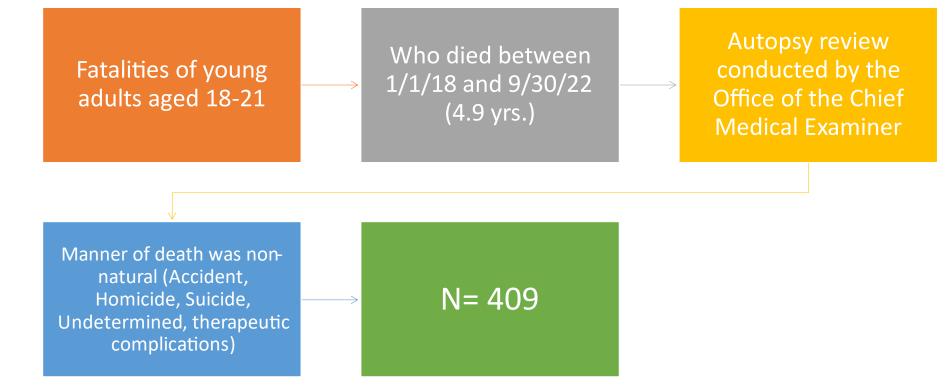
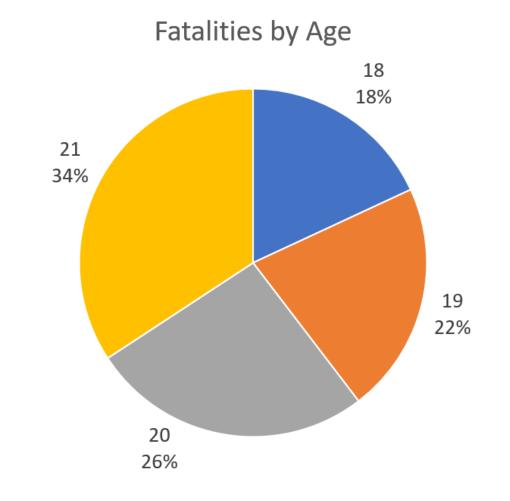
## Fatality Review

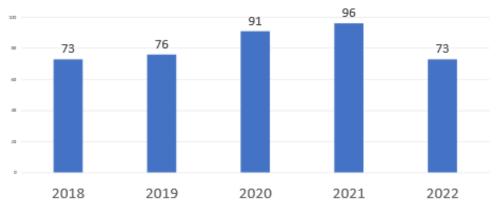
Examination of preventable deaths of individuals 18 to 21 years in Connecticut

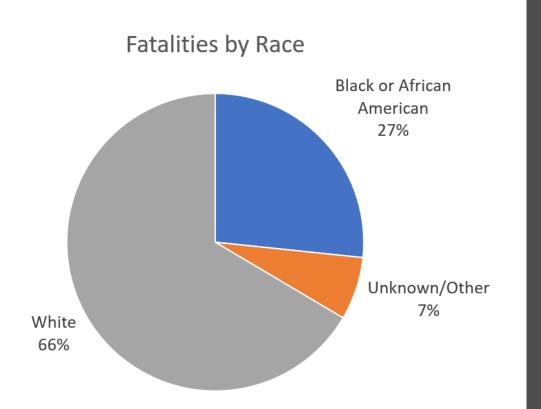
# Methodology



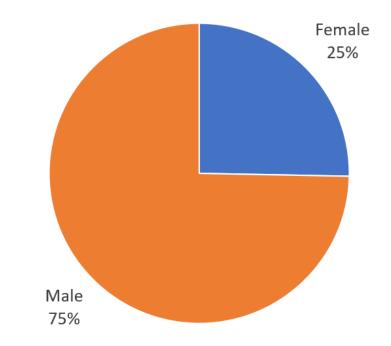


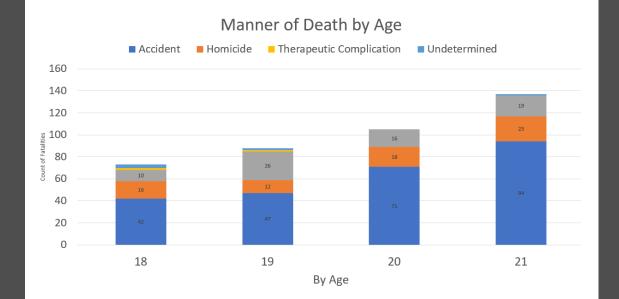




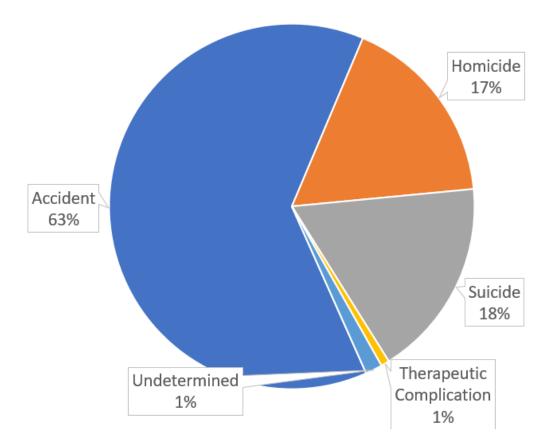


#### Fatalities by Gender





### Fatalities by Manner



## Most common causes

## **Accidents**

Acute intoxication 111 (77 included Fentanyl) Drowning: 13 <u>Homicides</u> 62 gunshot related injuries 4 stabbings

### <u>Suicides</u>

- 28 Hanging/Asphyxiation
- 12 self inflicted gunshot
- 12 complications from blunt force injuries

Prior Involvement with State Agencies

#### <u>DCF</u>

- 177 had prior DCF involvement in CT-43%
- 60 were previously in DCF custody

#### <u>CSSD</u>

 147 had a record of CSSD involvement- 36%

#### DCF/CSSD

 102 had a record of both DCF and CSSD involvement-25%

## State Department of Education Data- Exit Type

287 of the 409 young adults were able to be matched with education records in Connecticut and how they left that district was captured.

Graduated with regular, advanced, International Baccalaureate, or		
other type of diploma	179	62.37%
Death	22	7.67%
Moved, not known to be continuing	22	7.67%
Discontinued schooling	20	6.97%
Transfer to GED program	15	5.23%
Transfer to a public school in a different state	8	2.79%
Transfer to an Adult High School Credit Diploma (AHSCD) program	6	2.09%
Transfer to a private, religiously-affiliated school in a different local		
education agency in the same state	4	1.39%
Transfer to a private, non-religiously-affiliated school in a different		
local education agency in the same state	4	1.39%
Transfer to home schooling	2	0.70%
Transfer to a public school in a different local education agency in the		
same state	2	0.70%

# **Implications From Data**

- Fatality data is consistent with research findings that correlate significant adverse childhood experiences, including child maltreatment and juvenile incarceration, with poor health and morbidity outcomes.
- Given leading manner/causes of death are overdose and suicide, data has significant implications for children's mental health initiatives, including ensuring access to suicide and substance use screening and early intervention.
- Fatality prevention strategies include improving services to support high need families, ensuring timely access to health/mental health/substance use treatment services for children and their caregivers, improving permanency and developmental outcomes for youth involved with the child welfare system, access to affordable housing for young adults, and ensuring that state agencies have specific and coordinated strategies to support late adolescents/emerging adults.