



## *Public Health Approaches to Address Child Maltreatment*



## Use of DCF Social Media to Promote Health, Safety & Education

Every day the Department posts educational materials on its Twitter and Facebook pages for families and children to use in their daily lives. This social media audience exceeds 9,000 people and is steadily growing. Topics include safety, physical health, mental health, substance use treatment, education, and healthy family relationships. The Department also conducted an online educational campaign, called "Have a Safe Summer," to help parents keep their children safe in the summer from accidents involving drownings, falling from open windows, and bicycles.



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<http://www.portal.ct.gov/DCF>

### List of Hyperlinks Referenced in this Brochure:

Children's Behavioral Health Plan: <http://www.plan4children.org/>

Chill Daddy Campaign: <http://www.ctoec.org/chill/>

Connecticut Suicide Advisory Board: <http://www.preventsuicidect.org/>

DCF Data Connect: <http://www.portal.ct.gov/DCF/Data-Connect/Home>

Domestic Minor Sex Trafficking (DMST): <http://www.portal.ct.gov/DCF/HART/Home>

Early Childhood: <http://www.portal.ct.gov/DCF/Child-Welfare-Early-and-Middle-Childhood/Home>

Eckerd Connects: <https://eckerd.org/family-children-services/ersf/>

Emergency Mobile Psychiatric Services (EMPS): <https://www.empsct.org/>

Facebook/DCF: <https://www.facebook.com/CTDCF/>

Intimate Partner Violence: <https://www.connecticutchildrens.org/community-child-health/community-child-health-programs/injury-prevention-center/>

Mandated Reporter Training: <http://www.portal.ct.gov/DCF/Mandated-Reporter-Training/Home>

Safe Sleep Campaign: <http://www.ctoec.org/safe-sleep/>

Smart Moves, Smart Choices: <http://smartmovesmartchoices.org/>

Substance Use: <http://www.portal.ct.gov/DCF/1-DCF/Connecticut--Family-Stability--Pay-For-Success-PFS-Project>

Twitter/DCF: <https://twitter.com/CTDCF>

Twitter/CTFosterAdopt: <https://twitter.com/CTFosterAdopt1>



## Public Health Approaches to Address Child Maltreatment

The 2016 report by the U.S. Commission to Eliminate Child Abuse and Neglect Fatalities estimated between 1,500 and 3,000 children die from maltreatment in our country each year—with infants and toddlers far more likely to die than older children. Following the recommendations from the Commission's report, Connecticut has moved forward with a number of initiatives that reflect using a public health approach to preventing such tragedies. The Connecticut Department of Children and Families (DCF) has implemented many of the Commission's recommendations as part of a multi-year transformation with support from our many partners, including Casey Family Programs. This summary provides some of the key highlights of our efforts to implement new approaches and reframe the public's understanding of child welfare as a public health issue that requires a broader response outside of child protective service agencies.



### Where we began...What did our data tell us?

- In 2015, the Department concluded a study that found that of the children who had died during the ten-year period under review (2005–2014), nearly two-thirds (65 %) were under 6 months old. The study revealed several factors that were highly correlated to fatalities including, but not limited to: the age of the child; the child's sleep environment; frequency of social worker visits; the parents' ages; parental mental/behavioral health, including substance use and other clinical needs; and parental history of child-welfare involvement as a child.
- Following the study's conclusion, DCF conducted an extensive internal review of agency policies, practices and training curricula to make updates and revisions in an effort to ensure that our workforce and case practice were responsive to the findings from this study.
- DCF's Office for Research and Evaluation (ORE), which conducted this study, produces a multitude of data reports to improve child protection and has published much of this data on DCF's Data Connect webpage.

## Health Advocate Program

The Department established the Health Advocate Program, staffed by a unit of six dedicated staff to improve health services and outcomes for children and families. The health advocates facilitate timely access to emergency, urgent and routine mental health, medical, dental, vision, pharmacy and transportation services. They support efforts to keep families intact by removing insurance barriers that prevent or delay access to the healthcare services they need, and help reduce time spent by Department staff, nurses and caregivers in resolving insurance-related problems. Health advocates provide immediate front-line assistance and consultation services to staff, nurses, foster parents, kinship caregivers, families, community programs and providers, and staff in congregate care settings. This service is particularly useful with children using Voluntary Services whose insurance companies are denying coverage.

## Child Guidance Centers

The Department funds Child Guidance Clinics across the state providing intensive and comprehensive outpatient behavioral health services to children ages 0-18 and their families regardless of ability to pay. Clinics offer evaluation, individual, family, and group counseling, psychiatric services, parent guidance, parent education, and parent support services. Clinics offer services tailored to meet the needs in their communities. All services are available on a sliding fee scale and ability to pay is not an obstacle to treatment



## Safe Haven Law

The Department strengthened the state's Safe Haven Law, which has protected more than 30 babies from abandonment and potential tragedy since the law took effect in 2000. Under the law, parents who cannot care for a baby age 30 days or younger can bring the baby to a hospital emergency department without fear of criminal prosecution. The Department has successfully connected all the Safe Haven babies to adoptive homes, with the exception of one baby who was placed with a relative of the parent. In addition to using traditional and electronic media to create awareness among the general public about the law, the Department also is working with school systems to incorporate education about Connecticut's Safe Haven Law into the curricula for high schools statewide.



## Where have policies and practices evolved and been informed by public health approaches?

### Early Childhood Practice Guide: Focusing On The Youngest Children

In 2016, the Department implemented its Early Childhood Practice Guide to improve its work with families whose children are younger than five years old. The guide's implementation is increasing awareness of the risks of abuse and neglect for this especially vulnerable population. The guide was developed by local subject matter experts from DCF and the Connecticut Office of Early Childhood (OEC), and a number of other early childhood partners.



### Suicide Prevention

The Department partners with the Department of Mental Health and Addiction Services (DMHAS) in leading the Connecticut Suicide Advisory Board (CTSAB), which addresses suicide prevention and response across the lifespan. The board is a network of diverse advocates, educators and leaders concerned with addressing the problem of suicide with a focus on prevention, intervention, and health and wellness promotion. The CTSAB developed and is responsible for implementing a state plan, leads the state campaign that promotes the National Suicide Prevention Lifeline and the CT Zero Suicide Initiative, and advises state agencies on the use of their suicide-related state and federal dollars from the Substance Abuse & Mental Health Services Administration (SAMHSA), Centers for Disease Control (CDC) and Prevention, and Health Resources & Services Administration.

### Domestic Minor Sex Trafficking

The Department has made significant investments in raising public awareness of the incidence of Domestic Minor Sex Trafficking in Connecticut and provides ongoing trainings to educate professionals in law enforcement, medicine, emergency medical services, education, the courts and the hospitality industry on recognizing the signs of trafficking in children and strengthening our response to it. The Department continues working with Governor Malloy and our state legislature to toughen laws against the perpetrators and improve our response in treating the victims. Some of the resulting victim protections include ending the prosecution of victims for prostitution, erasing prior criminal records, and giving the Department the ability to place victims in foster care where appropriate and provide treatment despite the lack of parental or caregiver maltreatment. DCF also has engaged local media as a key resource in educating the public.

### Smart Moves, Smart Choices

The Department is a partner, along with the National School Nurses Association and a leading pharmaceutical company, in the "Smart Moves, Smart Choices" campaign. This national awareness program is designed to inform parents, teens and educators about the risks of teen prescription drug use, and to empower them to address this serious problem. The program offers free tools and resources to help schools and communities begin a dialogue with the elementary, middle and high school students and their parents and relatives about the dangers of prescription drug use and proper use of medicines.

# IMPROVING THE HEALTH AND SAFETY OF CONNECTICUT

Partnerships with the medical community and private services organizations

## Intimate Partner Violence

Working together with the Injury Prevention Center at Connecticut Children's Medical Center, the Department is funding a groundbreaking program to help children in families affected by intimate partner violence (IPV). Building upon the realization that families affected by IPV often want to stay together, the program helps perpetrators address their behavior and also keeps them safely in the home. Training for staff on IPV has been bolstered in order to strengthen our internal competency. In addition, the Department has added its own in-house experts – units known as the Regional Resource Group – in each office specializing in IPV, mental health and substance use to help consult with front-line staff on complex cases. In calendar year 2017, 9.6% (3061) of accepted reports had at least one indicator of intimate partner violence. At intake, 11.8% of children and adults served across multiple providers reported witnessing IPV; 4.9% reported being victims; and 6.2% reported both.



## Substance Use Services

DCF funds a broad range of substance use treatment services for adolescents and parents/caregivers experiencing substance use disorders. Connecticut, like many states, has been hit hard by the opioid crisis and has made significant shifts and investments in a wide range of community-based substance use treatment services and other recovery support programs. This has been made possible by repurposing funds, obtaining federal grant awards, and launching the Family Stability Project - Connecticut's first Pay for Success project.

With these efforts, DCF is well positioned to improve services for families at risk of having their children removed due to substance use dependencies. In calendar year 2017, 24% (7,744) of accepted reports had at least one indicator of substance use. Of the 2,859 referred to contracted services in CY 2017, 85% reported using alcohol or drugs in the past 90 days.

In CY 2017, 4.7% (631) of the children receiving services in Outpatient Psychiatric Clinics for Children reported a problem with alcohol/drugs during the six months prior to admission.



## What role can the public – and other “systems” play in preventing child abuse fatalities?

Leading up to the Department’s internal study in 2015, the Department experienced a number of highly-publicized cases involving fatalities caused by unsafe sleep and abusive head trauma. With the findings from the study now confirming that these are two root causes of child fatalities experienced by child welfare agencies nationwide, the Department embarked on a multi-agency, public-private partnership to launch a public health campaign to educate families, the public and other “systems” on preventing child maltreatment and fatalities. In 2014, the Department, with support from Casey Family Programs, convened a multidisciplinary steering committee with a range of partners from across the public and private sectors to design a public health campaign to prevent child fatalities. The committee included representatives from state agencies, advocates, medical providers, including hospitals, and early childhood partners.



### Safe Sleep Campaign

The Make Sure Your Baby is a Safe Sleeper campaign launched statewide in April 2016 to promote safe sleep environments for infants. Using social media and web-accessible education materials to disseminate recommendations from the American Academy of Pediatrics, the campaign stressed making sure babies sleep on their backs, in a separate bed from the parents, and in a smoke-free environment. In addition, materials were distributed to physicians, hospitals, and other caregivers for sharing with new parents. Campaign materials are available in both English and Spanish.

In 2014, the Department partnered with Cribs for Kids to provide cribs to babies whose families could not afford them and educate them about the dangers of unsafe-sleep environments. Since then, the Department has issued over 2,200 pack and plays that come with a fleece sleep sack, sheet, pacifier, and safe sleep materials for parents including a magnet and DVD.

### Campaign to Prevent Abusive Head Trauma/Shaken Baby Syndrome

The Learn How to Be A Chill Daddy campaign launched statewide in September 2016 to prevent child deaths and serious injuries caused by abusive head trauma or shaken baby syndrome. This marketing campaign also utilized social media advertisements and messaging platforms directed to male caregivers in an effort to raise awareness of the impact of abusive head trauma and strategies to help calm a crying baby. Campaign materials are available in both English and Spanish.

## **Special Qualitative Reviews: Using a medical model to prevent future fatalities and maltreatment**

Since 2004, the Department has implemented a specialized process for reviewing critical incidents and child fatalities. These reviews are part of the Department's overarching quality assurance and continuous qualitative improvement vision and continuum. The Special Quality Reviews (SQR) are built on principles of safety science and the Department's drive to be an accountable and learning organization. They focus on practice; policy and procedures; and systems.

The SQR is an extensive and comprehensive process involving reviews of electronic and paper case records, broad staff, collateral and stakeholder interviews, and consultation with multidisciplinary experts. In recent years, they have evolved and now closely resemble the Morbidity and Mortality Rounds (MMR) conducted in hospitals addressing medical management, teaching and patient safety and quality improvement. Like MMRs, the SQRs foster discussion of practice; identify and disseminate information and insights about our work and the interplay with other entities who work with and around our families; reinforce accountability for providing high-quality case management; and create a forum in which workers and management can safely acknowledge and address reasons for mistakes.

These reviews are intended to offer the Department actionable information about any challenges and/or strengths with respect to those practice, policy and procedures, as well as systems. Therefore, substantive findings that are not related to the triggering event (e.g., fatality or other poor outcome) are included in the SQR reports to further the Department's interest and goal to be an accountable and learning organization. The findings from the SQRs are shared with the Department's senior leadership in learning forums to guide and support learning across the agency, identify best practices, and direct any needed improvements in the delivery of care and services by DCF and/or other systems that may touch the lives of Connecticut's children and their families.



## **What role can predictive analytics play in reducing child maltreatment and fatalities?**

Recognizing the role predictive analytics can play in improving decision making and case planning as well as the fact that targeted interventions can better protect children in 2016, the Department entered an agreement with Eckerd Connects to implement its Rapid Safety Feedback tool. The tool utilizes specific data, demographics and other information to assess safety and risk and inform targeted interventions with children. The tool identifies present risk factors that have been correlated to instances of severe maltreatment and fatalities. With support from Casey Family Programs, DCF is currently testing the use of the tool with statewide implementation planned for 2018.



## ***Working with partnerships with the medical community and private services organizations***

### **Mandated Reporting**

The Department has worked with the Governor's Office and the legislature to expand the categories of professionals who are mandated to report suspected child abuse and neglect. Training of these professionals has been improved and made more accessible through online education tools, and penalties for failure to report have been made more serious. As a result of these efforts, reports of abuse and neglect to the Careline have never been higher.



### **Hospital Detection And Reporting Of Abuse And Neglect**

In partnership with the Connecticut Hospital Association (CHA) and its member hospitals, the Department created more awareness among the medical community of the need to report concerns. The Department and the hospitals reached an agreement to adopt official Medical Guidelines for screening and detecting child abuse by emergency room staff. The guidelines strengthen protocols including evaluating the entire medical record and conducting full-body examinations of child victims to improve identification of abuse. Yale-New Haven Hospital and Connecticut Children's Medical Center were among the hospitals that helped to provide increased staff training.

### **Child Abuse Pediatrician 24 X 7 Consultation**

The Department partners with the Yale School of Medicine General Pediatrics to provide expert consultation to hospital staff and other mandated reporters across the state to assist in the identification of child abuse. The Yale Child Abuse Pediatrician Program provides evaluation and treatment of all types of child maltreatment. Staffed by leading medical experts in the field, the program offers inpatient consultation; telephone consultation for area office medical providers; case assessments for children being assessed by the Department; after hours, real time, expert medical advice to Careline staff responding to cases of physical abuse; and sexual abuse evaluations.

## **How has this focus on public health approaches shaped DCF's service array?**

We know that families served by DCF have highly complex, often multi-generational challenges that we struggle to address when families are being served by multiple human service systems. For these reasons, we have shifted our practice to serve more families in their communities versus continued reliance on congregate settings. This shift has required that we repurpose funding and realign services to support a broader array of supports to meet the needs of our families who commonly experience poverty, intimate partner violence, behavioral health challenges and substance use disorders - all while being involved with child welfare.

## **Children's Behavioral Health Plan**

The Department's work focused on providing additional services in the community and in places where families already take their children in order to make services more available, integrated and effective. Clinical services were integrated into schools and pediatric offices where parents take their children in the normal flow of their lives. This makes services more accessible and helps reduce the stigma involved with seeking mental health services. In addition, funding was allocated to expand evidence-based behavioral health services for children to prevent and treat social/emotional disorders as early as possible. Hundreds of families provided input into the plan and its implementation.

Significant advances to the children's mental health system resulted from the implementation of the Connecticut Children's Behavioral Health Plan, created in state statute in the aftermath of the tragic murder of 20 students and 6 teachers at the Sandy Hook Elementary School in Newtown in December 2012. The comprehensive, integrated plan to promote well-being and meet the mental, emotional and behavioral health needs of all children in Connecticut was funded through a public-private partnership involving the Department, the Connecticut Health Foundation, the Children's Fund of Connecticut and the Grossman Family Foundation.

## **Emergency Mobile Psychiatric Services (EMPS)**

A program funded by the Department in collaboration with United Way 211, EMPS is designed to keep children from being sent to an emergency department when experiencing a crisis. Any caretaker in Connecticut can call 211 to receive assistance. A trained counselor will resolve the crisis on the phone, if possible, or send a mobile unit to the child's location. Services are confidential, and there is no cost to the family. For SFY17, EMPS had 18,021 calls and 13,488 episodes of care. The median response rate for face-to-face intervention during mobile hours was 27 minutes. The service is available 24 hours 7 days per week with a Master's Level clinician. Hours of mobility are M-F 6:00 AM to 10:00 PM and weekends and holidays 1:00 to 10:00 PM.