Human Services Oversight Committee; and the people of the State of New Hampshire.



Josephine Porter, MPH, Co-Chair



Marc Clement, PhD, Co-Chair

Executive Summary

In 2023, 114 children in New Hampshire died before their 21st birthday. Of those children, 51 died of preventable causes such as injuries.

Types of Fatalities Reviewed by the CFRC in SFY 2024



Suicide



Motor & Other Land Transport Vehicles



Drowning

The Child Fatality Review Committee (CFRC) convenes every other month to utilize data and the collective experiences of its members to determine what could have been done to potentially prevent these tragedies. This report will primarily focus on preventable causes of child deaths in New Hampshire.

Highlights of 2023 Child Death Data & Trends

- From 2019-2023, 42% of child deaths in New Hampshire were from injuries. This percentage remained unchanged over a 10-year analysis from 2014 to 2023.
- From 2019-2023, 148 children died in New Hampshire from accidental injury. Young adults (ages 19 to 21) accounted for 79 of those deaths.
- In New Hampshire, there were 81 suicide deaths among adolescents from 2019-2023. Young adults (ages 19-21) accounted for 44 of those deaths.
- From 2019-2023, 52% of child deaths in New Hampshire were from natural causes. This percentage remained unchanged over a 10-year analysis from 2014 to 2023.
- From 2019-2023, 223 infants (birth to under the age of one) died in New Hampshire. Of those deaths, 180 were due to natural causes.

Overview and Protocol

RSA 132:41 re-established a statewide Child Fatality Review Committee (CFRC) to conduct comprehensive, multidisciplinary reviews of preventable infant, child, and adolescent deaths in New Hampshire. A preventable death is one in which a reasonable intervention, based on the conditions, circumstances, or resources available at the time, might have prevented the death. These reasonable interventions may be medical, educational, social, legal, or psychological in nature.

With the support of the New Hampshire Department of Health and Human Services (DHHS) and the Office of the Chief Medical Examiner (OCME) within the New Hampshire Department of Justice, the CFRC's charge is to identify factors associated with preventable deaths and to make recommendations for systemic changes to improve services for infants, children, and adolescents through age 21. The goal is not to investigate or adjudicate, but to learn from the past to take action to prevent future deaths. Recommendations focus on community-based prevention and should lead to effective multidisciplinary strategies to keep children healthy, safe, and protected.

The CFRC has two co-chairs, an Executive Committee, and two formal subcommittees on Sudden Unexpected Infant Deaths (SUID) and Sudden Death in the Young (SDY). For more information on these committees, please visit the Sudden Unexpected Infant Death page on the DHHS website.

The Executive Committee develops protocols and selects child deaths for review based on data trends in the previous annual report and available information from the OCME. The CFRC is not obligated to review all child deaths. The CFRC Executive Committee uses the expertise and knowledge of CFRC members to discuss and answer the following questions after reviewing selected child deaths:

- What changes could have prevented the deaths?
- Are changes necessary to prevent future deaths?

The CFRC, as enabled by RSA 132:41 reviews information not only on the death of the child, but data on other deaths or injuries similar to the death being reviewed. The CFRC also discusses local and state resources, services, and programs that may help prevent death. Pursuant to RSA 91-A: 3, II (c) and RSA 91-A: 5, IV, the CFRC holds a non-public session during the case review process. CFRC members sign a confidentiality agreement stating they will not share any case-specific information or the nature of any discussion that took place during the non-public session with anyone that is not present at the case review. This ensures that the information in each review remains confidential.

In SFY 2024, the CFRC held six review meetings and reviewed 13 child deaths. The 13 child deaths consisted of deaths caused by drowning, suicide, and motor vehicle crashes. When reviewing these child deaths, community partners from the New Hampshire Suicide Prevention Council and the Dartmouth Hitchcock Injury Prevention Center provided essential education for committee members.

This report is a culmination of the CFRC efforts and includes data on causes of child deaths and recommendations to prevent the leading causes of unintentional injury death among children and youth.

Understanding Child Death Data

Data in this report represents state-level trends from death certificate data among children who were residents of the state of New Hampshire.

Data was not broken down by race or ethnicity due to the small number of deaths. Rates for the United States are included for comparison purposes.[1]

Nationwide, deaths are classified according to cause and manner of death.[2]

- "Cause of death" refers to the disease process or injury that set into motion the series of events which eventually lead to death.
- "Manner of death" refers to the circumstances under which death occurred.

In New Hampshire, deaths are classified on death certificates based on the following manners of death:[3]

- Natural: Death resulting solely from disease and/or age.
- Accident: Death resulting from unintentional injury or poisoning.
- Suicide: Death resulting from self-inflicted injury or poisoning, with the intent to do self-harm or cause death.
- Homicide: Death due to injury or poisoning resulting from the volitional act of another.
- Undetermined: Insufficient information is available to classify the death.

For the purposes of this report, children are defined as individuals from birth through age 21.

Data Saves Lives

To better understand how we can prevent child fatalities, communities must be aware of the scope and scale of the problem. Since there are relatively few child fatalities in New Hampshire each year, data can fluctuate significantly from year to year.

Despite these limitations, the data can illustrate trends over time and provide valuable context for state agencies, community partners, and policy makers to develop more tailored and effective prevention efforts to keep New Hampshire children healthy, safe, and protected.

1. Centers for Disease Control and Prevention (CDC) WONDER online database.
2. Brooks EG, Reed KD. *Principles and Pitfalls: a Guide to Death Certification*. Clin Med Res. 2015 Jun;13(2):74-82; quiz 83-4. doi: 10.3121/cmr.2015.1276. PMID: 26185270; PMCID: PMC4504663.
3. Brooks EG, Reed KD. *Principles and Pitfalls: a Guide to Death Certification*. Clin Med Res. 2015 Jun;13(2):74-82; quiz 83-4. doi: 10.3121/cmr.2015.1276. PMID: 26185270; PMCID: PMC4504663.

Leading Cause of Deaths of New Hampshire Children (Ages Birth to 21 Years)

From 2019-2023, approximately half (52%, Table 1) of New Hampshire child deaths were due to natural causes. This was consistent with data from calendar year 2023 (48%, Table 1).

Table 1: Count of New Hampshire Resident Child Deaths by Cause, 2014-2023

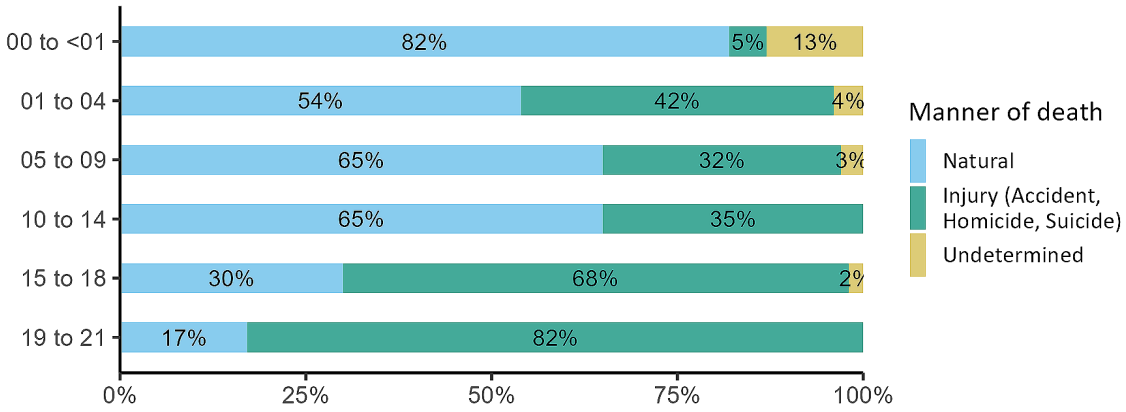
	10 Years: 2014-2023		5 Years: 2019-2023		1 Year: 2023	
Manner	Count	Percent	Count	Percent	Count	Percent
Natural	658	52%	316	52%	55	48%
Injury (Accident, Homicide, Suicide)	534	42%	256	42%	51	45%
Undetermined	73	6%	34	6%	8	7%
Total	1,265	100%	606	100%	114	100%

Deaths classified as "Pending" (n < 5) are counted as Undetermined.

Data Source: New Hampshire Department of Health and Human Services, Health Statistics and Data Management analysis of data from the New Hampshire Department of State, Division of Vital Records Administration

From 2014- 2023, most deaths among New Hampshire infants under the age of one were due to natural causes (82%, Figure 1). Conversely, most deaths among New Hampshire young adults between 19 and 21 years of age were due to injury (82%, Figure 1).

Figure 1: Manner of Child Deaths for Ages 0-21 in New Hampshire, 2014-2023)



Deaths classified as "Pending" (n < 5) are counted as Undetermined.

Data Source: New Hampshire Department of Health and Human Services, Health Statistics and Data Management analysis of data from the New Hampshire Department of State, Division of Vital Records Administration

From 2019- 2023, the leading cause of natural deaths of New Hampshire infants under the age of one was congenital malformations, deformations, and chromosomal abnormalities at 20.6% (Table 2). This is consistent with the previous 5 year analysis (2018-2022) that showed 20.9% of New Hampshire infants under the age of one died from congenital malformations, deformations, and chromosomal abnormalities.

Table 2: New Hampshire Resident Leading Causes of Natural Deaths, Infants (under 1 year of age), 2019-2023

Leading Natural Causes of Infant Death	Count	Percent
Congenital malformations, deformations, and chromosomal abnormalities	37	20.6%
Disorders related to short gestation and low birth weight, not elsewhere classified	31	17.2%
Newborn affected by complications of placenta, cord, and membranes	14	7.8%
Newborn affected by maternal complications of pregnancy	14	7.8%
Respiratory distress of newborn	10	5.6%
Bacterial sepsis of newborn	9	5.0%
Intrauterine hypoxia and birth asphyxia	5	2.8%
Other medical causes	28	15.6%
Unranked (Unknown/Other)	32	17.8%
Total	**180**	**100.0%**

Data Source: New Hampshire Department of Health and Human Services, Health Statistics and Data Management analysis of data from the New Hampshire Department of State, Division of Vital Records Administration. Deaths are categorized according to CDC's "ICD-10 Cause-of-Death Lists for Tabulating Mortality Statistics" rankable causes from the List of 130 Selected Causes of Infant Death (Table C), available at https://www.cdc.gov/nchs/data/dvs/Part9InstructionManual2020-508.pdf

Deaths of New Hampshire Children, Adolescents, and Young Adults (Ages 1 to 21 Years)

In 5- and 10-year analyses of death data for New Hampshire children between 1 and 21 years old, most deaths were due to injury, such as accidents, homicides, and suicides.

In 2023, accidental (unintentional injury) deaths were the leading manner of preventable death in New Hampshire children between 1 and 21 years old at 33.8% (Table 3). Suicide (intentional injury) deaths were the second-leading manner of preventable death, accounting for 24.7% of deaths of children between the ages of 1 and 21 (Table 3).

Accidental injury deaths were the leading manner of child death over a 10-year period (2014-2023) at 37.1% and a 5-year period (2019-2023) at 36.6%.

Manner	10 years: 2014-2023		5 years: 2019-2023		2023	
	Count	Percent	Count	Percent	Count	Percent
Natural	275	34.5%	136	35.5%	27	35.1%
Accidental	296	37.1%	140	36.6%	26	33.8%
Homicide	27	3.4%	17	4.4%	*	*
Suicide	174	21.8%	81	21.1%	19	24.7%
Undetermined (Injury)	17	2.1%	*	*	*	*
Undetermined (Not Injury)	9	1.1%	*	*	0	0.0%
Total	798	100.0%	383	100.0%	77	100.0%
Grand Total	812	100%	393	100%	71	100%

* Counts below 5 are suppressed to prevent cross-calculation of small numbers.

Deaths classified as "Pending" (n < 5) are counted as Undetermined.

Data Source: New Hampshire Department of Health and Human Services, Health Statistics and Data Management analysis of data from the New Hampshire Department of State, Division of Vital Records Administration

According to the most recent data from the National Vital Statistics System (NVSS), unintentional injuries also accounted for most deaths of children between the ages of 1 and 9 in the United States.[4]

From 2019-2023, there were 606 deaths of New Hampshire children from birth through 21 years of age. Of these children, 316 died from natural causes, 148 died from accidental injuries, 81 died from suicide, 19 died from homicide, 8 died from undetermined injuries, and 34 died from undetermined causes (not injury).

Children between the ages of 19 and 21 accounted for 159 total deaths, the second-highest number of deaths per age group delineated in Table 4, after children under one year of age. Of those deaths, 79 were due to accidental injuries, 44 were due to suicide, and 28 were due to natural causes (Table 4).

Table 4: Count of New Hampshire Resident Child Deaths by Cause and Age Group, 2019-2023

Age	Manner of Death							Percent by Age	Estimated Population	Rate per 100,000
	Natural	Injury				Undetermined (Not Injury)	Grand Total			
		Accidental	Homicide	Suicide	Undetermined (Injury)					
00 to <01	180	8	*	0	*	30	223	36.8%	60,524	368.4
01 to 04	23	17	*	0	*	*	49	8.1%	256,214	19.1
05 to 09	21	*	*	0	0	*	33	5.4%	344,841	9.6
10 to 14	29	*	0	12	0	0	44	7.3%	374,740	11.7
15 to 18	35	34	*	25	0	*	98	16.2%	326,150	30.0
19 to 21	28	79	*	44	*	0	159	26.2%	272,722	58.3
Total	**316**	**148**	**19**	**81**	**8**	**34**	**606**	**100.0%**	**1,635,191**	**37.1**

* Counts below 7 are suppressed to prevent cross-calculation of small numbers.

Data Source: New Hampshire Department of Health and Human Services, Health Statistics and Data Management analysis of data from the New Hampshire Department of State, Division of Vital Records Administration

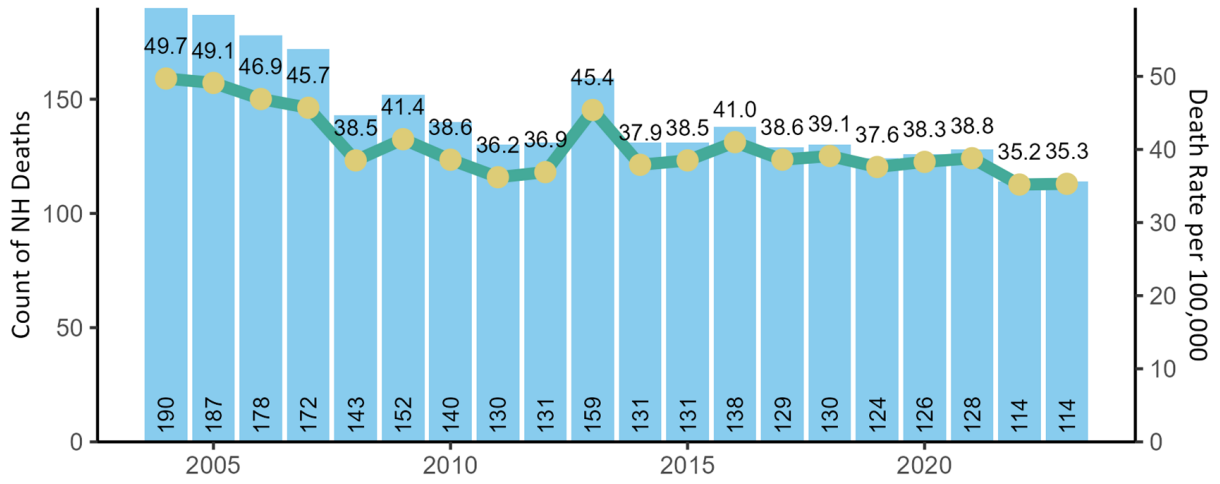
4. Sally C. Curtin, M.A., Betzaida Tejada-Vera, M.S., and Brigham A. Bastian, B.S. "Deaths: Leading Causes for 2021". *National Vital Statistics Reports*, Volume 73, Number 4. https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-04.pdf.

In 2023, the New Hampshire child death rate was 35.3 child deaths per 100,000 children ages birth to 21 years (Figure 2). Death rates among New Hampshire children are relatively low compared to U.S. child death rates[5] and have remained relatively stable since 2014, with a continued decline in rates since 2021.

Figure 2 shows the number and rate of child deaths in New Hampshire between 2004 and 2023.

The rate of child deaths in New Hampshire has declined from 49.7 per 100,000 children in 2004 to 35.3 per 100,000 children in 2023 (Figure 2).

Figure 2: Number and Rate of Child Deaths for Ages 0-21 in New Hampshire, 2004-2023



Data Source: New Hampshire Department of Health and Human Services, Health Statistics and Data Management analysis of data from the New Hampshire Department of State, Division of Vital Records Administration

5. HRSA Maternal & Child Health Federally Available Data (FAD) Resource Document 2024/2022. U.S. Department of Health and Human Services. https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmchb.tvisdata.hrsa.gov%2FAdmin%2FFileUpload%2FDownloadContent%3Ffilename%3DAll%2520Fad.xlsx%26isForDownload%3Dfalse%26year%3D2023&wdOrigin=BROWSELINK.

Intentional Injury Deaths

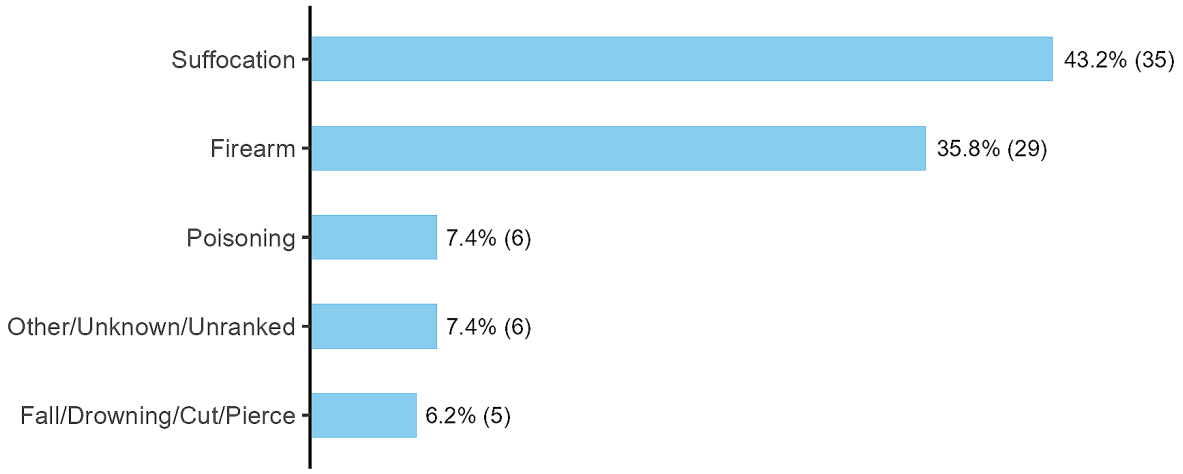
Intentional injury deaths include deaths by suicide and homicide.

From 2014-2023, homicide accounted for 3.4% of deaths among New Hampshire children between 1 and 21 years of age. Homicide accounted for 4.4% of child deaths in New Hampshire between 2019 and 2023, revealing a 1% increase between the 10-year and 5-year analyses (Table 3, page 6).

From 2014-2023, suicide accounted for 21.8% of deaths among New Hampshire children between 10 and 21 years of age. Suicide accounted for a similar percentage (21.1%) of child deaths in New Hampshire between 2019 and 2023 (Table 3, page 6). The comparison of the 10-years and 5-years data sets shows the percentage of suicide deaths among adolescents in New Hampshire to remain relatively unchanged.

Figure 3 shows the method of death by suicide for New Hampshire children between the ages of 10 and 21 over the last 5 years (2019-2023). During this time, most suicides were by suffocation (43.2%), followed by firearms (35.8%), poisoning (7.4%), and other/unknown (7.4%).

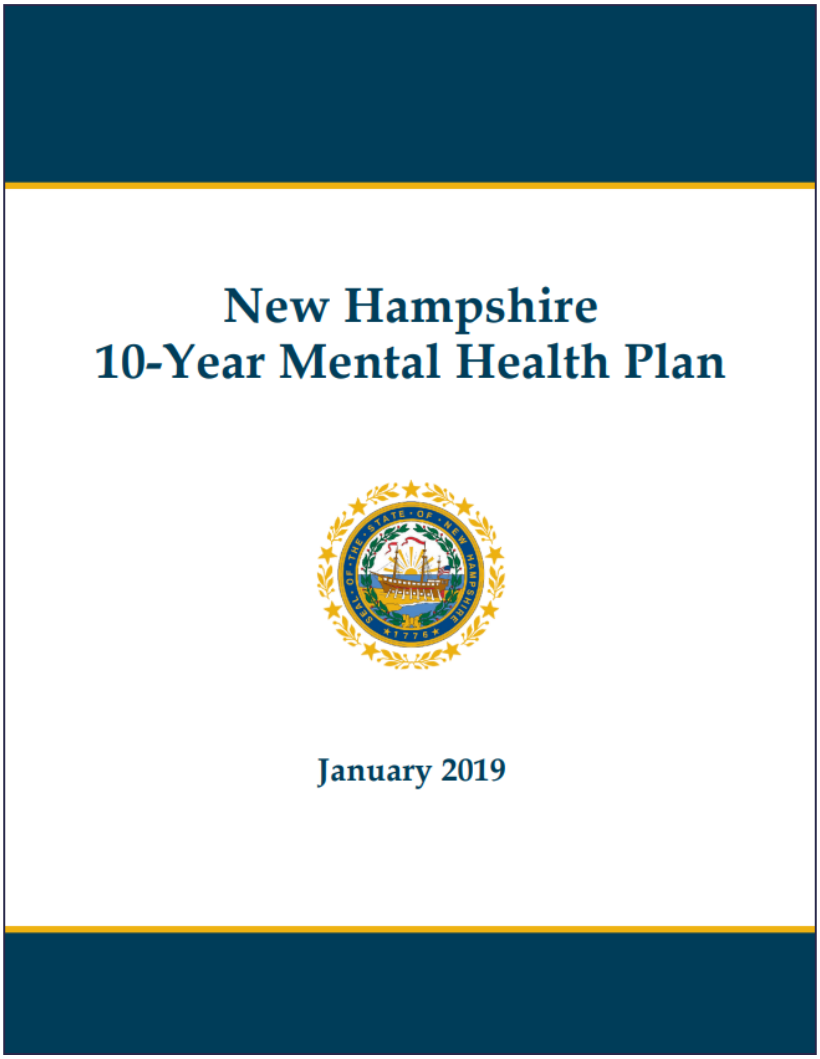
Figure 3: Method of Deaths by Suicide for Ages 10-21 in New Hampshire, 2019-2023



Data Source: New Hampshire Department of Health and Human Services, Health Statistics and Data Management analysis of data from the New Hampshire Department of State, Division of Vital Records Administration

In 2019, in response to increasing mental health needs for both adults and children in New Hampshire, DHHS released its 10 Year Mental Health Plan, which aims to improve the state's mental health care system. This plan takes a comprehensive and innovative approach to address the mental health needs of people across their life span and envisions a statewide mental health system that provides:

- Access to the full continuum of care, including community education and engagement
- Prevention and early intervention services
- Outpatient, inpatient, and crisis support and services
- Child-focused strategies and recommendations
- Integration of mental health and primary health care
- Intensified efforts to address suicide prevention



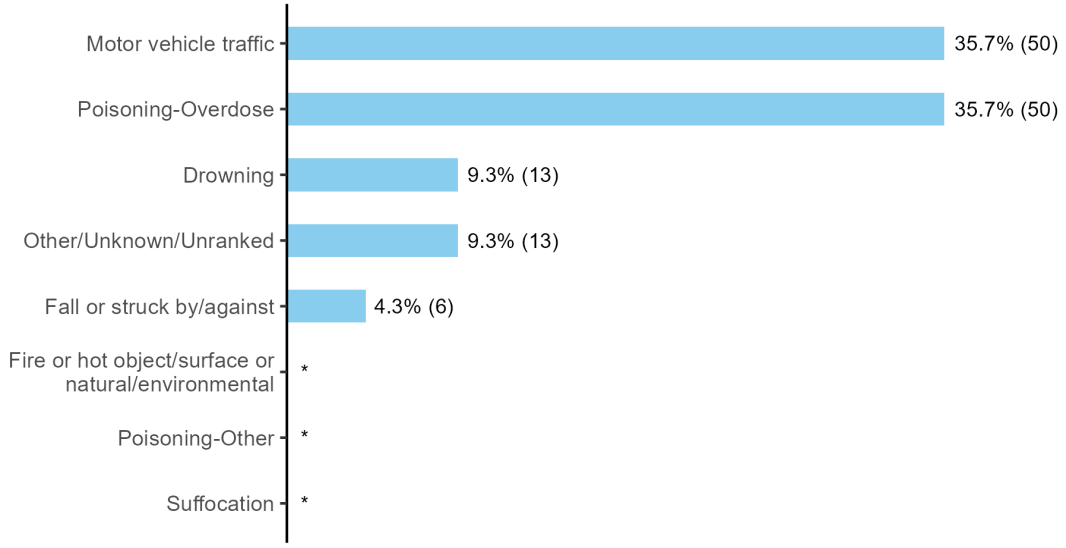
Unintentional Injury Deaths

The top five mechanisms of unintentional injury death among children between the ages of 1 to 21 (Figure 4) between 2019 and 2023 were:

- Motor vehicle traffic (35.7%)
- Poisoning-overdose (35.7%)
- Drowning (9.3%)
- Other/Uknown/Unranked (9.3%)
- Falls or struck by/against (4.3%)

Data for unintentional injury deaths in New Hampshire for ages 1-21 years, including causes of death such as motor vehicle, poisoining-overdose, drowning, other/unknown, falls, fires, poisoning, and suffocation are expressed in Figure 4 below.

Figure 4: Unintentional Injury Deaths by Cause for Ages 10-21 in New Hampshire, 2019-2023



* Counts below 5 are suppressed to prevent cross-calculation of small numbers.

Data Source: New Hampshire Department of Health and Human Services, Health Statistics and Data Management analysis of data from the New Hampshire Department of State, Division of Vital Records Administration

Undetermined Manner of Death

Undetermined manner of death is a category in which the Medical Examiner cannot discern how a child died due to insufficient information available to classify the death. Therefore, undetermined child deaths should not be included when discussing injury deaths.

Undetermined (not injury) deaths accounted for 1.1% of all deaths of New Hampshire residents ages 1 through 21 over the ten-year period (2014 to 2023). From 2019- 2023, undetermined (not injury) deaths cannot be reported as counts below 5 are suppressed to prevent cross calculation of small numbers. There were no undetermined (not injury) deaths of New Hampshire resident's ages 1 through 21 for 2023.

Context and Recommendations

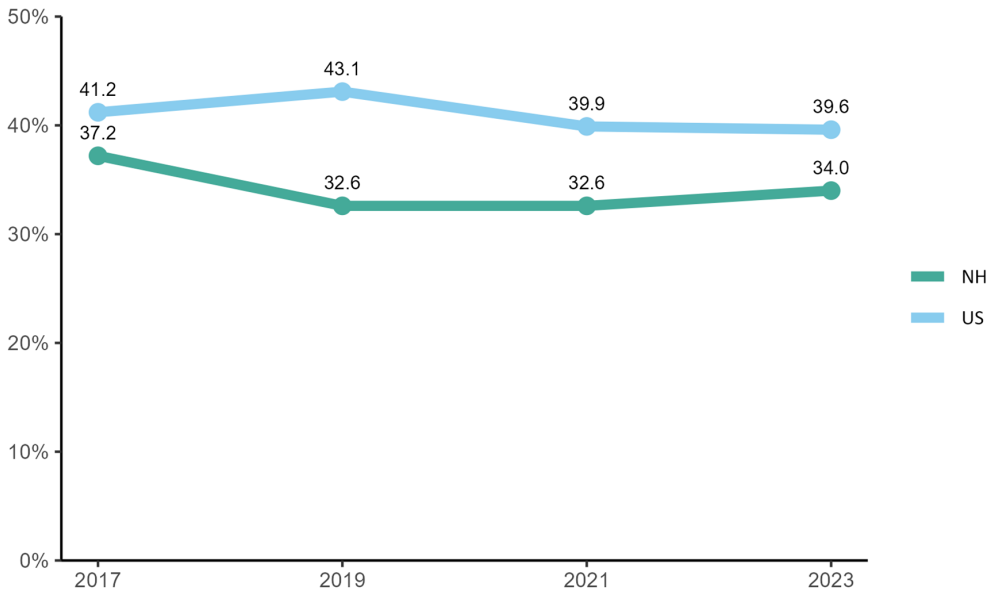
Based on national and state data trends, the CFRC chose to focus its SFY 2024 recommendations on motor vehicle deaths, deaths by suicide, and drowning deaths.

SFY 2023 data indicated that **drowning deaths and motor vehicle deaths were two of the top six leading causes of death in New Hampshire children**. Meanwhile, deaths due to suicide and homicide, often referred to collectively as "violent deaths," have been a leading cause of premature death of people between the ages of 10–24 in the United States from 2001 to 2021.[6] The CFRC also prioritized these types of deaths due to the availability of existing resources and the opportunity to design preventative measures to reduce future deaths.

Fatalities Related to Motor Vehicles & Other Land Transport Vehicles

Motor vehicle crashes tied with poisoning and overdose deaths as the leading cause of unintentional death for New Hampshire children between the ages of 10 and 21 from 2019-2023 (Figure 4, page 11). New Hampshire youth seat belt use remains below the national average, even though state law requires anyone under the age of 18 to wear a seat belt. Figure 5 shows the Youth Risk Behavior Survey (YRBS)[7] results related to seat belt use from survey years 2017, 2019, 2021, and 2023.

Figure 4: Percentage of Students Who Did Not Always Wear a Seat Belt (when riding in a car with someone else)



Data Source: Youth Behavior Survey (https://yrbs-explorer.services.cdc.gov/)

6. Suicide and Homicide Death Rates Among Youth and Young Adults Aged 10–24: United States, 2001–2021.

7. YRBS Explorer. Centers for Disease Control and Prevention. https://yrbs-explorer.services.cdc.gov/#/tables?questionCode=H8&topicCode=C01&year=2023&location=NH.

In SFY 2024, the CFRC reviewed five fatalities related to motor vehicle crashes. The fatalities related to motor vehicle crashes shared a common risk factor, such as impaired driving. Other independent risk factors contributing to these deaths included accelerated speed and lack of seat belt use.

Through the case review process and discussions among expert committee members, the CFRC has identified that there is a significant opportunity to promote increased seat belt use in adolescents and to bolster messaging on the persistent issue of impaired driving. The following are CFRC recommendations and implementation steps to prevent future motor vehicle fatalities.

SFY 2024 CFRC Recommendations Related to Motor Vehicle Fatalities:

1. **Provide targeted resources to schools for increased seat belt use.**
   - Implementation steps:
     - DHHS continues to collaborate and support the Dartmouth Health Injury Prevention Center and the New Hampshire Teen Driver Program.
     - The CFRC committee collaborates with the Dartmouth Health Injury Prevention Center to identify, through shared collected data analysis, high schools in the state with low seat belt use and to offer targeted educational materials and driver safety programs to reduce unsafe driving habits of New Hampshire youth drivers.
2. **Provide increased driver safety messaging, including but not limited to seatbelt use, impaired driving (including the use of cannabis), recognizing impairment in other people, understanding options if your ride is unsafe, helmet use (for motorcycles), and road rage.**
   - Implementation steps:
     - CFRC members promote driving safety messaging approved by the DHHS Injury Prevention Program and Injury Prevention Center in social media, newsletters, and other public materials to help raise awareness.
     - The Dartmouth Hitchcock Injury Prevention Centers, Youth Operator Program Coordinator works directly with schools on implementing educational teen highway safety programs. This position also facilitates the Buckle Up New Hampshire and Teen Driver Program Committee Meetings.
     - Providers continue to distribute anticipatory guidance at adolescent well visits, including unsafe driving practices (not using seatbelt, driving under the influence of substances, etc.).
     - DHHS Division for Children, Youth and Families (DCYF) field staff continue to provide counseling on safe driving when they experience an allegation involving driving under the influence.

CFRC Recommendation Highlights

In SFY 2023, the CFRC recommended availability of affordable driver education programs in New Hampshire.

The New Hampshire Department of Motor Vehicles (DMV), the New Hampshire Auto Dealers Association, the New Hampshire Driver Education Teachers Association, and the New Hampshire Commission for Human Rights collaborated to form the New Hampshire Driver Education Fund. So far, these agencies have raised $25,000 to help families afford this valuable service. Go to the NH Driver Education Fund website for more information on driver's education scholarships.

Fatalities Related to Suicide

The CFRC reviewed five fatalities related to suicide in SFY 2024. Fatalities related to suicide are the second leading cause of death in children ages 10-14 nationally.[8]

SFY 2024 CFRC Recommendations Related to Suicide:

The following are SFY 2024 CFRC recommendations and implementation steps to better prevent future suicide fatalities:

1. **Increased awareness of available programs to increase access to mental health treatment, including in response to trauma.**
    - Implementation steps:
        - DHHS and CFRC members to promote the New Hampshire Mental Health Care Access in Pediatrics (NH MCAP) Program with pediatric primary care agencies in the state. The NH Mental Healthcare Access in Pediatrics Program provides tele-consultation, training, technical assistance, and care coordination to pediatric primary care providers to diagnose, treat, and refer children and adolescents with behavioral health conditions.
        - DHHS and CFRC members to promote and support the Children's Behavioral Health Resource Center with community partners.
2. **Increased awareness of available Suicide Prevention training and ensuring that training includes content related to lethal means and risk factors for professionals working in community, schools, and healthcare settings.**
    - Implementation steps:
        - CFRC members to promote and support the use of suicide prevention trainings such as Question Persuade Refer, which helps anyone to identify the warning signs of suicide crisis, Zero Suicide, which aims to improve suicide care within health and behavioral systems, and The Connect Program, which is a nationally recognized comprehensive model for planning and implementing suicide prevention and postvention practices.

CFRC Recommendation Highlights

In SFY 2020 and 2023, the CFRC recommended increased awareness and supports for mental health and substance misuse for children. DCYF has worked to achieve this with the help of educated staff and collaborations with Licensed Alcohol and Drug Counselor (LADC) consultants, Healthy Families America Program, Strength to Succeed Program, Intercept Program, LifeSet: The Gift of a Good Start, Family Violence Prevention Specialist, Fast Forward, Mobile Crisis, and Child-Parent Psychotherapy (CPP).

In SFY 2021 and 2022, the CFRC recommended training on Adverse Childhood Experiences (ACE's) for professionals interacting with children in the community. DCYF has incorporated ACE's training for new employees, NH Family Voices employees and individuals in the community.

In SFY 2023, the CFRC recommended the promotion of safe use, safe storage, and safe disposal of unused/unwanted medications to limit exposure to medications by children. DCYF has continued to assist families to obtain lock boxes when a need arises, and a lock box can be purchased by DCYF for the family.

In SFY 2024, DHHS worked to create the Children's Behavioral Health Resource Center to strengthen the system of care for children experiencing mental health or substance use concerns. This launched in January 2024.

8. Child Health FastStats. National Center for Health Statistics. https://www.cdc.gov/nchs/fastats/child-health.htm.

Fatalities Related to Drowning

From 2019- 2023, drowning deaths accounted for 9.3% of unintentional injury deaths of children ages one through 21 (Figure 4) in New Hampshire. In SFY 2024, the CFRC reviewed three fatalities related to drownings that occurred in swimming pools and open bodies of water. The common risk factor in these child deaths was a lack of knowledge of how to swim.

SFY 2024 CFRC Recommendations related to drowning:

The following are SFY 2024 CFRC recommendations and implementation steps to better prevent future drowning fatalities:

1. **Increased education regarding water safety and drowning prevention via multiple channels, including school based, newsletters (e.g. Safe Kids and community levels), health care providers and community agencies.**
    - Implementation steps:
        - CFRC members, DHHS and Dartmouth Health Injury Prevention Center to share drowning prevention messaging (i.e. Safe Kids newsletter) to school nurses, NH American Academy of Pediatrics (AAP) Chapter, recreational programs, family resource centers, and community health workers.
2. **Increased availability of free or reduced-cost water safety devices (e.g. life jackets) and swim lessons for families.**
    - Current initiatives:
        - DHHS and Dartmouth Health Injury Prevention Center to develop a plan to promote available water jacket loaner station information (i.e. websites, newsletters, social media) with families.

CFRC Recommendation Highlights

In SFY 2020, the CFRC recommended awareness of drowning prevention, creation of life jacket loaner stations, and identification of hazardous swimming sites. New Hampshire made strides to achieve this by:

- Development of a Healthy Swimming Mapper by the Department of Environmental Services. Provides daily Up-to-Date Healthy Swimming Advisories, Warnings and Watches of bodies of water in New Hampshire.
- 257 life jackets (82 of those provided in 2023) by the Dartmouth Health Injury Prevention Center including life jacket education to families in need at Dartmouth's outpatient location, Molly's Place.
- Creation of life jacket loaner stations available at the following locations: New Life Jacket Loaner Station in Kingston, Life Jacket Loaner Program, Town of Derry NH, and Life Jacket Loaner Station, Kingston Lake Association. Additionally, the Sea Tow Foundation can help residents identify a local life jacket loaner station close by.

Appendix A: Child Fatality Review Committee Members, July 2023-June 2024

Honorable Susan Ashley
NH Circuit Court, Family Division

Jessica Bates
NH Department of Health and Human Services, Maternal and Child Health

Joy Barrett
Granite State Children's Alliance

Christine Brennan
NH Department of Education

Marc Clement
Colby-Sawyer College

Jennie Duval
NH Department of Justice, Office of the Chief Medical Examiner

Sherry Ermel
NH Department of Health and Human Services, Division for Children, Youth, and Families

Adam Fanjoy
NH Department of Safety, Fire Marshal's Office

Wendy Gladstone
Maternal and Child Health Specialist, Retired Pediatrician

Robyn Guarino
NH Department of Justice, Office of the Attorney General

Kris Hering
New Hampshire Hospital Association

Angie Raymond Leduc
Injury Prevention Center, Dartmouth Health

Fran McLaughlin
NH Department of Health and Human Services; Nutrition Services; Women, Infants, and Children Program

Amanda Merrill
NH Department of Health and Human Services, Maternal and Child Health

Evan Nadeau
NH Department of Safety, State Police

Resmiye Oral
Child Advocacy & Protection Program, Dartmouth Health

David Parenteau
Statewide Law Enforcement Officers' Advisory Council

Sylvia Pelletier
NH Family Voices

Josephine Porter
NH Center of Justice and Equity

Matt Robblee
Department of Safety, Bureau of Emergency Medical Services

Rebecca Ross
NH Department of Health and Human Services, Division of Behavioral Health

Cassandra Sanchez
Office of the Child Advocate for the State of New Hampshire

Rhonda Siegel
NH Department of Health and Human Services, Maternal and Child Health

Marcia Sink
Court Appointed Special Advocates (CASA) of NH

Joi Smith
NH Coalition Against Domestic and Sexual Violence

Patricia Tilley
NH Department of Health and Human Services, Office of the Commissioner

Catrina Watson
NH Pediatric Society

Appendix B: Additional CFRC Activities in SFY 2024

During SFY 2024, the CFRC invited several subject matter experts to present to the committee, including the Program Manager from the Dartmouth Health Injury Prevention Center that discussed drowning prevention and drowning data to highlight drowning as one of the top 5 leading causes of death in children ages 0-21. The committee was also informed that Dartmouth Hitchcock has a life jacket loaner program, which focuses on high-risk and lower-income communities.

In November 2023, the CFRC welcomed the Suicide Prevention Coordinator from the DHHS Division for Behavioral Health. She highlighted key takeaways from the 2023 Suicide Prevention Conference, including data updates that showed an increased risk of suicide among the LGBTQ+ community and younger adults. The committee received a NH Rapid Response Crisis System handout which included data from January 2022 through March 2023.

There were several committee member changes throughout the year. The state Child Fatality Review Coordinator position remained vacant from February 23, 2024, to April 18, 2024. The CFRC welcomed a new CFRC Coordinator and new Director of the Division of Fire Standards and Training and Emergency Medical Services within the Department of Safety in April 2024.

The new CFRC Coordinator joined the National Center for Fatality Review and Prevention (NCFRP) in Atlanta, Georgia for a Death Scene Investigation (DSI) Training. The goal of the training was to provide an opportunity for Child Death Review (CDR) State Coordinators and state Death Scene Investigators to network and share information that is relevant to reviewing child death for state fatality review committees.

The committee established a Recommendations Workgroup in SFY 2023 to aid in the creation of actionable CFRC recommendations. Meetings were placed on hold during the time that the State Coordinator position remained vacant. Previously, the workgroup took steps to create a policy and procedures document to outline how the CFRC recommendations are created, documented, and achieved, with the goal to ensure CFRC recommendations are specific, measurable, actionable, reasonable, and time bound. The Recommendations Workgroup Policy was finalized in July 2024.

Appendix C: SFY 2024 CFRC Recommendation Table

Manner of Death	Recommendation	Implementation Steps	Contact Person	Timeline
Drowning	Increased education regarding water safety and drowning prevention via multiple channels, including school based, newsletters (e.g. Safe Kids and community levels), health care providers and community agencies.	CFRC members, DHHS, and Dartmouth Health Injury Prevention Center to share drowning prevention messaging (i.e. Safe Kids newsletter) to school nurses, New Hampshire American Academy of Pediatrics (AAP) Chapter, recreational programs, family resource centers, and community health workers.	Angie Raymond Leduc (Dartmouth Health Injury Prevention Center)	Long Term (5-year plan)
Drowning	Increased availability of free or reduced-cost water safety devices (e.g. life jackets) and swim lessons for families.	DHHS and Dartmouth Health Injury Prevention Center to develop a plan to promote available water jacket loaner station information (i.e. websites, newsletters, social media) with families.	Angie Raymond Leduc (Dartmouth Health Injury Prevention Center)	Long Term (5-year plan)
Suicide	Increased awareness of available programs to increase access to mental health treatment, including in response to trauma.	DHHS and CFRC members to promote the New Hampshire Mental Health Care Access in Pediatrics (NH MCAP) Program with pediatric primary care agencies in the state. Program provides tele-consultation, training, technical assistance, and care coordination to pediatric primary care providers to diagnose, treat, and refer children and adolescents with behavioral health conditions.	Amanda Merrill (CFRC State Coordinator)	Long Term (5-year plan)
		DHHS and CFRC members to promote and support the Children's Behavioral Health Resource Center with community partners.	Daryll Tenney (DHHS Bureau for Children's Behavioral Health)	

Appendix C: SFY 2024 CFRC Recommendation Table (continued)

Manner of Death	Recommendation	Implementation Steps	Contact Person	Timeline
Suicide	Increased awareness of available Suicide Prevention training and ensuring that training includes content related to lethal means and risk factors for professionals working in community, schools, and healthcare settings.	CFRC members to promote and support the use of suicide prevention trainings such as the Question Persuade Refer (QPR Institute), which helps anyone to identify the warning signs of suicide crisis, Zero Suicide, which aims to improve suicide care within health and behavioral systems and includes Counseling on Access to Lethal Means (CALM), and The Connect Program, which is a nationally recognized comprehensive model for planning and implementing suicide prevention and postvention practices.	Daryll Tenney (DHHS Bureau for Children's Behavioral Health)	Long Term (5-year plan)
Motor Vehicle	Provide targeted resources to schools for increased seat belt use.	DHHS continues to collaborate and support the Dartmouth Health Injury Prevention Center and the New Hampshire Teen Driver Program. The CFRC committee collaborates with the Dartmouth Health Injury Prevention Center to identify, through shared collected data analysis, high schools in the state with low seat belt use and to offer targeted educational materials and driver safety programs to reduce unsafe driving habits of New Hampshire youth drivers.	Angie Raymond Leduc (Dartmouth Health Injury Prevention Center)	Short Term (12–18-month plan)

Appendix C: SFY 2024 CFRC Recommendation Table (continued)

Manner of Death	Recommendation	Implementation Steps	Contact Person	Timeline
Motor Vehicle	Provide increased driver safety messaging, including but not limited to seatbelt use, impaired driving (including the use of cannabis), recognizing impairment in other people, understanding options if your ride is unsafe, helmet use (for motorcycles), and road rage.	CFRC members promote driving safety messaging approved by the DHHS Injury Prevention Program and Dartmouth Health Injury Prevention Center in social media, newsletters, and other public materials to help raise awareness. The Dartmouth Health Injury Prevention Centers, Youth Operator Program Coordinator works directly with schools on implementing educational teen highway safety programs. This position also facilitates the Buckle Up New Hampshire & Teen Driver Program Committee Meetings. Providers continue to distribute Anticipatory guidance at adolescent well visits, including unsafe driving practices (not using seatbelt, driving under the influence of substances, etc.). The DHHS Division for Children, Youth and Families (DCYF) field staff continue to provide counseling on safe driving when they experience an allegation involving driving under the influence.	Angie Raymond Leduc (Dartmouth Health Injury Prevention Center)	Intermediate (18–36-month plan)

Appendix C: SFY 2024 CFRC Recommendation Table (continued)

Manner of Death	Recommendation	Implementation Steps	Contact Person	Timeline
CFRC Process	Include family interviews into the child death review process.	Explore process/option for including family interviews. Identify process/guidelines for conducting family interviews.	Amanda Merrill (CFRC State Coordinator)	Long Term (5-year plan)
CFRC Process	Add school representation (University Systems/primary school) to the CFRC committee.	Explore options of how to include school reps in CFRC.	Amanda Merrill (CFRC State Coordinator)	Long Term (5-year plan)

Appendix D: Resources

Drowning

1. About ISR Swim Lessons, Infant Swimming Resource-NH
2. Healthy Swimming, NH Department of Environmental Services
3. Safe Kids New Hampshire, Injury Prevention Center, Dartmouth Health Children's
4. Life Jacket Loaner Station Locations, Sea Tow Foundation
5. Life Jacket Loaner Program, Town of Derry NH
6. Life Jacket Loaner Program, BoatUS Foundation

Teen Driver Safety

1. New Hampshire Teen Driver Program
2. Teen Driving Safety: 2022 Resource Guide, Children's Safety Network
3. Driver Education, AAA Traffic Safety & Driving Programs
4. BeSeatSmartNH

Suicide Prevention

1. NH Annual Suicide Prevention Reports, The Connect Program
2. Children's Behavioral Health Resource Center
3. Behavioral Health, New Hampshire Department of Health and Human Services
4. Suicide Prevention, Injury Prevention Center, Dartmouth Health Children's
5. Suicide Prevention, NAMI New Hampshire
6. Suicide Prevention in New Hampshire, NH Suicide Prevention Council
7. Carelon Behavioral Health of New Hampshire, New Hampshire Rapid Response Access Point