

2015 DCF Program Report Card: Child Abuse Pediatricians (CAP) Pilot Program, Department of Children and Families

Quality of Life Result: Connecticut children grow up in stable environments, safe, healthy, and ready to lead successful lives.

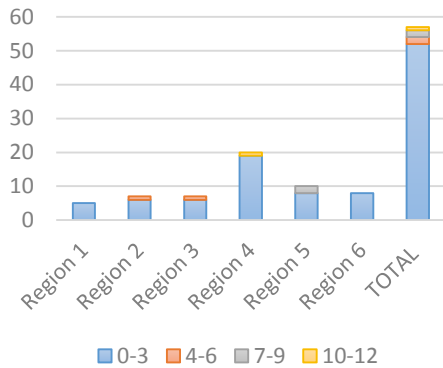
Contribution to the Result: The CAP Pilot Program made expert medical knowledge from board certified child abuse pediatricians available after hours to assist Careline supervisors making medical decisions about injuries in critical cases that DCF staff do not have the knowledge base to make alone; CAP staff also provided Careline staff with trainings on baseline knowledge of types of injuries and mechanisms of the injuries.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Pilot Period 12/22/14-8/22/15	\$200,000	n/a	n/a	\$200,000

Partners: Connecticut Children’s Medical Center, Yale New Haven Hospital

How Much Did We Do?

CAP Consults by Age



Story behind the baseline:

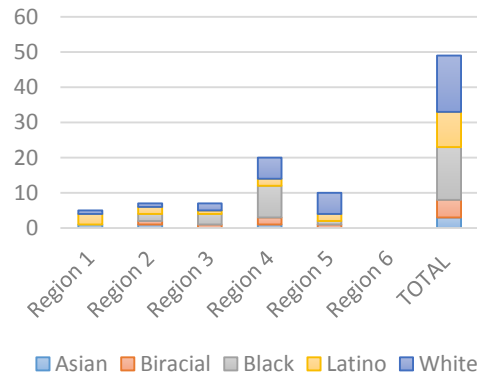
Critical incidents reports are the most serious report of suspected child abuse in children under age 6. Careline responds to criticals after hours. 57 of those criticals had CAP consults. 42 of the 57 were reports of fractures and serious bruising in children under 2 years old. Injuries that other medical providers did not or could not clear convey to the Careline how the injury occurred.

Trend: ◀▶

Rev. 6/15/15

How Much Did We Do?

CAP Consults by Race



Story behind the baseline:

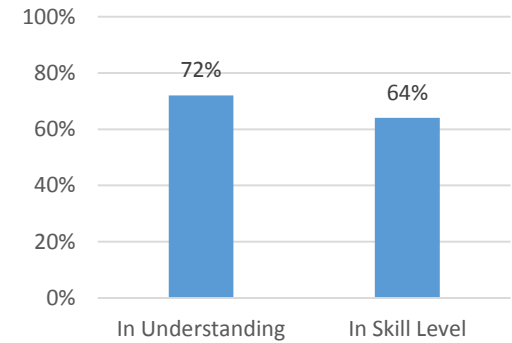
The information in this measure provides us with information about volume only. Compared to the overall child population of Connecticut, it appears that there is some level of disproportionality. Based on the type of service, the reasons for referral, and the consistent levels of response, disparate treatment does not appear to be an issue.

Trend: ◀▶

Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

How Well Did We Do It?

% Staff Reporting an Improvement as a Result of Training



Story behind the baseline:

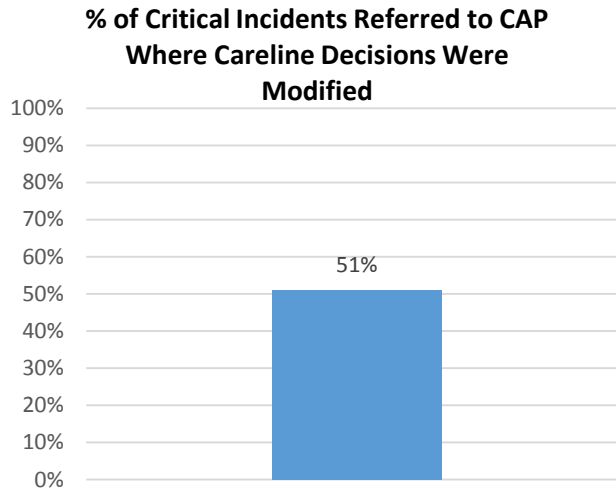
There were a total of 7 sessions covering different topics. The training was developed by the doctors to train all Careline staff about the CAPs and their role in relation to Careline. Each hospital was represented. Clerical, social worker, screeners, admin assistance, manager, primary investigators, special investigation supervisors, social work investigators all attended the training sessions.

Trend: ◀▶

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Is Anyone Better Off?



Of the 268 critical incidents reported from 12/22/14 - 8/22/15, 25% received CAP consultations and 51% of these consultations resulted in modified decisions.

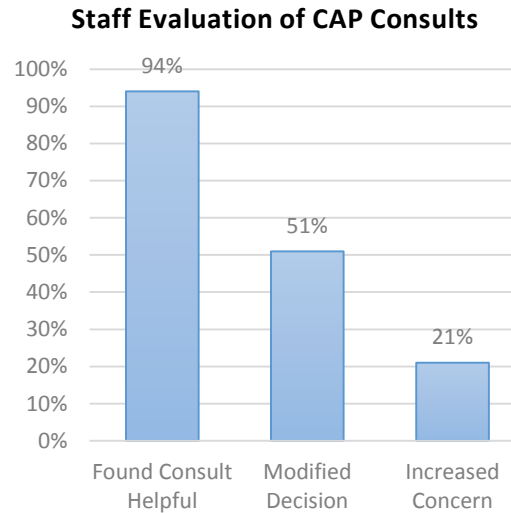
Story behind the baseline:

Children benefit from Careline staff having a good understanding of the likelihood of how injuries occurred, and whether they were due to any kind of abuse or neglect. The Careline log reflects that the CAP consults were extremely useful in making these determinations, and resulted in over 51% of decisions being modified. While a significant percent of those decisions led to a greater concern for the child's safety and well-being, in almost 50% of cases, the decision was not modified, due to confirmation and/or validation of the supervisory staff initial assessment, leading to a timely and appropriate response for those children.

Trend: ◀▶

Rev. 6/15/15

Is Anyone Better Off?



Story behind the baseline:

Staff were trained to know the limits of their expertise, and when it was necessary to call for an expert consult. By utilizing the consult, they were able to have increased timeliness and appropriateness of responses on behalf of children at risk for serious injury.

Trend: ◀▶

Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

Proposed Actions to Turn the Curve:

Careline staff documentation around referrals and outcomes will be made more consistent based on the protocol developed for this service. Management staff will work with contracted doctors so they have the same understanding about what is considered a consult, and to ensure their documentation process mirrors that of Careline staff regardless what hospital the child / youth is seen or ends up at.

Data Development Agenda:

Data collection was developed with providers at the time of program implementation. Two areas where data could be more refined are:

- Using language that is accessible to DCF staff and parents/caregivers;
- the ability to capture race/ethnicity more easily.