

Connecticut Department of Children and Families

CHILD FATALITY DATA COLLECTION:

POLICY, PROTOCOLS, PRACTICE + PARTNERSHIPS

SUSAN R. SMITH

CHIEF OF QUALITY AND PLANNING

05.20.2015



BASIC DCF INFORMATION + DATA

DCF is empowered under Section 17a-3 of the Connecticut General Statutes as a comprehensive, consolidated agency serving children and families.

Its mandates include child protective and family services, juvenile justice services, behavioral health services, prevention and educational services.

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;
- 400 children receive services voluntarily – about 360 at home, the balance are served out-of-home.

ABUSE + NEGLECT REPORTS DATA

CARELINE CALLS BY CALENDAR YEAR				
	2011	2012	2013*	2014
TOTAL CALLS RECEIVED	92538	94962	89355	87825
Abuse/Neglect Reports	44938	45527	47870	50615
Accepted	29431	28652	29631	30526
Not Accepted	15507	16875	18239	20089
Acceptance Rate	65.49%	62.93%	61.90%	60.31%

* 2013 is the first year that Background Check and Voluntary Services calls are excluded

ACCEPTED REPORTS BY CALENDAR YEAR AND ALLEGATION TYPE				
	2011	2012	2013	2014
TOTAL ACCEPTED REPORTS	29431	28652	29631	30526
Physical/Sexual Abuse Only	4701	4489	4358	4419
Physical/Sexual Abuse and Neglect	4531	4151	4408	4412
Neglect Only	20199	20012	20865	21695
Physical/Sexual Abuse Only	16.0%	15.7%	14.7%	14.5%
Physical/Sexual Abuse and Neglect	15.4%	14.5%	14.9%	14.5%
Neglect Only	68.6%	69.8%	70.4%	71.1%

SUBSTANTIATED REPORTS BY CALENDAR YEAR AND SUBSTANTIATION TYPE				
	2011	2012	2013	2014*
TOTAL SUBSTANTIATED REPORTS	6685	5383	5389	5208
Physical/Sexual Abuse Only	555	484	466	446
Physical/Sexual Abuse and Neglect	440	437	476	429
Neglect Only	5690	4462	4447	4333
Physical/Sexual Abuse Only	8.3%	9.0%	8.6%	8.6%
Physical/Sexual Abuse and Neglect	6.6%	8.1%	8.8%	8.2%
Neglect Only	85.1%	82.9%	82.5%	83.2%

CHILDREN + FAMILIES SERVED BY DCF

	CY2011	CY2012	CY2013	CY2014
Total Unique Families Served Directly	36753	35568	34704	36282
Unique Families Served by Service Type*				
Child Protective Services (CPS) Investigation	26668	20266	17342	17464
Family Assessment Response	0	7455	11019	12564
CPS In-Home Services	10352	8767	8383	9312
CPS Out-of-Home Services	3536	3266	3192	3174
Permanency Service	1128	1178	1094	1049
Adolescent Services	1310	1188	1113	1336
Interstate Compact Office Services	166	158	155	152
Probate Services	2487	2529	2492	2508
Voluntary Services (In-Home)	1423	1356	997	815
Voluntary Services (Out-of-Home)	158	150	102	72
Family With Service Needs (In-Home)	78	68	58	44
Family With Service Needs (Out-of-Home)	34	24	25	18
Juvenile Justice Services	584	574	542	544

* Each family may be served in multiple ways during each year, so it is expected that the figures by service type will sum to a larger number than the actual number of unique families served each year.

	CY2011	CY2012	CY2013	CY2014
Total Unique Children Served Directly	80102	76183	73735	74962
Unique Children Served by Service Type*				
Child Protective Services (CPS) Investigation	63263	49112	42700	42599
Family Assessment Response	0	16657	24071	27322
CPS In-Home Services	22936	18739	16823	17151
CPS Out-of-Home Services	9337	8500	7877	7701
Permanency Service	1283	1303	1188	1147
Adolescent Services	3269	2899	2655	2271
Interstate Compact Office Services	340	330	315	329
Probate Services	5234	5158	4978	5074
Voluntary Services	3305	3054	2252	1886
Family With Service Needs	258	210	191	133
Juvenile Justice Services	1079	1275	1210	1131

* Each child may be served in multiple ways during each year, so it is expected that the figures by service type will sum to a larger number than the actual number of unique children served each year.

QUESTIONS FROM THE CFRP

1. How are child fatality cases reported to federal NCANDS?
2. What constitutes a reportable child maltreatment death?
3. How are maltreatment deaths determined at DCF?
4. How are you looking at sleep related death in relationship to maltreatment?
5. Sometimes maltreatment determination has been made before medical examiner findings are complete? What is the DCF standard?

MALTREATMENT: ABUSE + NEGLECT DEFINITIONS

- The State of Connecticut defines child abuse as “a non-accidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by the person responsible for the child's care.” (Connecticut General Statutes § 46b-120(7)).
- In Connecticut neglect is defined as the “failure, whether intentional or not, of the person responsible for the child's care to provide and maintain adequate food, clothing, medical care, supervision, and/or education.” (Connecticut General Statutes § 46b-120(6)).
- Under The Child Abuse Prevention and Treatment Act (CAPTA) the minimum definition of maltreatment is “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.”

MALTREATMENT DEATHS DEFINITIONS

Definition of a "Maltreatment Death"


- **CT:** In Connecticut, it has been reported that a “maltreatment” death is so defined when “at least one allegation of abuse or neglect related to the death has been substantiated [by DCF] against a caregiver.”
- **National:** "The National Child Abuse and Neglect Data System defines a maltreatment fatality “as a child dying from abuse or neglect, because either (a) the injury from the abuse or neglect was the cause of death, or (b) the abuse and/or neglect was a contributing factor to the cause of death

SELECT DCF POLICY

- 34-2-7 - Operational Definitions of Child Abuse and Neglect
- 34-2-2 - Investigation Process
- 34-2-3 - Guiding Principles of an Investigation
- 34-2-6 - Critical Questions to Answer
- 34-3-6 - Determination and Conclusion

Investigation Determination	Condition
Substantiated	Reasonable cause to believe that child abuse or neglect has occurred.
Not Substantiated	Lack of reasonable cause to believe that child abuse or neglect has occurred.

NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM (NCANDS)

- NCANDS is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect. The NCANDS reporting year is based on the FFY calendar.
 - The 1988 CAPTA amendments directed the U.S. Department of Health and Human Services to establish a national data collection and analysis program.
 - The Children's Bureau in the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, collects and analyzes the data.
 - The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico.
 - **Each state's file only includes completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year.**
- 

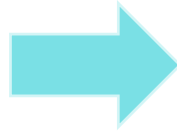
DCF NCANDS DATA REPORTING

DCF annually extracts data from the agency’s SACWIS (Statewide Automated Child Welfare System) (aka “LINK”), specifically intended for the NCAND System.

These data are extracted for the given federal fiscal year (October 1st through September 30th) and are submitted to the federal Children’s Bureau every January. The file submitted provides federally-specified detailed information about substantiated and unsubstantiated allegations of child maltreatment in CT.

CT reports fatalities within the NCANDS file for those children identified within LINK as having died as a result of substantiated maltreatment.

CAN (Child Abuse / Neglect) aka	CAN Allegation Description(s). Up to 3 distinct CAN type descriptions permitted.
01 - Physical Abuse	01 - Head Injuries
	02 - Bruises, Scratches, Lacerations
	03 - Internal Injuries
	04 - Burns, scalds
	05 - Injuries to bone, muscle, cartilage, ligaments
	06 - Death
	07 - No Evidence Of Current Injuries
	08 - Injury inflicted by non accidental means
	10 - Misuse of medical treatments or therapies
	11 - Malnutrition
	12 - Deprivation of necessities
	13 - Cruel punishment
	14 - Injury at variance with history given

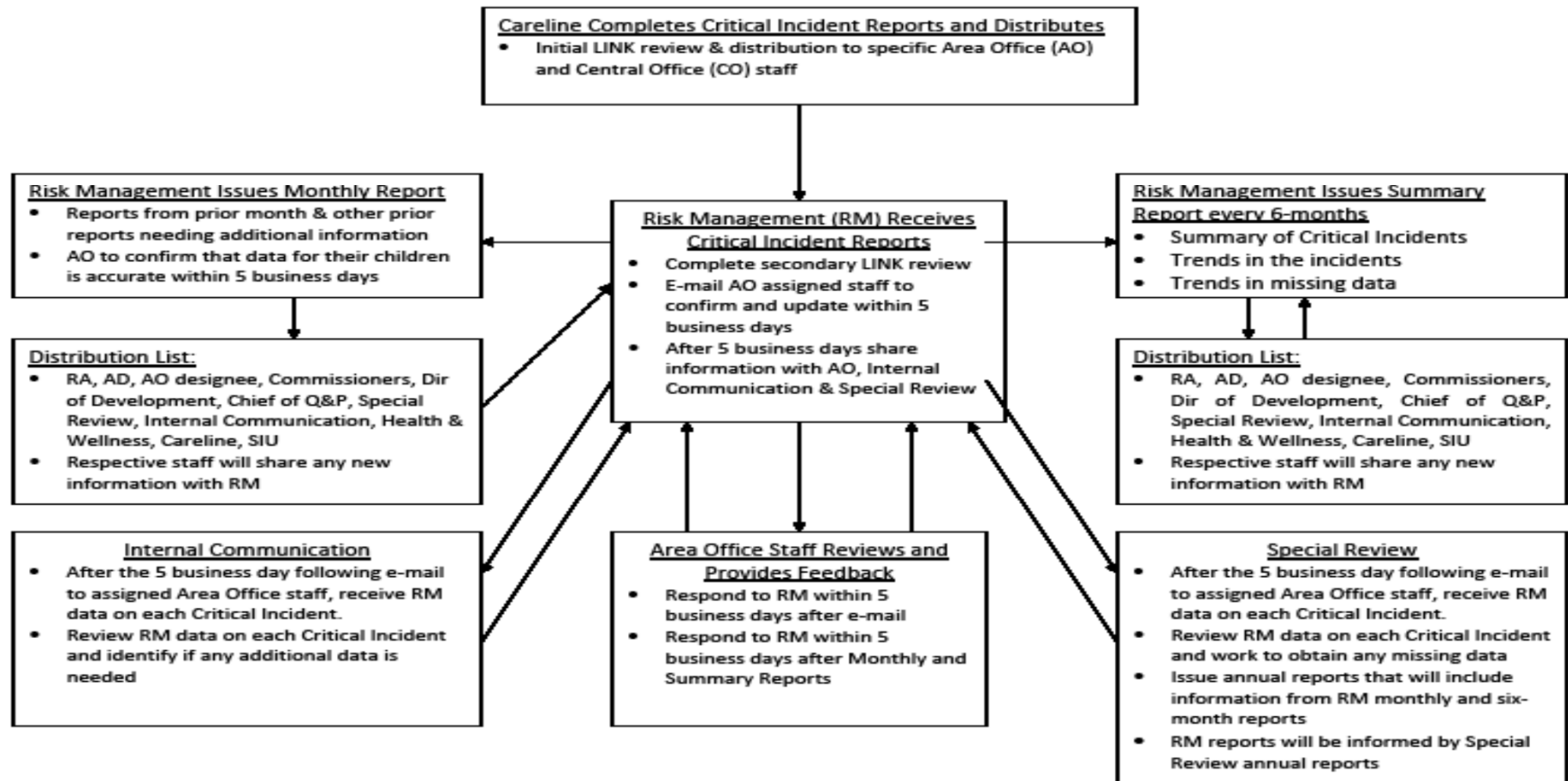


DCF-LINK (Child Abuse / Neglect) Maltreatment <u>TYPES</u> (Must be substantiated per the investigation.)	DCF-LINK Maltreatment types <u>DESCRIPTIONS</u> There may be 1 – 3 distinct descriptions for each maltreatment type. Description #1, #2, or # MUST include the following for each type of maltreatment.
01 – Physical Abuse	06 - Death
04 – High Risk Newborn	09 - Death
05 – Medical Neglect	09 - Death
06 – At Risk	09 - Death
08 – Physical Neglect	09 - Action/Inaction resulting in Death

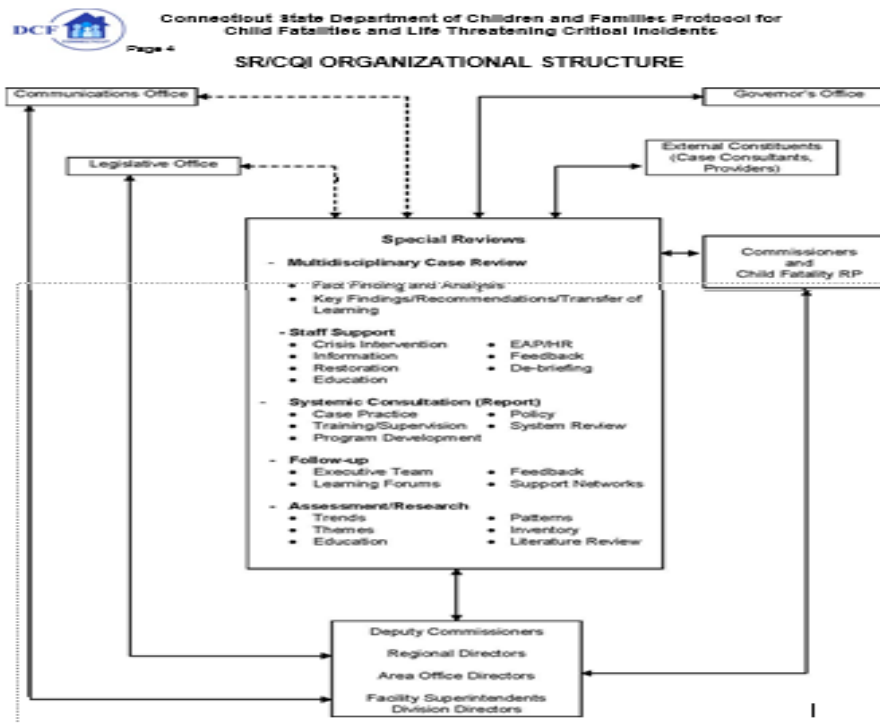
NCANDS DATA: FFY 2013

State	Child Fatalities Reported in the Child File	Child Fatalities Reported in the Agency File	Total Child Fatalities	Child Fatality Rates per 100,000 Children
Alabama	32	0	32	2.88
Alaska		1	1	0.53
Arizona	54	0	54	3.34
Arkansas	29		29	4.09
California		121	121	1.32
Colorado	45	6	51	4.70
Connecticut	5		5	0.64
Delaware	8	0	8	2.95
District of Columbia	3	0	3	2.69
Florida	121	0	121	3.00
Georgia	86	4	90	3.61
Hawaii	5	0	5	1.63
Idaho	3	2	5	1.17
Illinois	96		96	3.18
Indiana	28		28	1.77
Iowa	3	2	5	0.69
Kansas	6	1	7	0.97
Kentucky	22	1	23	2.27
Louisiana	36	7	43	3.86
Maine				
Maryland	18	9	27	2.01
Massachusetts				
Michigan	59	0	59	2.63
Minnesota	18	0	18	1.41
Mississippi	11	1	12	1.63
Missouri	17	2	19	1.36
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Puerto Rico				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
National	1,217	267	1,484	2.04

Critical Incident Data Collection & Reporting



FATALITY SPECIAL REVIEWS



**CHILD FATALITIES REPORTED TO DCF RISK MANAGEMENT UNIT AS CRITICAL INCIDENTS:
JAN 1, 2005 - MAY 18, 2015**

Calendar Year of Incident	Child Deaths Due to Maltreatment			DCF Involved But Death Not Due to Maltreatment	Not DCF Involved and Not Maltreatment	Total Child Deaths Reported to DCF Risk Management
	DCF Involved		No DCF Involvement			
	Open DCF Case	Prior DCF Case				
2005	0	0	1	11	7	19
2006	1	1	1	13	9	25
2007	2	2	0	15	5	24
2008	2	5	4	12	14	37
2009	1	2	4	12	12	31
2010	0	3	2	12	17	34
2011	4	4	2	14	17	41
2012	1	5	4	11	15	36
2013	5	5	6	12	13	41
2014	7	7	2	21	10	47
2015	0	1	2	5*	5	13
2005	0.0%	0.0%	5.3%	57.9%	36.8%	100.0%
2006	4.0%	4.0%	4.0%	52.0%	36.0%	100.0%
2007	8.3%	8.3%	0.0%	62.5%	20.8%	100.0%
2008	5.4%	13.5%	10.8%	32.4%	37.8%	100.0%
2009	3.2%	6.5%	12.9%	38.7%	38.7%	100.0%
2010	0.0%	8.8%	5.9%	35.3%	50.0%	100.0%
2011	9.8%	9.8%	4.9%	34.1%	41.5%	100.0%
2012	2.8%	13.9%	11.1%	30.6%	41.7%	100.0%
2013	12.2%	12.2%	14.6%	29.3%	31.7%	100.0%
2014	14.9%	14.9%	4.3%	44.7%	21.3%	100.0%
2015**	0.0%	7.7%	15.4%	38.5%	38.5%	100.0%

*NOTE: As of 5/19/15, four of the five fatalities currently shown in the "DCF Involved But Death Not Due to Maltreatment" column for 2015 have DCF investigations of maltreatment with pending results. These will be updated once the investigations have been completed.

**2015 is a partial year, with figures ending as of 5/18/15.

CT CHILD FATALITY DETAIL DATA

Causes of Death for Child Fatalities Reported to DCF Risk Management				
#	Incident Year (C-Y)			Grand Total
	2013	2014	2015	
Cause of Death				
Accidental	13	15	2	30
Medical Issues	8	9	3	20
Natural	1			1
SIDS	4	7	1	12
Suicide	1	2		3
Overdose	1	1		2
Murder (Non-Familial)	1	1		2
Severe Physical Abuse	3	3		6
Shaken Baby Syndrome	2			2
Unknown	7	9	7	23
Grand Total	41	47	13	101

Causes of Death for DCF-Involved (Active or Prior) Fatalities				
#	Incident Year (C-Y)			Grand Total
	2013	2014	2015	
Cause of Death				
Accidental	8	11		19
Medical Issues	6	8	2	16
SIDS	1	5		6
Suicide		2		2
Overdose	1	1		2
Severe Physical Abuse	3	3		6
Shaken Baby Syndrome	1			1
Unknown	2	5	4	11
Grand Total	22	35	6	63

Age	Fatalities
<1	6
1 to 3	6
4 to 8	1
9 to 12	0
13 to 17	0
18 and over	0
Total for Period	13

Race/Ethnicity	Fatalities
Caucasian	2
Black/African American	3
Bi-Racial	2
Hispanic	4
Unknown	1
Other	1
Hispanic/Caucasian	0
Total for Period	13

CY 15:

5 co-sleeping fatalities + 2 unsafe sleep fatalities → maltreatment: 2 co-sleeps + 1 unsafe sleep

0-3 FATALITY REVIEW STUDY

- Case control design
- Review of 124 fatalities of infants and children ages 0 -3 plus 124 control cases from period of 01.01.05 – 05.31.14
- Simple and Multiple Logistical Regression Analyses
- Records Review by ORE, Regional QA, DCF Health + Wellness, and Court Monitor's Office
- Structured Qualitative Review Instrument Used
- 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. In 23.8% (10) of the cases with unsafe sleep, the child was sleeping in a bed with an adult.

STUDY'S 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

ACTIONS + ACTIVITIES

- Special Reviews on all Open DCF Case Fatalities and Prior Cases Open within last 12 Months. Also occurs for severe abuse cases - Collaboration with Quality Assurance Unit, Area Office Staff and Providers
- Peer Learning Presentations
- Solidification of Fatality Communication Process
- CAP Pilot
- Safe Sleep Policy and Practice Guide
- Partnerships and Training with and for Medical Community
- 0 -3 Fatality Study: Case Control Design (124 fatalities + 124 comparisons from 01.01.05 – 05.31.14):
 - Staff + Provider Memo of Key Finding Distributed
 - Staff Presentations
 - Community Group Presentations
 - Intake and Early Childhood Communities of Practice Recommendations Implementation
- Enhanced Data Reporting and Ongoing Qualitative Review
- Eckerd Foundation Rapid Safety Feedback → Qualitative Reviews + Predictive Analytics
- Cribs for Kids Sleep Kits – 550 units ordered – third order in June
- Public Health Campaign – Casey Family Programs, Prevent Child Abuse America, OCA, OEC, CHA

QUESTIONS?

THANK YOU

