NH Child Fatality Review Committee Annual Report SFY 2022

December 2022

NH DIVISION OF
Public Health Services
Department of Health and Human Services

Acknowledgment

We would like to take a moment to acknowledge the hard work and dedication that every participant contributes to the efforts of 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 in an effort to prevent similar unfortunate circumstances from occurring again.

Thank you.

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Letter from Child Fatality Review Commission Co-Chairs

The NH Child Fatality Review Committee (CFRC) is pleased to present the Annual Report, covering the work of the committee for State Fiscal Year 2022. The purpose of the CFRC is to ensure the health and safety of the children of New Hampshire and to reduce the number of preventable child deaths. Our reviews are grounded in the belief that a child's preventable death is a collective responsibility. Our primary goal is to learn how to prevent harm to other children.

This report presents an explanation of how the committee chooses its cases and facilitates the review, and a summary of the recommendations from the past year. Data presented in our report represent state-level trends from death certificate data among children from birth through age twenty-one (21) who are residents of the state of New Hampshire. Data are presented from the 2021 calendar year, along with a 5-year data analysis from 2017 -2021. The report concludes with our findings and recommendations for reducing preventable child fatalities in the future.

Our task is difficult, but we are sustained in the knowledge that our work is important and that it can have a direct and lasting impact on the safety and well-being of New Hampshire children.

In recognition of this commitment and dedication, it is with great pride that as Co-Chairs, we present our 18th annual report to: Governor of the State of New Hampshire; New Hampshire State Senate President; Speaker of the New Hampshire House of Representatives; the Health and Human Services Oversight Committee; and the people of the State of New Hampshire.

Josephine Porter
Co-Chair

Marc A. Clement, PhD
Co-Chair

Overview and Protocol

RSA 132:41(Section 132:41 Child Fatality Review Committee Established. (state.nh.us) 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, by retrospective analysis, it is determined that a reasonable intervention (e.g. medical, educational, social, legal, or psychological) might have prevented the death. "Reasonable" is defined as taking into consideration the conditions, circumstances, or resources available.

Under the joint auspices of the Department of Health and Human Services (DHHS) and the Office of the Chief Medical Examiner (OCME) at the Department of Justice, the CFRC's charge is to identify factors associated with these deaths and to make recommendations for system changes to improve services for infants, children, and adolescents. The CFRC, whose members are designated by legislation, is not an investigative body nor is designed to assign fault to an agency or individual. It is a forum for sharing information essential to the improvement of response to a child fatality and to prevent others in the future.

The CFRC has two co-chairs selected every two years by the full body and has an Executive Committee, which develops protocols and selects the cases. Cases are selected based on data trends in the previous annual report and available information in the OCME. The CFRC is not obligated to review all child deaths. In SFY 22, there were six CFRC review meetings and eight cases, which included four due to suicide and four to motor vehicle crashes.

After case selection, the CFRC Executive Committee then determines which members potentially have information to share, which will answer the following questions:

- What could have been changed that would have prevented the death?
- What changes are necessary to prevent future deaths?

Information is shared, as enabled by RSA 132:41, not only on the death of the child, but data on other deaths or injuries similar to the death being reviewed. Local and state resources, services and programs relevant to the prevention of the death are also discussed. Pursuant to RSA 91-A: 3, II (c) and RSA 91-A: 5, IV (Chapter 91-A ACCESS TO GOVERNMENTAL RECORDS AND MEETINGS (state.nh.us)), the CFRC goes into a non-public session during the actual case review. CFRC members sign a confidentiality agreement ensuring that the information secured in each review will remain confidential. This includes not sharing any case specific information or the nature of any discussion that took place during the non-public session with anyone not present at the case review.

A discussion of recommendations uses a development worksheet form, which breaks them down into the following categories:

- Communication/Collaboration & Coordination of Resources
- Increased Awareness & Training
- Policy/Procedure Changes

In SFY 22, New Hampshire was still in the midst of the COVID 19 pandemic, which had an overall negative effect on child health and wellness. This was discussed as part of every recommendation.

2022 Recommendations

Communication/Collaboration & Coordination of Resources
Increased Awareness & Training
Policy/Procedure Changes

Recommendations	Implementation Activities
Increased awareness of grief services and support post autopsy.	The following two links are listed on the DHHS and/or CFRC website: • Grief and Support Services- Office of the Chief Medical Examiner • Grief and Loss | New Hampshire Department of Health and Human Services (nh.gov)
Support healthcare provider practices reviewing firearm safety at well-child visits.	Firearm safety is reviewed as a routine part of anticipatory guidance in pediatric and adolescent well-care visits as per *Bright Futures* guidelines.
Continue to work with community partners to increase protective factors.	CFRC Coordinator works with various community partners and committees to promote centralized access point for NH resources such as New Hampshire Family Voices.
Update CFRC policies and consider a more consistent mechanism of reviews.	CFRC Coordinator regularly meets with other DHHS-facilitated fatality review committee leadership. Ongoing Technical Assistance from the National Center for Fatality Review and Prevention – Keeping Kids Alive (ncfrp.org) Multiple members of the CFRC participated in Region 1 (New England) meetings and trainings.
Increased level of care, resources and follow-up after adolescent/child psychiatric discharge.	Continued support and implementation of DHHS's 10 year mental health plan; 10-Year Mental Health Plan | New Hampshire Department of Health and Human Services (nh.gov) CFRC Coordinator collaborates with Medicaid Managed Care Organizations (MCOs) quality initiatives for consistent follow-up after psychiatric admissions. Measurement Periods for the FFY 2022 Child Core Set Measures (medicaid.gov)
Consistent mechanisms and procedures to follow up on missed adolescent well-visits.	DHHS/DPHS funded health centers have quality initiatives around annual adolescent well-visits. DHHS funded MCO's also have focus on increasing annual adolescent well visits Measurement Periods for the FFY 2022 Child Core Set Measures (medicaid.gov).
Continued support and implementation of the *Governor's Commission on Alcohol and Other Drugs Action Plan* to increase substance use and misuse training and education and reduce	Implementation strategies addressed within the recently published New Hampshire Governor's Commission on Alcohol and Other Drugs; Strengthening Our Response Together: Action Plan Update.

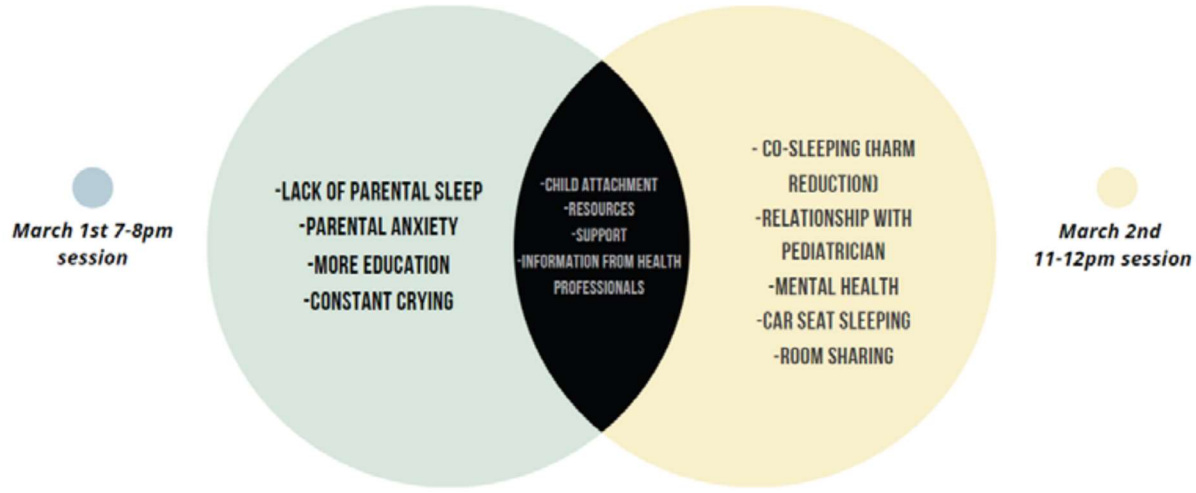
Recommendations	Implementation Activities
barriers to treatment for adolescents and young adults.	
Increased public awareness regarding DCYF reporting.	Collaboration and support of the Granite State Children's Alliance provision of *Know & Tell* trainings.
Additional CALM (Counseling on Access to Lethal Means) trainings.	CALM training information was sent via email to CFRC Members and community partners CALM: Counseling on Access to Lethal Means | Suicide Prevention Resource Center (sprc.org)
Increase efforts to reduce stigma in mental health care.	Continued support and implementation of DHHS's 10 year mental health plan; 10-Year Mental Health Plan | New Hampshire Department of Health and Human Services (nh.gov) Continued support and implementation of NH State Suicide Prevention Plan; New Hampshire State Suicide Prevention Plan, 2021-2024 | New Hampshire Department of Health and Human Services (nh.gov)
Increased statewide suicide prevention training for providers and schools.	Below is a sampling of some of the New Hampshire training and resources that are available: • Zero Suicide • QPR • New Hampshire | Suicide Prevention Resource Center (sprc.org) • Home - NAMI NH • NH K-12 Suicide Prevention Training | Professional Development & Training (unh.edu) • New Hampshire | AFSP
Increase awareness of the availability of 988 hotline.	DHHS has been providing this information to their employees and the NH community; https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/988-rapid-response.pdf
Increase awareness of community resources for adolescents and young adults.	CFRC collaborates with NHFV to increase awareness of Maneuvering Through The Maze 2022 - New Hampshire Family Voices (nhfv.org)
Collaborate with community partners to increase training and education on adverse childhood experiences and trauma-informed care.	Below is a sampling of some of the training and education that are available: • Adverse Childhood Experiences (ACEs) (cdc.gov) • SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach | SAMHSA Publications and Digital Products

Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Review Committees

The SUID and SDY Review Committees use New Hampshire data to increase the understanding of the prevalence, causes, and risk factors for infants, children, and young adults who die suddenly and unexpectedly. In 2022, the SUID and SDY Committees met six times, and scheduled all SUID and SDY case reviews for 2023. In 2022, the Safe Sleep Workgroup, a recommendations and implementation workgroup of the SUID Review Committee, planned, developed and implemented a campaign for community awareness on safe sleep. The campaign activities included parent town hall meetings and provider lunch and learns. The Safe Sleep Workgroup held two parent town hall meetings in early 2022 to gain insight into the challenges and successes around sleep practices. The parent town halls included discussions around safe sleep challenges and provided the families an opportunity to hear from other families who were facing similar challenges. The town halls also included a safe sleep presentation, *Crib for Kids,* by a birthing hospital Safe Sleep Ambassador. The Safe Sleep Workgroup will meet in late 2023 to implement recommendations learned from the parent town halls to create new safe sleep education materials and messaging.

*Sample community flyer used to recruit parents for the town hall meetings.

Challenges families discussed during parent town halls.



Recommendations from Parent Town Hall Discussions

In early winter of 2023, the New Hampshire Safe Sleep Workgroup will focus on a medical provider lunch and learn. The SUID/SDY Program will provide information about the program, utilizing the providers as experts in case reviews, and share educational materials. The goal is to gain insight from the medical providers in New Hampshire on how they share/educate patients on safe sleep practices. The Safe Sleep Workgroup will use information learned to create additional safe sleep educational trainings and resources for the medical community. The SUID/SDY Program continues to collaborate with the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) to improve safe sleep practices in their home visiting program. The SUID/SDY Program worked closely with a Local Implementing Agency (LIA) to get a richer understanding on safe sleep education, and the implementation of safe sleep education with families. The SUID/SDY Program Coordinator met with MIECHV and the LIA five times and discussed current safe sleep educational practices of home visitors, and discussed barriers the LIA have heard from families; these barriers include: overwhelming postnatal information, generational differences around safe sleep, and mixed messaging on safe sleep products. The SUID/SDY Program Coordinator and MIECHV staff are working to provide the LIA with safe sleep materials and support the home visitors in topics that continue to be identified as barriers.

The SUID/SDY Program Coordinator also meet with various parent support groups in 2022. During these meetings, she educated new parents and caregivers on safe sleep practices, and provided educational materials to support families on how to practice safe sleep. The trainings allow parents and caregivers an opportunity to discuss challenges and successes families have had with safe sleep. The SUID/SDY program continues to provide safe sleep materials to family resource centers, birth hospitals, WIC Programs and other community health programs. The SUID/SDY Program continues to partner with birth hospitals to speak with expecting families to promote safe sleep and provide an opportunity for new parents to discuss safe sleep practices.

Child Fatality Data

Data presented in this report represents state-level trends from death certificate data among children from birth through the age of 21 who were residents of the state of New Hampshire. Rates for the United States are included for comparison purposes; United States rates are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, from the CDC WONDER online database.

Data Definitions

All deaths are classified according to cause and manner of death. There are many complexities involved in determining cause and manner of death, beginning with the definition of each term. **Cause of death** refers to the disease process or injury which 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 the death certificate as resulting from one of the following manners of death: natural (due to underlying medical conditions, unrelated to any external factors), accident (injury or poisoning without intent to cause harm or death), suicide, homicide, (suicide or homicide are cases with confirmed intent to cause death), or could not be determined (insufficient information is available to determine a manner of death). When the manner of death is listed as "pending", further investigative, historical, or laboratory information is expected before a determination of manner of death can be made.

For this report, death data is broken into two classifications of death: **natural causes** and **injuries**. Death by natural causes is a strictly defined term utilized when the cause of death is due exclusively to disease with no contribution by any injury or other exogenous factor. It encompasses, but is not limited to, diseases of the heart, malignant neoplasms (i.e. cancer), and conditions originating in the perinatal period (such as low birth weight and prematurity). The second category of death is injury which refers to death from damage done to the structure or function of the body caused by an outside agent or force, which maybe physical (as in a fall) or chemical (as in a burn or poisoning). Injury deaths are further classified as **unintentional** (such as in accidental drowning) or **intentional** (suicide or homicide).

For this report, we have not disaggregated data by race and ethnicity due to small numbers. Counts of ten or fewer events may be due to chance alone and do not produce reliable statistics. One should use caution when interpreting small numbers and the percentages derived from them.

General Overview

Approximately half of the deaths (53.8%) in New Hampshire children, from birth through age twenty-one, were due to natural causes over the last five year period, 2017-2021 (Table 1). This was also the case for calendar year 2021 (54.9%, Table 1).

Table 1: Number of New Hampshire Resident Child Deaths by Cause, 2017-2021 and 2021

	2017-2021		2021	
Cause of Death	**Numbers Percent**	**Percent**	**Numbers**	**Percent**
Natural (Illness)	324	53.8%	67	54.9%
Injury (Accident, Homicide, Suicide, Undetermined, SUID)	276	45.8%	54	44.3%
Other / Unknown / Pending	2	0.3%	1	0.8%
Total	602	100.0%	122	100.0%

Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021.

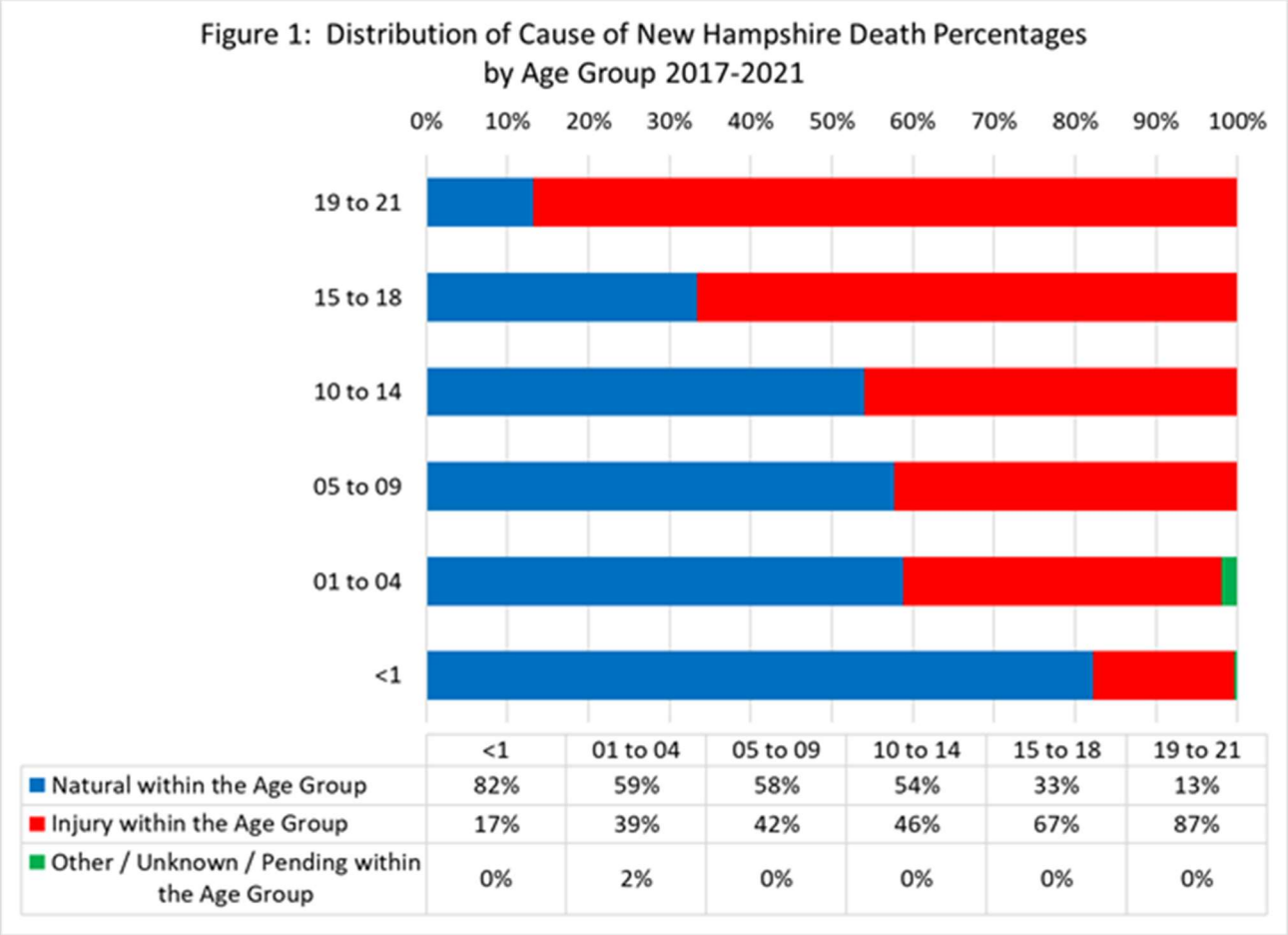
The first year of life continues to be the most perilous for New Hampshire children, accounting for 37.3% of all deaths among children under the age of 21 from 2017-2021 (Table 2). Young adults aged 19 to 21 years represented the next highest percentages of deaths at 26.3 % (Table 2).

Table 2: Number of New Hampshire Resident Child Deaths by Cause and Age Group, 2017-2021

Manner of Death										
Age Group	**Accidental**	**Homicide**	**Natural**	**Pending**	**Suicide**	**Undetermined**	**Grand Total**	**Percent by Age group**	**Estimated Population**	**Crude Rate per 100,000**
<1	6	2	206	2	0	21	237	37.3%	60,131	394.1
01 to 04	14	3	30	2	0	2	51	8.0%	258,551	19.7
05 to 09	7	3	15	1	0	0	26	4.1%	346,348	7.5
10 to 14	8	0	27	0	14	1	50	7.9%	379,253	13.2
15 to 18	37	2	35	0	31	0	105	16.5%	330,076	31.8
19 to 21	88	5	22	0	48	4	167	26.3%	280,546	59.5
Total	160	15	335	5	93	28	636	100.0%	1,654,905	38.4

Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021.

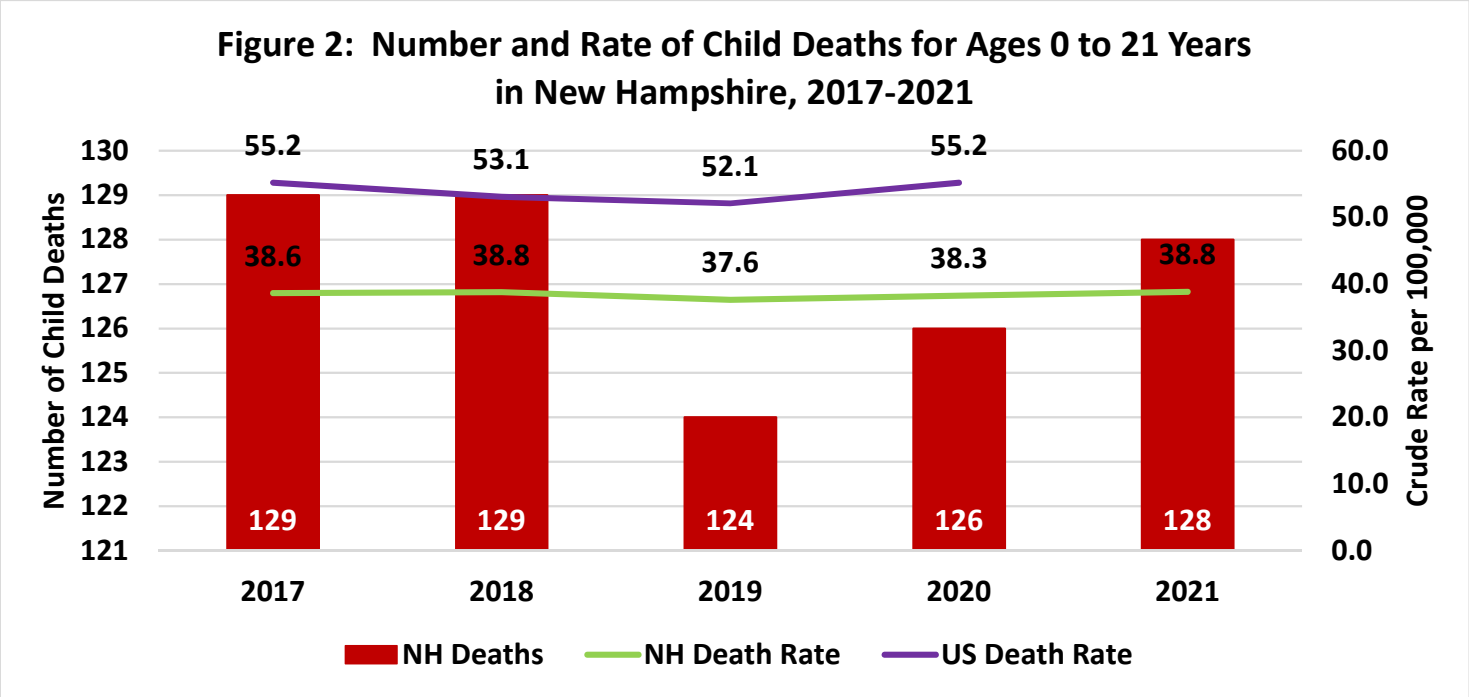
The majority of deaths in New Hampshire among infants under age one were due to natural causes (82%, Figure 1). Conversely, for young adults, 19-21 years of age in New Hampshire, injury accounted for the majority of deaths (87%, Figure 1).



	<1	01 to 04	05 to 09	10 to 14	15 to 18	19 to 21
Natural within the Age Group	82%	59%	58%	54%	33%	13%
Injury within the Age Group	17%	39%	42%	46%	67%	87%
Other / Unknown / Pending within the Age Group	0%	2%	0%	0%	0%	0%

Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021.

The 2021 child mortality rate for New Hampshire was 38.8 child deaths per 100,000 children (0-21 years of age). The rate did not change significantly compared to the 2020 rate of 38.3 per 100,000 children. New Hampshire's child mortality rate (38.3) continues to be below the national rate of 55.2 per 100,000 children. Figure 2 shows the number and rate of child deaths in New Hampshire and the U.S. between 2017 and 2020. The US crude rate is not available for 2021.



Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021. National Rates: CDC Wonder

Infant Death Data

Infants less than one year of age died primarily from natural causes. More specifically, the most common cause of deaths in the aggregated five-year time period (Table 3) was “certain conditions originating in the perinatal period,” including certain maternal factors and by complications of pregnancy, labor and delivery.This category made up 54% of all natural deaths.

Table 3: New Hampshire Residents, Top Five Leading Causes of Natural Deaths, Infants(under age 1 year), 2017-2021

Table 3: New Hampshire Residents, Causes of Natural Deaths, Infants (under age 1 year), and 2017-2021

Leading Natural Causes of Infant Death	**2017-2021**	**% of Total**
Certain Conditions Originating In The Perinatal Period	128	54%
Congenital Malformations, Deformations and Chromosomal Abnormalities	38	16%
SUID - Sudden Unexpected Infant Death	36	15%
Diseases Of The Circulatory System	14	6%
Diseases Of The Respiratory System	8	3%
Diseases Of The Digestive System	3	1%
Homicide - Assault	2	1%
Neoplasms	2	1%
Pending	2	1%
Bite or Sting	1	0%
Certain Infectious and Parasitic Diseases	1	0%
Diseases Of The Genitourinary System	1	0%
Diseases Of The Nervous System	1	0%
Grand Total	**237**	**100%**

Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Dataprovided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021

Table 4: New Hampshire Residents, SUID Death Counts by Year, 2017-2021

Cause of Death	2017	2018	2019	2020	2021	Total
SUID (ICD10 Code: R95, R99,W75, and Other)	7	8	5	9	8	38

Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021 (Counts reflect the result of the reviewed and confirmed SUID cases)

Children, Adolescents, and Young Adult Deaths Review (Ages 1 to 21 years)

For children between one and 21 years of age, data are presented by cause of death and manner of death. In thisage group, the leading cause of death is due to injury (intentional or unintentional). Natural causes of death accounted for 33.3% of deaths, and malignant neoplasms (cancer) is the leading cause of natural deaths (Table 5).

Table 5: New Hampshire Residents, Leading Manner of Death, Ages 1 to 21, 2017-2021

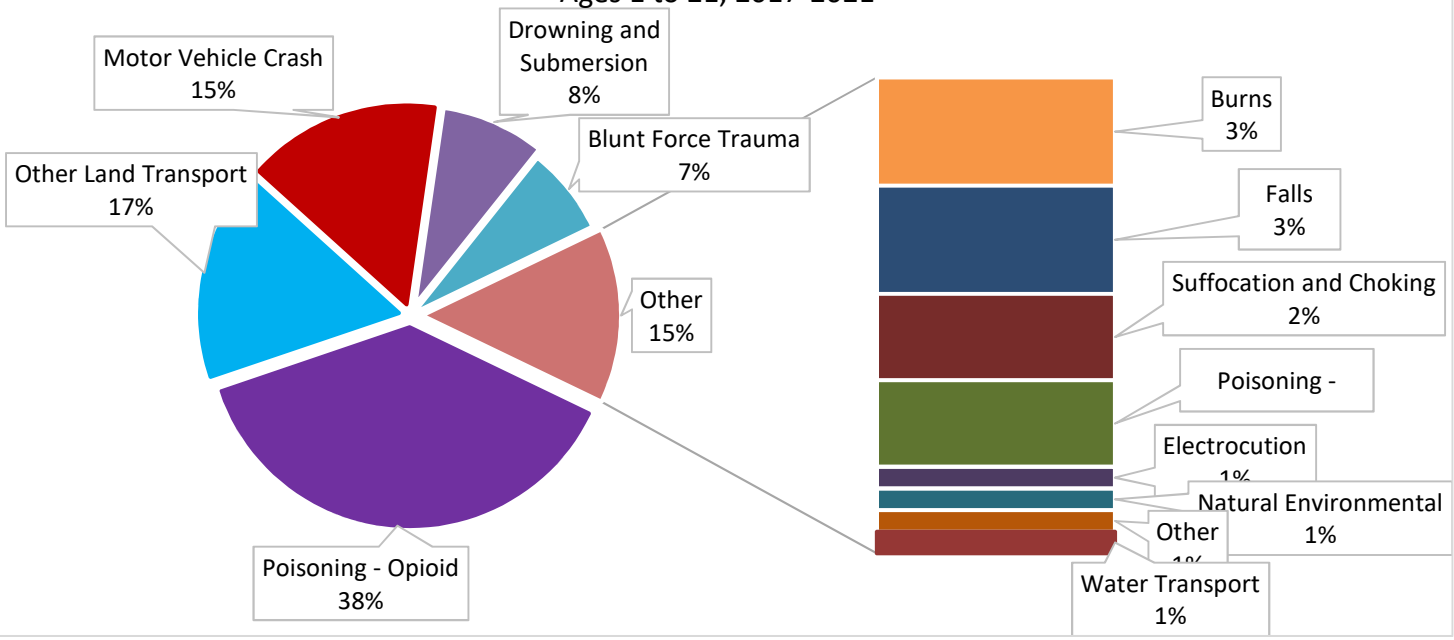
	2017-2021		2021	
Manner of Death	Numbers Percent	Percent	Numbers	Percent
Accidental	154	38.6%	30	40.0%
Natural	129	32.3%	25	33.3%
Suicide	93	23.3%	13	17.3%
Homicide	13	3.3%	2	2.7%
Undetermined	7	1.8%	2	2.7%
Pending	3	0.8%	3	4.0%
Grand Total	399	100.0%	75	100.0%

Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021

Unintentional Injury Deaths (Ages 1 to 21)

The top five causes of unintentional injury death among children and youth ages 1 to 21 (Figure 3) are: poisoning deaths due to opioids (38 %); other land transport accidents (ATVs,snow mobile related accidents (17 %); motor vehicle accidents (15%); drowning and submersion(8%) and blunt force trauma (7 %).

Figure 3: Distribution of Unintentional Injury by Cause of Death, Ages 1 to 21, 2017-2021



Poisoning deaths due to opioids accounted for the highest rate (37.7%) of all unintentional deaths among children and youth ages 1 to 21. Other land transport was the second most common cause at (17 %) with motor vehicle accidents being the third most common cause (15.6%).

Table 6: New Hampshire Residents, Types of Unintentional (Accidental) Injury Deaths, Ages 1-21, 2017-2021

Accidental Causes of Death	01 to 04	05 to 09	10 to 14	15 to 18	19 to 21	Total	Total %
Poisoning - Opioid	1	0	1	6	50	58	37.7%
Other Land Transport	0	1	3	12	10	26	16.9%
Motor Vehicle Crash	1	3	0	6	14	24	15.6%
Drowning and Submersion	4	1	2	4	2	13	8.4%
Blunt Force Trauma	1	0	0	3	7	11	7.1%
Burns	3	1	0	1	0	5	3.2%
Falls	1	0	2	1	1	5	3.2%
Suffocation and Choking	1	1	0	2	0	4	2.6%
Poisoning - Other	0	0	0	1	3	4	2.6%
Electrocution	1	0	0	0	0	1	0.6%
Natural Environmental	1	0	0	0	0	1	0.6%
Other	0	0	0	1	0	1	0.6%
Water Transport	0	0	0	0	1	1	0.6%
Grand Total	**14**	**7**	**8**	**37**	**88**	**154**	**100.0%**

Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021.

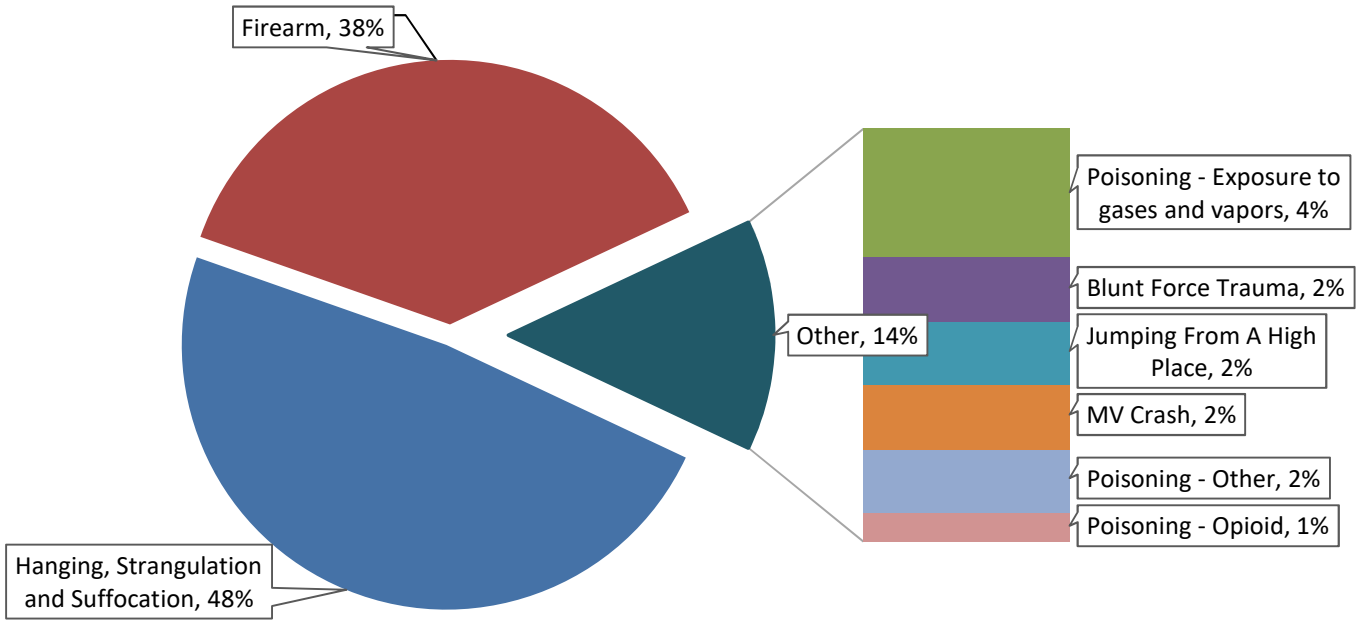
Intentional Injury Deaths (Ages 1 to 21)

Suicide (88%) is the leading cause of intentional injury deaths in children ages 1 to 21, and the incidence of suicide deaths is highest among youth ages 19 to 21 (Table 7). The method of death in half of the suicides is hanging/asphyxiation (48%), followed by firearms (38%), and poisoning (7%). (Figure 4)

	01 to 04	05 to 09	10 to 14	15 to 18	19 to 21	Total	Total %
Homicide	3	3	0	2	5	13	12%
Suicide	0	0	14	31	48	93	88%
Total	3	3	14	33	53	106	100%

Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021

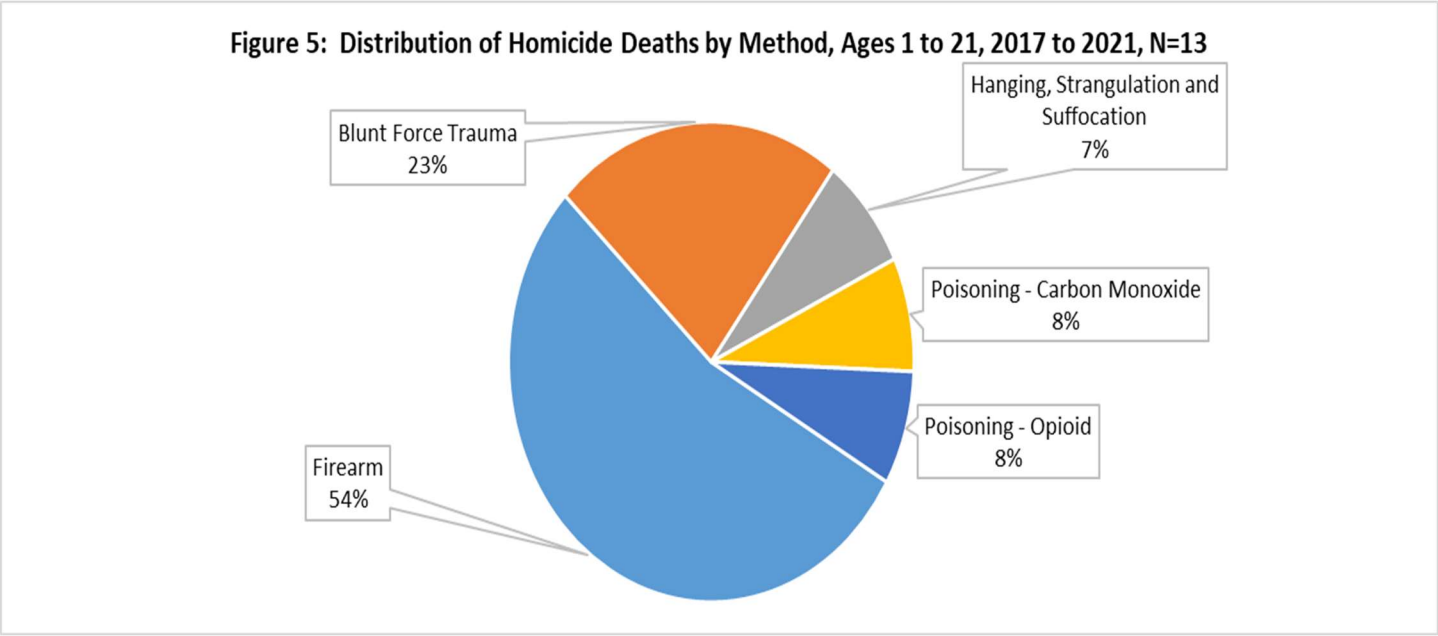
Figure 4: Distribution of Suicide Deaths by Method, Ages 1 to 21, 2017 to 2021, N=93



Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021

For more information about suicide, please refer to the NH Suicide Prevention Annual Report.

Among intentional injury deaths related to homicide, 54% were caused by firearms, and 23% by blunt force trauma. (Figure 5)



Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Dataprovided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021

Undetermined Deaths (Age 1 to 21)

Undetermined manner deaths are a category for deaths in which no manner of death can be discerned. Undetermined manner deaths are included as a separate category and should not be included when discussing injury deaths. Undetermined manner means that accidental or suicide/homicide intent could not be determined with the available evidence. These deaths are neither homicide nor suicide, and cannot be deemed an accident with the available evidence. Table 8 show the counts for undetermined manner deaths by age group.

Table 8: New Hampshire Residents, Undetermined Manner of Deaths, Ages 0 to 21, 2017-2021

	1 to 4	5 to 9	10 to 14	15 to 18	19 to 21	Total
Pending	2	1	0	0	0	3
Undetermined	2	0	1	0	4	7
Total	**4**	**1**	**1**	**0**	**4**	**10**

Data Source: New Hampshire Department of Health and Human Services, Injury Prevention Program. Death Certificate Data provided by the New Hampshire Department of State, Division of Vital Records Administration, 2017-2021

Appendix A: CHILD FATALITY COMMITTEE MEMBERSHIP JULY 2021-JUNE 2022

Honorable Susan Ashley
NH Circuit Court- Family Division

Joy Barrett
Granite State Children's Alliance

Skip Berrien
Member of the Public

Vicki Blanchard*
Bureau of Emergency Medical Services

Christine Brennan
Department of Education

Dianne Chase
Bureau of Child Development

Marc Clement*#
Colby-Sawyer College

Jennie Duval*
Chief Medical Examiner

Adam Fanjoy
NH Fire Marshal's Office

Robyn Guarino
Office of the Attorney General

Morissa Henn
Office of the Commissioner of Health & Human Services

Kris Hering
New Hampshire Hospital Association

Angie Raymond Leduc
Injury Prevention Center- Dartmouth-Hitchcock

Resmiye Oral
Child Advocacy & Protection Program0 Dartmouth-Hitchcock

David Parenteau
Statewide Law Enforcement Officers' Advisory Council

Sylvia Pelletier
NH Family Voices

James Potter
New Hampshire Pediatric Society

Josephine Porter*#
Epidemiologist

Joseph Ribsam*
NH Division for Children, Youth, and Families

Schelley Rondeau
Home Visiting Program

Rebecca Ross
Division of Behavioral Health

Cassandra Sanchez
Office of the Child Advocate

Rhonda Siegel*
Maternal and Child Health

Marcia Sink
CASA of NH

Lissa Sirois
Women, Infants, and Children Program, Nutrition Services

Catherine Shackford
NH State Police

Joi Smith
NH Coalition Against Domestic & Sexual Violence

Susan Watson
Economic Housing Stability

Lisa Fontaine-Storez
Maternal and Child Health, Administrative Support

Jessica Bates
Maternal and Child Health, Administrative Support

**denotes Executive Committee Member*

#denotes Co-Chair of the Committee

Appendix B: SUID Review Group Membership
JULY 2021-JUNE 2022

Dierdra Batchelder
Office of the Chief Medical Examiner-SUID and SDY data analyst

Vicki Blanchard
Bureau of Emergency Medical Services

Karl Boisvert
Quality Assurance and Improvements

Charles Cappetta
DHMC, Pediatrician

Kris Hearing
New Hampshire Hospital Association

Jennie Duval
Office of Chief Medical Examiner

Sherry Ermel
NH Division for Children, Youth, and Families

Kim Fallon
Office of the Chief Medical Examiner/Chief Forensic Investigator

Elizabeth Fenner-Lukaitis
Bureau of Behavioral Health

Victoria Flanagan
DHMC, Perinatal Outreach Educator, Director of Operations, NNEPQIN

Anne Frechette
Association of Women's Health, Obstetric and Neonatal Nurse (AHWONN) Representative

Jonelle Gaffney
CASA NH

Wendy Gladstone
Pediatrician

Sarah Goss
DHHS, SUID/SDY Program, Maternal and Child Health

James Gray
DHMC, Neonatologist

Kristi Hart
DHHS Home Visiting, Maternal and Child Health

Courtney Keane
MCH Infant Program Manager Maternal and Child Health

JoAnne Miles-Holmes
Injury Prevention, Maternal and Child Health

Paula Oliveira
New Hampshire Breastfeeding Task Force

Josephine Porter
Co-Chair Child Fatality Review Committee

Kristiane Schott
Division of Economic and Housing Stability

Rhonda Siegel
Administrator, Maternal and Child Health

Lissa Sirois
Women, Infants, and Children Program, Nutrition Services

Sherry Stevens
Certified Professional Midwife

Appendix C: SDY Review Group Membership

JULY 2021- JUNE 2022

Dierdra Batchelder
Office of the Chief Medical Examiner-SUID and SDY data analyst or designee

Vicki Blanchard
Bureau of Emergency Medical Services

Marc Clement
Child Psychologist, Co-Chair Child Fatality Review Committee

David Crowley MD
Pediatric Cardiologist or designee

Kris Hering
New Hampshire Hospital Association

Mary Beth Dinulos
Pediatrician/Pediatric Geneticist

Deirdre Dunn
Special Medical Services

Jennie Duval
Office of Chief Medical Examiner

Emily Knight
Intensive Care Pediatric Nurse

Kim Fallon
Office of the Chief Medical Examiner/Chief Forensic Investigator

Elizabeth Fenner-Lukaitis
Bureau of Behavioral Health

Jonelle Gaffney
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Sarah Goss
DHHS, SUID/SDY Program, Maternal and Child Health

Michele Guertin
Child Care Licensing

Courtney Keane
Infant Program Manager, Maternal and Child Health

Kristin Kraunnelis
Pediatric Mental Health Nurse

Susan Moore
Nurse/Special Medical Services

Richard Morse
Pediatric Neurologist

Sylvia Pelletier
New Hampshire Family Voices

Kristiane Schott
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Rhonda Siegel
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Sherry Stevens
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