



**Child Fatality Review Panel  
Meeting Minutes/Held Via Secure Teams  
February 28, 2024**

**Members**

Kirsten Bechtel, Co-Chair, Pediatrician, Yale New Haven Hospital  
Sarah Eagan, Co-Chair, Office of the Child Advocate  
Pina Violano, Community Health, Healthcare Consultants, LLC  
Jody Terranova, Department of Public Health  
Brett Salafia, Assistant States Attorney  
Liz Corley, Family Strong  
Michael Soltis, Pediatrician, Connecticut Children's Medical Center  
Jodi Hill-Lilly, Department of Children and Families  
TJ Michalski, Village for Families and Children  
Steven Rogers, Injury Prevention, Connecticut Children's Medical Center  
Andrea Barton Reeves, Commissioner of Department of Social Services  
Ted Rosenkrantz, UCONN Health Center  
Samantha Haynes, Department of Emergency Services & Public Protection  
Tonya Johnson, CT Coalition Against Domestic Violence

**Excused**

Ivis Arroyo, Sergeant Hartford Police Department  
Gregory Vincent, Office of the Chief Medical Examiner

**Guests**

Rosemary Wieworka, DCF  
Lisa Backus, Hearst Media  
Jaclyn Meserole- OCME  
Ada Booth CCMC  
Susan Hamilton, DCF  
Alison Jacobson, First Candle CEO  
Kris Robles, DCF  
Frank Gregory, DCF  
Ken Mysogland, DCF  
Michael Willaims, DCF  
Kathleen Felisca, CCMC  
Tasha Hunt, CSSD  
Kim Karanda, DMHAS

**OCA Staff**

Brendan Burke  
Lucy Orellano

**Minutes**

A motion was made to approve the January 24,2024 minutes by Steve Rogers, as they are. A second to the motion was made by Pina Violano.

**Virtual Packet**

Meeting Agenda, Draft Minutes for January 24, 2024.

### **CFRP Data**

Monthly fatality review data presented, there were 5 cases accepted by the OCME for the month of February. There were 3 young children involved in MVA's which is not a typical cause for younger children. There was one case involving a dog attack with a family dog. All cases are pending further study.

### **Discussion**

Circumstances around car accidents were inquired into however the details of the accidents are not fully available yet. In the past we have used data to drive awareness campaigns and will as a panel discuss putting together some information about younger child car safety. OCA data indicates that the number of homicides and suicides have moderately decreased in the past few years.

### **Marcello M. report**

Breakdown of Marcello M. Report findings and recommendations. The panel was informed that Connecticut is 8<sup>th</sup> in the country for overdoses. There is an overdose epidemic and child protection agencies are tasked with mitigating harm reduction for SA and how that intersects with child abuse. DCF is currently partnering with DMHAS on a two generational approach to help families stay together while parents are in recovery. For Marcello and his family there were several intensive services in place for his family however challenges existed for the fentanyl testing at the time. Recently the FDA approved rapid screening tests for Fentanyl that are being rolled out to DCF's providers which will enhance the intervention/assessment process. DCF has revised some of their policy and service models, which include evidence-based plans and provider training/education on adult services to assess parental capacity as well as provide necessary supports. DCF has been working with DMHAS to get their employees trained on how to administer naloxone. DCF began a pilot carrying and handing out Narcan to families, there will also be informational materials as well. DMHAS and DCF, will be developing messaging to spread awareness about the use of naloxone on young children and infants.

[OCAMarcelloExecSummary.pdf \(ct.gov\)](#)

### **Discussion**

Messaging around safe storage and mitigation of risks for parents who use both illicit and legal substances should be done by all those serving at risk communities. Dispensary purchased Marijuana prices are high and pushing buyers to purchase via illegal means. The risk of fentanyl being included in street bought marijuana should also be part of statewide stake holder messaging. DCF possibly contact a parent's primary physician to discuss concern when SA use is present was suggested. Concerns were expressed about DCF worker shortage and the DCF telework process was explained. Telework just means you start your day at home and work out in the field. Although they are working with the same family, efforts need to ensure that adult service providers are participating in discussions about child safety when a child has where a caregiver or household member who is receiving SA services.

### **Executive Session**

No executive session.

### **Old business/ Reoccurring items**

CFRP co-chairs will work on coming up with a process to add rotating members who have lived expertise/ experience. Legalization of Marijuana, ingestions, and fatalities. A deeper look at adolescent deaths will be conducted by the panel at the 3/24 meeting.

### **Meeting Recording**

[https://ctvideo.ct.gov/oca/Child\\_Fatality\\_Review\\_Team-20240228\\_090151-Meeting\\_Recording.mp4](https://ctvideo.ct.gov/oca/Child_Fatality_Review_Team-20240228_090151-Meeting_Recording.mp4)

### **Motion to Adjourn**

Motion to adjourn was made by Pina Violano and seconded by TJ Michalski.

### **Next meeting**

March 27, 2024-Focus of Adolescent and Young Adult Fatalities