Connecticut’s Response to Ensuring Child Safety
DCF Vision and Mission

The mission of the Department is to work together with families and communities for children who are healthy, safe, smart and strong.

Seven Cross-Cutting Themes
1. Implementing strength-based family policy, practice and programs.
2. Applying the neuroscience of early childhood and adolescent development.
3. Expanding trauma-informed practice and culture.
4. Addressing racial inequities in all areas of our practice.
5. Building new community and agency partnerships.
6. Improving leadership, management, supervision and accountability.
7. Becoming a learning organization.
• Connecticut Population: 3.59 million

• DCF’s consolidated statutory mandate includes:
  • Child welfare
  • Children's behavioral health
  • Education
  • Juvenile Justice
  • Prevention

• Annually, we serve an average of 36,000 children and 16,000 families.

• On any given day, approximately:
  • 14,000 cases are open
  • 3,000 families with children living at home receive services
  • 2,600 investigations and 1,700 family assessments are underway
  • 4,000 children are in some type of placement
OVERVIEW OF CONNECTICUT’S STORY

• What has happened?

• What do we know?

• What are we doing to learn more and improve our practice?

• What other strategies are we employing to prevent child maltreatment fatalities?
# What Has Happened?

<table>
<thead>
<tr>
<th>CY of Incident</th>
<th>Child Deaths Due to Maltreatment</th>
<th>Child Deaths Not Due to Maltreatment</th>
<th>Total Child Deaths Reported to DCF Risk Management</th>
<th>% DCF Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1</td>
<td>18</td>
<td>19</td>
<td>58%</td>
</tr>
<tr>
<td>2006</td>
<td>3</td>
<td>22</td>
<td>25</td>
<td>60%</td>
</tr>
<tr>
<td>2007</td>
<td>4</td>
<td>20</td>
<td>24</td>
<td>79%</td>
</tr>
<tr>
<td>2008</td>
<td>11</td>
<td>26</td>
<td>37</td>
<td>51%</td>
</tr>
<tr>
<td>2009</td>
<td>7</td>
<td>24</td>
<td>31</td>
<td>48%</td>
</tr>
<tr>
<td>2010</td>
<td>5</td>
<td>29</td>
<td>34</td>
<td>44%</td>
</tr>
<tr>
<td>2011</td>
<td>10</td>
<td>31</td>
<td>41</td>
<td>54%</td>
</tr>
<tr>
<td>2012</td>
<td>10</td>
<td>26</td>
<td>36</td>
<td>47%</td>
</tr>
<tr>
<td>2013</td>
<td>16</td>
<td>25</td>
<td>41</td>
<td>54%</td>
</tr>
<tr>
<td>2014</td>
<td>16</td>
<td>31</td>
<td>47</td>
<td>74%</td>
</tr>
<tr>
<td>2015</td>
<td>3</td>
<td>10</td>
<td>13</td>
<td>46%</td>
</tr>
</tbody>
</table>
WHAT DO WE KNOW?

• DCF’s Office for Research and Evaluation (ORE) 0-3 Fatality Review Study


• Unsafe sleeping was related to the death in 33.9% (42) of the fatalities.
• In 40% (14) of SIDS/SUID cases, unsafe sleep was also a factor.

• Key findings triggered a number of policy reforms, action steps and practice shifts.
KEY FINDINGS

- **Child Age:** Age is one of the most important factors associated with child fatalities.
  - The older the child is, the less likely the child is to die.
  - Children less than 6 months of age are at greater risk for a fatality.
- **High Risk Newborn:** Children who are high risk newborns due to medical issues were more likely to experience a fatality.
- **Age of the Caregiver:** Younger parents, generally between the ages of 20-24, were more greatly associated with a case involving death of a child under the age 4.
- **Behavioral Health:** Caregivers with behavioral health needs, particularly those that are untreated, were associated with cases where an early childhood fatality occurred.
- **Substance Abuse:** Cases where there was evidence of parent substance abuse were more at risk for a child fatality.
- **CPS Reports:** Families with a number of CPS reports (substantiated and unsubstantiated) were shown to be at greater risk an early childhood fatality.
WHAT ARE WE DOING TO IMPROVE?

- Special Case Reviews
  - Open DCF Case Fatalities
  - Prior Cases Open within last 12 Months
- Peer Learning Sessions
- Fatality Communication Protocol
- Workforce Development
- Re-evaluating policy and practice
  - Differential Response System (DRS 2012) – Family Assessment Response (FAR)
  - Considered Removal Teaming
  - Intake Practice
  - Early Childhood Practice Guide
  - Safe Sleep
WHAT OTHER STRATEGIES?

• Through an assessment of predictive risk and protective factors, Connecticut would like to mitigate the likelihood of life threatening or fatal maltreatment of a child in a family with significant department involvement:
  • Open in-home case
  • 3 or more accepted reports within a TBD timeframe

• Eckerd Foundation Rapid Safety Feedback

• Enhanced Data Reporting and Ongoing Qualitative Review
PUBLIC HEALTH CAMPAIGN

• Technical assistance from Casey Family Programs & Prevent Child Abuse America

• Partnership among agencies, hospitals & community partners to design a media campaign using a public health approach

• Focus on educating parents & caregivers about supports and resources through multi-tiered dissemination strategies:
  • Social media, radio, billboards, microsite
  • United Way 211
  • Home visiting, child care providers, DCF, hospitals, schools

• State & community level response

• Messaging will focus on safe sleep, abusive head trauma & other recurring issues
ENGAGING THE MEDICAL COMMUNITY

- Enhancing mandated reporting laws
- Medical guidelines for hospitals
  - Any child under the age of 6 who presents in a medical setting with suspected abuse shall:
    - Receive a 2-minute physical screening to detect abuse-related injuries (e.g. bruising)
    - Have a records check completed for prior visits and referrals to DCF
  - Blueprint of best practice for CT hospitals
- Child Abuse Pediatricians (CAPs) and Careline 8 Month Pilot Project
- IDTA - Substance Exposed Infants Pilot
SAFE SLEEP

• DCF Safe Sleep Practice Guide
• Includes components of:
  • Family education
  • Environmental observation
  • Infant mental health & development
• Safe sleep will be focus ongoing conversations with families
• Identify what may be interfering with a families ability to provide a ‘safe sleep environment’
• Focuses on education of all caregivers
QUESTIONS?

ELIZABETH.DURYEA@CT.GOV

CONNECTICUT DCF WEBSITE:
HTTP://WWW.CT.GOV/DCF/SITE/DEFAULT.ASP