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Examining Child Deaths in Illinois:

Highlights from the FY2020 Child Death Review Team Annual Report

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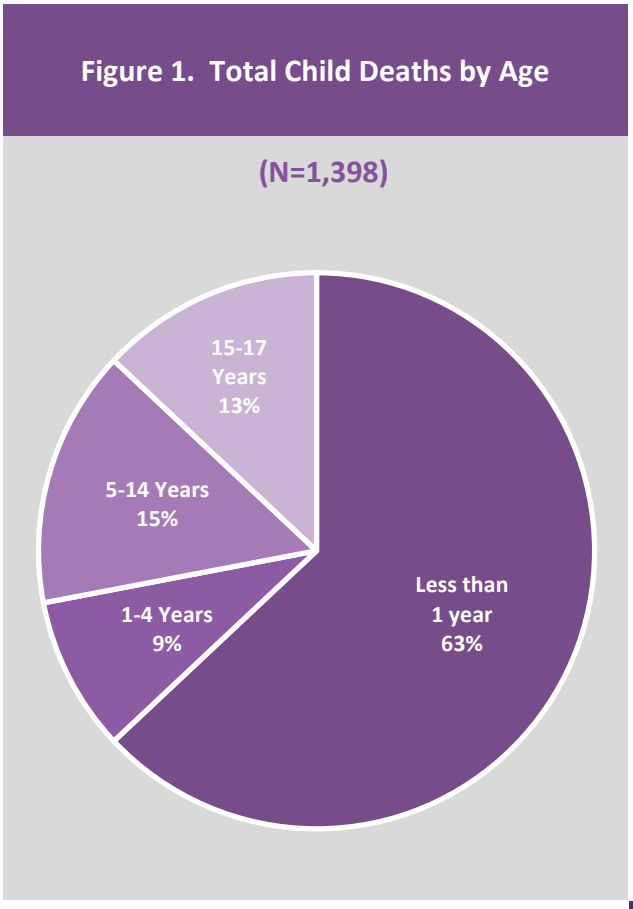
As part of the national movement to reduce preventable child deaths, Illinois established regional Child Death Review Teams (CDRTs) in 1996. These multi-disciplinary teams meet quarterly to review the circumstances of certain child deaths in order to determine if there were means by which the death could have been prevented. Not all child deaths in Illinois are reviewed by a CDRT; child death review is mandated if the child's family was involved with the Department of Children and Family Services (DCFS) within a year prior to the child's death, and other child deaths may be reviewed at the CDRT's discretion. For each review, the members of the CDRT examine the circumstances of the child's death to determine if it could have been prevented through reasonable means. If so, recommendations are sent to the DCFS Director, who must review and reply to each recommendation within 90 days.

Each year, data on all child deaths and those reviewed by the CDRTs are compiled and included in the CDRT annual report, which is written by the Children and Family Research Center at the University of Illinois. In order to better understand the types of children that are most vulnerable, the CDRT annual report examines both total child deaths and reviewed child deaths by child age, gender, and race, as well as by the manner and category of death. This research brief highlights the findings from the most recent CDRT annual report on child deaths that occurred in Illinois in 2018.

Figure 1. Total Child Deaths by Age



Examining Total Child Deaths by Age

Although they represent only 5% of the total child population in Illinois (U.S. Census Bureau, 2020), infants less than one year old accounted for 63% of the 1,398 child deaths that occurred in Illinois in 2018 (see Figure 1). This over-representation among infants is

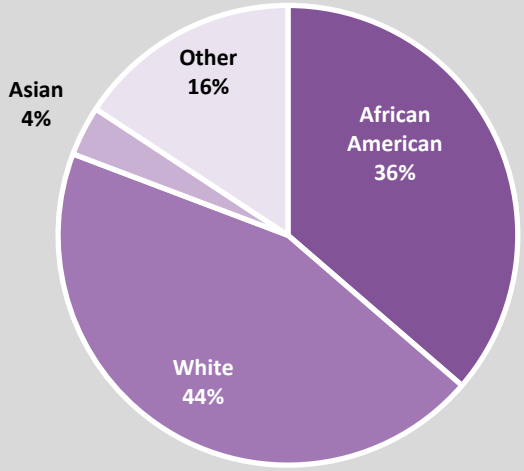
due to the large number of deaths that occur each year related to premature birth and congenital anomalies. Children are much more likely to die during the first year of life than at any other age; the death rate for children less than one year old in the United States is more than 11 times higher than that for children ages 15 to 19 years, the age group with the next highest death rate (Child Trends DataBank, 2019).

Examining Total Child Deaths by Race

In 2018, 66% of children in Illinois were White, 16% were African American, 5% were Asian and the remaining 14% were of other races. For reports on ethnicity, 25% self-identified as Hispanic or Latino (of any race) and 51% were White (not Hispanic or Latino) (U.S. Census Bureau, 2020). When we examine the total Illinois child deaths by race and ethnicity, we see that African American are at a higher risk of death compared to their relative population in the state. African American children accounted for 36% of child deaths in 2018, White children made up 44% of total deaths, Asian children made up less than 4% of child deaths, and children of other races/ethnicities accounted for 16% of child deaths (see Figure 2).

Figure 2. Total Child Deaths by Race

(N = 1,398)

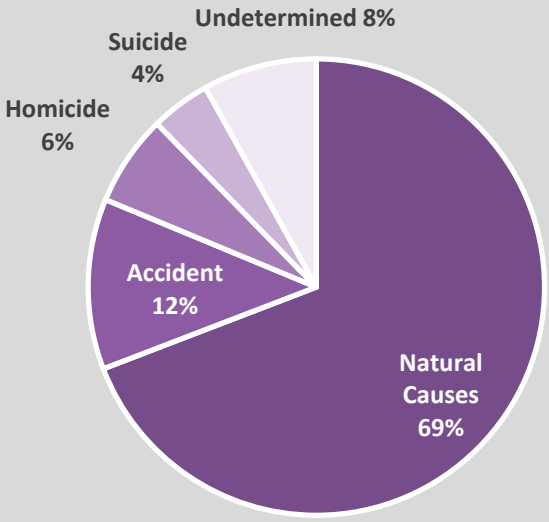


Examining the Manner and Cause of Child Deaths

Manner of death is a categorization used by medical examiners, coroners, and physicians when completing a death certificate to clarify the circumstances of death. In most states, including Illinois, manner of death is classified into one of five categories: natural causes, accident, homicide, suicide, and undetermined. The majority of Illinois child deaths in 2018 were due to natural causes (69%), followed by accidents (12%), undetermined causes (8%), homicides (6%), and suicides (4%; see Figure 3).

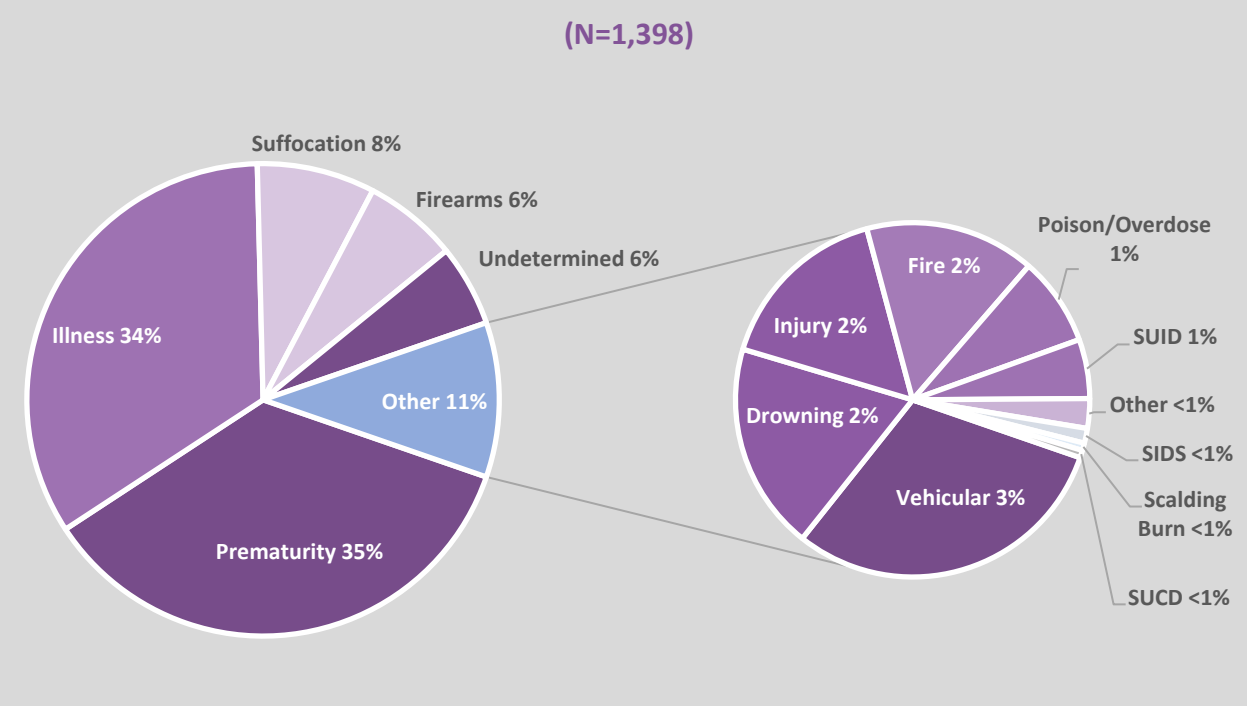
Figure 3. Total Child Deaths by Manner

(N=1,398)



The CDRT Executive Council has identified 13 specific categories of death that are used during their reviews, along with categories for undetermined and "other" deaths. In this classification system, the category of death can be different from the proximal cause of death. For example, a child may have died of pneumonia (cause of death) that was the result of an earlier gunshot wound (category of death). By reviewing this death as a firearm death, the CDRT would make recommendations related to firearms rather than the illness that resulted from the gunshot. The use of categories can be helpful in the development of strategies, systems, and awareness campaigns to prevent child deaths. Prematurity (35%) and illness (34%) accounted for the majority of child deaths in 2018, followed by suffocation (8%), firearms (6%), undetermined causes (6%), vehicular accidents (3%), drowning (2%), and injuries (2%). Deaths in the remaining categories were infrequent, accounting for about 4% of total child deaths in 2018 (Figure 4).

Figure 4. 2018 Total Child Deaths by Category



Note: SUID is Sudden Unexpected Infant Death, SIDS is Sudden Infant Death Syndrome, and SUCD is Sudden Unexplained Child Death.

Examining the manner and category of death together can provide additional insight into the patterns of child deaths in Illinois (see Table 1). For instance, the majority of accidental child deaths are due to suffocation or vehicular accidents, followed by drownings, fire, and poison/overdose. Most homicides involve either firearms or other inflicted injuries. Hanging (suffocation) is the most frequent method of child/youth suicide, followed by firearms. Almost all child deaths due to natural causes are the result of premature birth or illness.

Table 1. 2018 Total Child Deaths – Manner of Death by Category of Death						
CATEGORY OF DEATH	MANNER OF DEATH					
	Accident	Homicide	Natural	Suicide	Undetermined	Total
Prematurity	0	1	492	0	3	496
Illness	1	0	468	0	4	473
Suffocation	64	3	0	35	11	113
Firearms	3	67	0	17	3	90
Undetermined	0	0	2	0	76	78
Vehicular	42	1	0	1	1	45
Drowning	24	0	0	0	4	28
Injury	5	16	0	0	3	24
Fire	22	0	0	0	1	23
Poison	5	0	0	5	2	12
SUID	2	0	2	0	4	8
Other	1	1	1	1	0	4
SIDS	0	0	2	0	0	2
Scalding Burn	0	1	0	0	0	1
SUCD	0	0	0	0	1	1
TOTAL	169	90	967	59	113	1,398

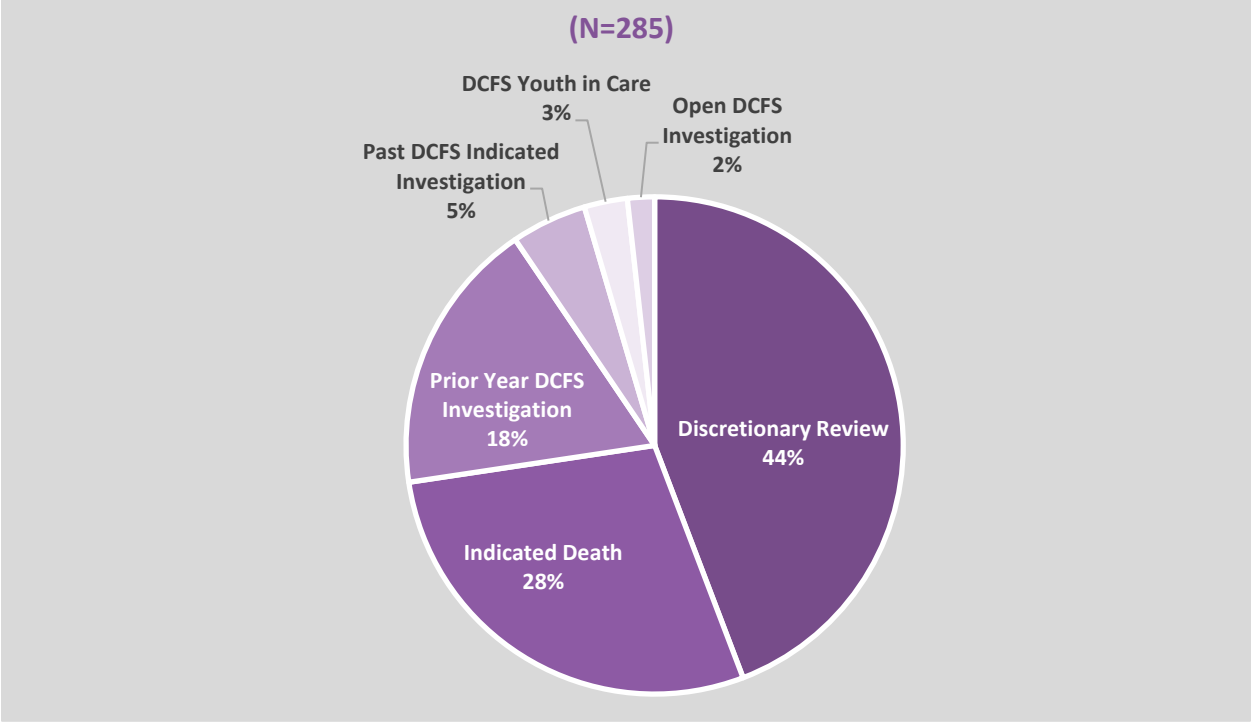
Deaths Reviewed by CDRTs in 2018

In 2018, 285 child deaths were reviewed by the CDRTs. CDRTs are mandated to review the death of any child age 17 or younger if any of the following circumstances occur:

- the child was a DCFS ward at the time of death,
- the child was a non-ward, if the death occurred in a licensed foster home,
- the child was involved in an open DCFS service case at the time of death,
- the child was involved in an investigation during the 12 months prior to death,
- the child's death was the result of indicated abuse or neglect against the parent/caregiver (i.e., there was an indicated death allegation), or
- there was an indicated maltreatment allegation (other than death) at the time of the child's death.

Of the 285 cases that were reviewed by a CDRT in 2018, there were 159 mandatory and 126 discretionary reviews. The mandatory reviews occurred for one of several reasons: 81 were indicated death cases, 51 cases had an investigation in the year before the child's death, 14 were indicated investigations, 8 were DCFS youth in care, and 5 involved an open DCFS investigation at the time of death (see Figure 5).

Figure 5. Deaths Reviewed by CDRTs in 2018



CDRT Recommendations to Prevent Child Deaths

Child deaths are a serious concern in Illinois as well as nationally, and considerable attention is focused on developing effective prevention strategies. CDRT recommendations are an important mechanism for preventing child deaths. In Illinois, CDRTs can make four types of recommendations:

- Case-specific recommendations include immediate actions which must be taken on a specific child welfare case, usually related to the siblings of the deceased child still living in the home.
- Primary prevention recommendations focus on public awareness and education related to the causes of child deaths.
- DCFS system recommendations focus on changes to DCFS policies, procedures, and training.
- Other system recommendations involve changes of other agencies or systems outside of DCFS (e.g., public health, hospitals, state's attorneys' offices).

CDRTs made a total of 80 recommendations related to child deaths that occurred in 2018. Of the 80 recommendations, 26 focused on DCFS policy and procedures, 11 focused on other agencies or systems, 41 were related to specific cases, and 2 were related to prevention recommendations. Some examples of DCFS system recommendations and the DCFS response are shown in Table 2. For a full list of the recommendations made by the CDRTs in 2018 and the associated responses from DCFS, please refer to the annual report (Illinois Department of Children and Family Services, 2020).

Table 2. Examples of CDRT Recommendations and DCFS Responses

CDRT Recommendation	DCFS Response
CDRT to work with the Department to revise the statute on how a parent's drug use is used as evidence in cases. Parental drug use should be considered prima facie evidence of neglect at the time of use of the drug regardless if the children are with them or not.	DCFS does not agree with this recommendation. Neglect per statute requires blatant disregard. Cases should be examined sui generis (of its own kind) to determine the evidence that exist that the child is neglected or abused. A blanket generalization has multiple implications for the Department and the state.
DCFS should consider utilizing Intensive Placement Stabilization (IPS) services on HMR/unlicensed homes when children with significant mental health needs are placed in a relative's care. In this case, one of the children had prior psychiatric hospitalizations, and needed more intensive services than a traditional/unlicensed monitoring can provide. Perhaps if this relative caregiver received a higher level of support and mental health services, she would have made better decisions around the children's care. This child needed assessment and mental health services. Although the worker reported that she thought the child was receiving mental health services post placement to the relative's home, she did not confirm attendance or treatment.	DCFS agrees and will review this with staff. (Note: This was reviewed and a referral for Intensive Placement Stabilization was made on this case) All agree that Intensive Placement Stabilization should be put in place right away, as soon as a need is identified. DCFS reiterates that ISP can be put in place at any time. The Department also has Foster Parent Support Specialists that can and do provide additional support to foster parents.
Educate the supervisors of DCFS and the intact program regarding the difference between a parent-implemented "care plan" and a DCFS implemented "safety plan" and stress that parents need to be informed of the difference between these two.	Training is being developed regarding the use of safety plans and this will be included.

DCFS should seek liaisons (one on the DCFS end and one on the police end) to help staff when working with the Chicago Police.	Cook County already has identified liaisons with police departments. The information will be redistributed with staff. Local offices work closely with police and these offices do not have a need for a specific liaison. In offices where police reports cannot be obtained, the area administrators assist as part of their role.

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Related Publications

Illinois Department of Children and Family Services. (2020). *The Illinois Child Death Review Team Annual Report - 2018*. Springfield, IL: Author.

Fuller, T., Braun, M.T., & Zhang, S. (2016). *Understanding Child Death Review in Illinois*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Fuller, T., & Tran, S.P. (2020). *Trends in Illinois Child Deaths Between 2009 and 2018.* Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Acknowledgements

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U.S. Census Bureau. (2020). *Annual estimates of the resident population by single year of age and sex: April 1, 2010 to July 2019*. Retrieved from https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html