



# SQR LEARNING FORUM — INFANTS

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# SPECIAL QUALITATIVE REVIEWS

INFORMED BY SAFETY SCIENCE + SAFETY CULTURE

- Case Practice
- Policy/Procedures
- Internal + External  
Systems Issues
- Key Points to Build Upon

*“We are the Child Protective Services Agency;  
We are not the Child Protective Services System”*

# COMPARISON

## Recurrent Themes

- Infants all died age 1 to 5 months
- 13 of 16 Infant Deaths (81%), Contributing Cause was Unsafe Sleep
- Substance Use by Parents (81%)
- More than half of the mothers had past mental health (66%, 55%)
- 2 had CR-CFTM (2017 & 2018)
- SDM override: #4 Positive toxicology screen of mother or newborn at birth

## 2016 - 2017 (7)

- All Mothers White; 28% Fathers Black
- 71% Parents living together
- 14% Single Parent
- 57% Older children previously removed
- 71% Opiates; 29% Marijuana
- 0% IPV

## 2018 (9)

- 33% Mothers White; 55% Father's Black
- 44% Parents living together
- 55% Single parent
- No children previously removed
- 0% Opiates; 44% Marijuana
- 66% IPV history - 1 cause for referral



# PROVIDERS

- Families' experience with service providers, including hospitals, can influence and impact our **engagement**
- **Race**, socioeconomic class and family constellation appeared to impact **reporting** and **assessment**.
- Impact of Inconsistent Testing Procedures on **risk assessment**
- Inconsistent robust **information sharing**
- Impact of **opioid use**
- **Joint efforts** paramount



# HIGH RISK NEWBORNS

## High Risk Newborn designation

### Newborn Indicators of Special Needs:

- positive urine or meconium **toxicology for substances**
- positive test for **HIV infection:**
- **serious medical problems**

### Parents' Condition or Behavior Risk Indicators

- **Substance Use**
- **Intellectual Limitations that may impair ability to nurture or physically care for child**
- **Psychiatric Illness**
- **Young Age**



# FATHERS

- Engagement with the Father sometimes seemed to be influenced by relationship with Mother
- In some cases, Fathers were designated as primary caregivers
- Systems may view substance use by Dads differently than by Moms
- Information from providers primarily about Mother, not Father



# ASSESSING SAFETY AND RISK FACTORS — PROVIDER INVOLVEMENT

- **Inconsistently sharing information** with providers
- **Misalignment of Providers' Response to presented Safety and Risk** with that of Department.
- **Variance with providers' responses to families with infants:**
  - Family Based Recovery
  - Methadone Maintenance Programs
  - Outpatient Providers
  - Hospitals

# UNSAFE SLEEP

## Co sleeping/bed sharing

### Unsafe sleep practices

- Bouncy seat
- Blow up mattress
- Adult bed

How to change the conversation?

What are the cultural values about sleeping with an infant?







# SAFE SLEEP DISCUSSION

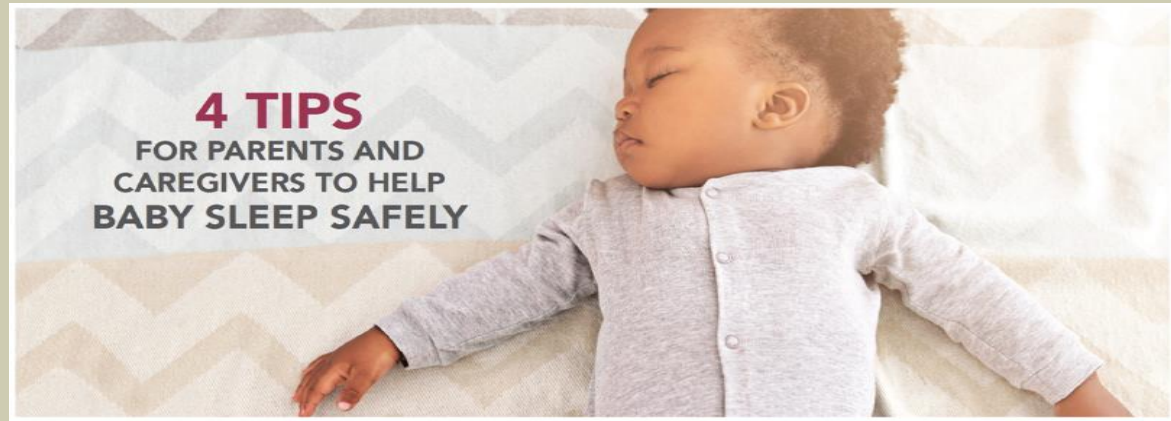
- All cases had many narratives documenting safe sleep and sleep environment
- Warnings vs. Discussion on the sleep routine
- Creative ways to discuss safe sleep without a lecture
- Talking to all adults (not just mothers)

# Example of Laminated Cards

## Memory Prompt for Nursing Staff

### SMILE! Today You Can Save a Life

- **Share** the testimonials
- **Model** safe sleep behaviors to decrease risk
  - Always sleep on the back
  - Firm mattress and no soft bedding
  - Room sharing but NOT bedsharing
  - Offer a pacifier at sleep time once breastfeeding is established
- **Include** as many family and friends as possible
  - Family and friends may recommend unsafe sleep practices
  - Your advice is very important
- **Learn** about family beliefs
- **Engage** families in discussion of beliefs



Place your baby on his or her back for all sleep times - naps and at night.



Use a firm sleep surface, such as a mattress in a safety-approved crib.



Keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of baby's sleep area.



Have baby share your room, not your bed.

# PROMISING PRACTICES

- 0-3 Meetings
- Meriden
- New Haven
  
- LINK History All

LINK II Version 19.1.16 DB NAME = DB2HOSTT SQLID = YCCFSAU3

File Edit View Create Maintain Utilities Window Help

CPS Report

Report Number: 1048295 Name: Date: Worker: R/T: Unassigned

Participant Basic Decision Allegation Response

Report Participant

Name	Gender	DOB	Race	Relationship	Roles	SHBaby
Bob Anylastname						No
Jane Anylastname						No
Jan Anylastname						No

Person Management  
Person Case History

OK  
Text  
History All  
Search...  
Roles...  
Cancel

Case History View - Case

Intake Summary History Detail

Person	Intake Type	Case Name	Date	Role	Report Status	Allegation	Disposition	Registry
	Investigation		8/21/2007	HM PC RI				
	Investigation		2/5/2011	AP PC RI HM		Physical Neg	Unsubstantiated	
	Investigation		3/30/2018					
	Investigation		8/25/2012	AP PC RI HM		Physical Neg	Unsubstantiated	
	Voluntary Services		3/22/2018	AP CC RP	Accept			
	Investigation		3/30/2018	AV		Physical Neg	Unsubstantiated	
	Voluntary Services		3/22/2018	AV RP	Accept			
	CPS Report			AV HM	Not Accept	SexAbuse/Exploi	Pending	
	Investigation		2/5/2011	AV HM		Physical Neg	Unsubstantiated	
	Investigation		8/21/2007	AV HM		Physical Neg	Substantiated	Disclosable
	Investigation		8/25/2012	AV HM		Physical Neg	Unsubstantiated	
	Investigation		8/21/2007	AV HM		Physical Neg	Unsubstantiated	
	Investigation		6/19/2016	AV		Physical Abuse	Unsubstantiated	
	Investigation		8/21/2007	AV HM		Physical Abuse	Unsubstantiated	
	Investigation		3/30/2018	AP PC		Physical Neg	Unsubstantiated	
	Voluntary Services		3/22/2018	PC				
	Investigation		3/27/2004	AV HM				
	Investigation		5/28/2011	HM				
	Investigation		2/12/2006	HM				
	Voluntary Services		5/14/2015	AV AP PC RP	Accept			
	Voluntary Services		3/22/2018		Accept			

AP - Alleged Perpetrator  
AV - Alleged Victim  
CC - Collateral Contact  
HM - Household Member  
PC - Primary Caretaker  
RI - Report Identification  
RP - Reporter  
WT - Witness

# REMEMBER

- Talk to parents about Safe Sleep
- Progress and Compliance with Service Providers
- Understand specialized needs of infant
- Who has eyes on the child?



THANK-YOU

