

Child Abuse and Neglect  
Annual Report  
of  
Fatalities and Near Fatalities

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Cabinet for Health and Family Services

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## Introduction

In accordance with KRS 620.050(12), the Cabinet for Health and Family Services, Department for Community Based Services (DCBS) submits this annual report of child abuse and neglect fatalities and near fatalities. The report is designed to provide insight into the circumstances that resulted in deaths or near deaths of children who were known to the Department for Community Based Services as needing child protective services or whose family was known to DCBS for child protection issues. The report is organized into four sections: Trends in Child Fatality and Near Fatality Cases; Predicting Child Fatalities and Near Fatalities; Child Fatalities and Near Fatalities in State Fiscal Year 2012; and State Program Improvement Efforts. Historical data in this report spans the previous five State Fiscal Years and includes only child abuse and neglect fatalities and near fatalities with prior agency involvement. Kentucky administrative regulation 922 KAR 1:420 defines prior involvement as “an assessment or investigation, of which the cabinet has record, with a child or family in the area of protection and permanency prior to the child’s fatality or near fatality investigation.”

Historical trend data presented in Table 1 have been updated from the annual report of child abuse and neglect fatalities and near fatalities submitted for SFY 11. An asterisk indicates that the number has been updated from the prior year’s report. The number of child fatalities and near fatalities are subject to change as pending cases are resolved, and as coroners complete death investigations and make new reports applicable to the prior fiscal year. Alternately, cases that were initially reported as a near fatality, but ultimately ended in death, have been updated to reflect the fatality. Additionally, numbers may decrease when an administrative or court hearing overturns an agency determination from substantiated to unsubstantiated. Near fatalities and fatalities that occurred in SFY 2012 are reported as they are reflected in the database at the time of the report. Changes in the 2012 column will be updated in subsequent reports.

## Section I: Trends in Child Fatality and Near Fatality cases

In order to establish a context under which child death and serious injury occurs, general child maltreatment data are included in this report. Table 1 provides data on the overall number of child abuse/neglect investigations, the number of those cases where abuse or neglect was found, and finally the number of fatality and near fatality cases that were the result of maltreatment. Over the past five state fiscal years the number of reported child abuse/neglect

cases has increased by more than 5,700 reports statewide. In SFY 2012, 15,699 children across Kentucky were victims of abuse or neglect.

**Table 1: SFY 2008-2012 Fatalities and Near Fatalities that Resulted from Abuse or Neglect, Updated to Reflect the Resolution of Pending Reports or Changes in Findings**

	SFY 08	SFY 09	SFY 10	SFY 11	SFY 12
Number of abuse/neglect reports that meet criteria for investigation	30,964	33,001	33,209	32,835*	34,706
Number of children involved in investigations that met criteria	41,402	44,992	45,657	45,104	47,188
Number of abuse/neglect reports that were substantiated	9,845	9,112	9,470	9,595*	9,935
Number of children involved in cases where abuse/neglect were substantiated	14,695	14,475	15,083	15,510	15,699
Number of <i>fatalities</i> where abuse/neglect was substantiated	30	29*	36*	31*	22
Number of substantiated abuse/neglect fatalities with DPP history	14*	15	24*	18*	8
Number of <i>near fatalities</i> where abuse/neglect was substantiated	48*	59*	51*	47*	33
Number of substantiated abuse/neglect near fatalities with DPP history	28*	35	26*	24*	22

The small number of child maltreatment cases that result in serious injury or death each year results in significant trend fluctuation and does not provide a representative picture of these cases. However, data from five years is a large enough sample to demonstrate overall trends in child fatality and near fatality cases. In the past five years (SFY 2008-2012), there have been 386 fatalities and near fatalities due to abuse or neglect. Of those cases, 214 or 55 percent had prior involvement with the Department for Community Based Services Division of Protection and Permanency. Those 214 cases will be the focus of the analysis included in this report.

### **Gender, Race and Ethnicity of Child Victims**

Of the 214 children in this data set whose death or serious injury was the result of abuse or neglect and with whom the Department for Community Based Services' Division of Protection and Permanency had prior involvement, 122 victims or 57 percent are male and 92 victims or 43 percent are female. The national average in 2010 (the last year for which national data are currently available), males account for 60 percent of child maltreatment victims and females 40

percent. Overall in Kentucky, males comprise 51 percent of the total child population and females account for 49 percent.

**Table 2- Percentage of KY child victims by gender for SFY 2008-2012 (N=214)**

	<b>Gender of the Victim</b>	
	<b>KY (N=214)</b>	<b>National Percent of Child Abuse and Neglect Victims by gender (ACF 2010 NCANDS Report)</b>
<b>Male</b>	57%	60%
<b>Female</b>	43%	40%

Caucasian children account for 79 percent of the 214 child fatalities and near fatalities from SFY 2008-2012. African American children account for 12 percent and seven percent of victims were bi-racial. Table 3 displays the racial and ethnic characteristics of the child victims in Kentucky between SFY 2008 to 2011. Detailed census data from 2010 was not available at the time of this report. Without an accurate description of the racial and ethnic percentages of Kentucky's child population, no conclusion can be drawn as to whether certain demographics are truly more frequently present in fatality and near fatality cases, or whether their distribution simply mirrors their distribution amongst the state's current population of children. Nationally however, the racial and ethnical distribution of child victims is much more diverse.

**Table 3- Percentage of KY child victims by race/ethnicity for SFY 2008-2012 (N=214)**

<b>Race or Ethnicity</b>	<b>Kentucky Fatality/Near Fatality Data (N=214)</b>	<b>National Fatality Data (ACF 2010 NCANDS)</b>
African American	12%	28.1%
Bi-racial	7%	4.4%
Caucasian	79%	43.6%
Hispanic	1%	16.6%
Pacific Islander	0	~
American Indian or Alaskan Native	0	0.8%
Asian	0	0.9%
Unknown	1%	5.5%

### **Perpetrator Demographics**

In the 214 cases included in this report, 77 percent of female perpetrators were below age 30 and approximately 54 percent of males were younger than 30 years old at the time of the incident. Generally, females who are substantiated as perpetrators in fatal or near fatal instances of abuse or neglect tend to be younger. Male perpetrators while also younger are slightly more evenly distributed along the scale of chronological age.

**Table 4- Percentage of KY caretaker by age and gender for SFY 2008-2012 (N=214)**

<b>Age of Male and Female Caregivers at Incident (N=214)</b>		
	Male	Female
Under 20	3%	15%
21-25	25.2%	38.8%
26-30	26.2%	23.4%
31-35	13.6%	7.5%
36+	16.4%	11.7%
Unknown	15.4%	3.7%

Data consistently indicates that parents are most frequently the perpetrators of fatal and near fatal abuse or neglect acting alone or in collusion with another person. From SFY 2008 through 2012, 77 percent of fatalities and near fatalities involved a parent as a perpetrator. This trend is also replicated nationally. The federal Administration for Children and Families' most recent report on child maltreatment found parents as perpetrators in fatality cases in 79 percent of cases.<sup>1</sup>

**Table 5- Percentage of KY caretaker relationship to victim for SFY 2008-2012**

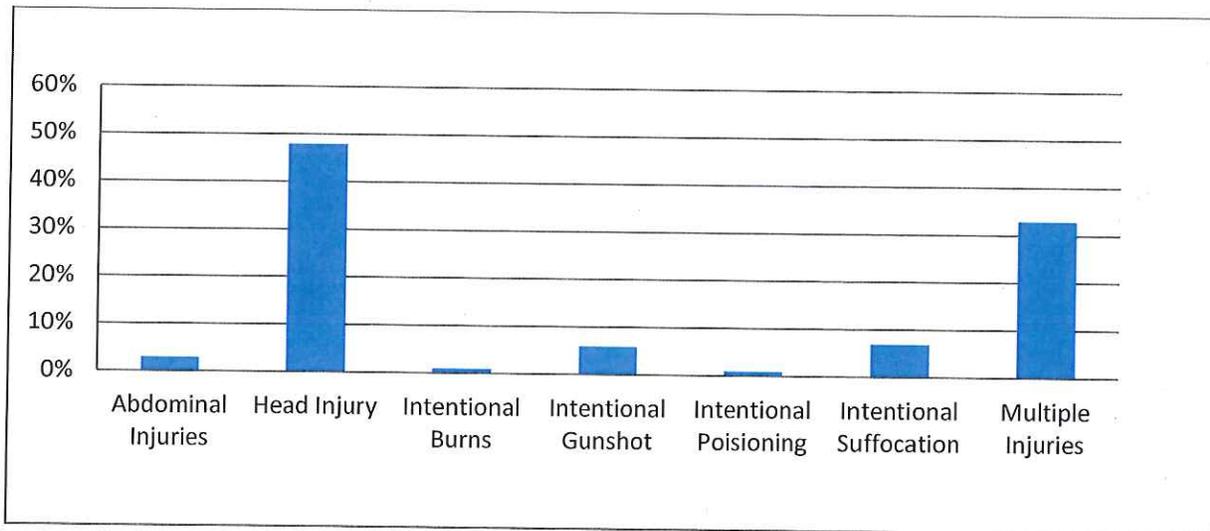
<b>Relationship of Perpetrator to Victim KY (N=214)</b>	
Father	17%
Mother	21%
Both Parents	20%
Parent and Another Person(s)	19%
Parent Paramour	10%
Another Relative	8%
Unrelated Caregiver	2%
Unknown	2%

<sup>1</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010*. Available from [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#can](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can).

### Maltreatment Type

In this analysis, child maltreatment is broken into two categories: physical abuse and neglect. Of the 214 cases, 99 cases were the result of physical abuse and 115 cases were the result of neglect. Table 6 displays causes of death or serious injury in the 99 **physical abuse** cases for SFY 2008 to 2012.

Table 6- Percentage of KY child victims- physical abuse for SFY 2008-2012 (N=99)

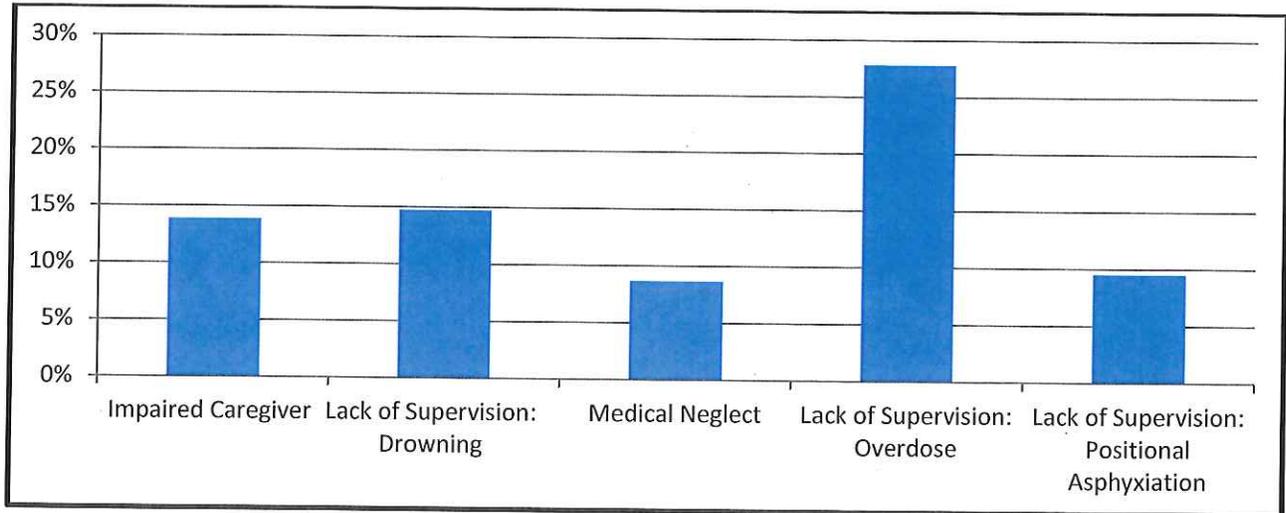


Of the 99 physical abuse fatalities and near fatalities in Kentucky over the last five years, the leading cause of death or serious injury is inflicted head injury, which accounts for 44 percent of injuries resulting from physical abuse. Multiple injuries account for 33 percent of physical abuse deaths or near deaths. Additionally, 7 percent of victims were intentionally suffocated, and 6 percent died as the result of an intentional shooting.

For SFY 2008 to 2012, 115 of the 214 total fatalities and near fatalities were attributed to **neglect**. Table 7 depicts the causes of death or near death. These neglect cases fall into three broad categories: lack of caregiver supervision of the child, impaired caregiver and caregivers not meeting the medical needs of the child. The most frequently identified causes of death or near death were a caregiver who was impaired by drugs or alcohol or an improperly supervised child who ingested dangerous and potentially lethal substances.<sup>2</sup>

<sup>2</sup> All contributing substance use, regardless of type (i.e. prescription drug use, illegal drug use, and alcohol use), are categorized in one or the other of these two categories.

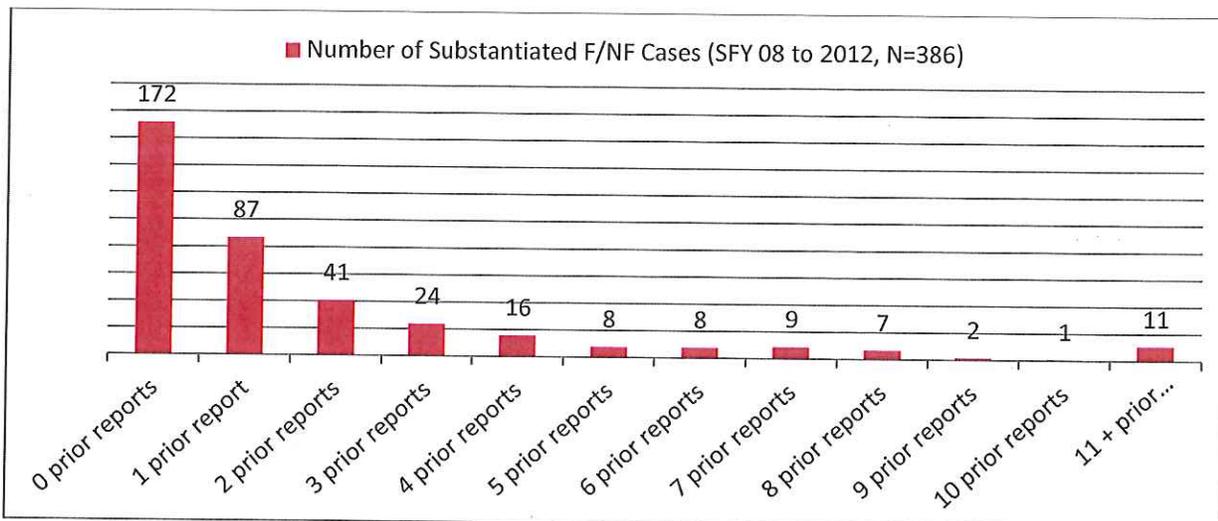
**Table 7- Percentage of KY child victims- neglect for SFY 2008-2012 (N=115)**



**Prior Involvement**

In previous years, annual reporting has been consistent regarding fatalities and near fatalities and the number of prior contacts with the agency. Prior involvement is defined as “any assessment or investigation with a child or family in the area of protection and permanency.” Table 8 displays the amount of prior involvement with the child or family and includes all 386 fatal or near fatal incidents of child abuse or neglect from SFY 2008 to 2012. Of those, 172 cases, slightly over 44 percent, did not have prior involvement with the Department for Community Based Services Division of Protection and Permanency.

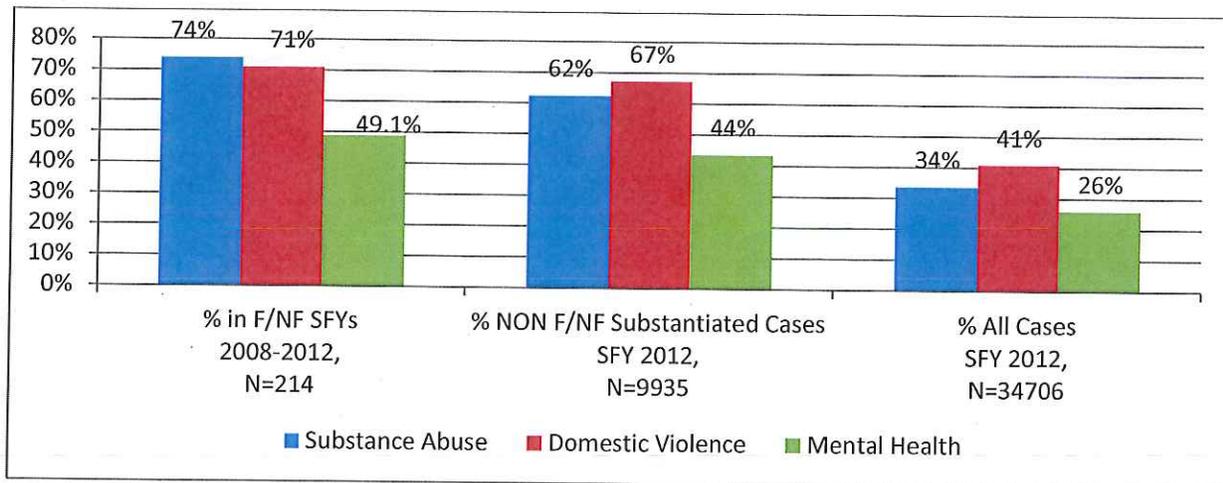
**Table 8- Number of prior investigations or assessments with DCBS protection and permanency in cases of child abuse and neglect related fatalities and near fatalities SFY 2008-2012 (N=386)**



## Household Dynamics

Substance abuse, domestic violence and mental health issues are commonly known antecedents in child abuse and neglect cases. A similar pattern of risk is present in child fatality and near fatality cases. Table 9 highlights the higher incidence of substance abuse, domestic violence and mental health issues in cases involving a child fatality or near fatality when compared to cases in which abuse or neglect was substantiated but did not result in a fatality or near fatality.

**Table 9- Percentage of cases showing evidence of three risk factors: substance abuse, domestic violence and mental health; for cases involving fatalities or near fatalities (F/NF), non F/NF but substantiated cases (SFY 2012) and all child protective services cases (SFY 2012)**



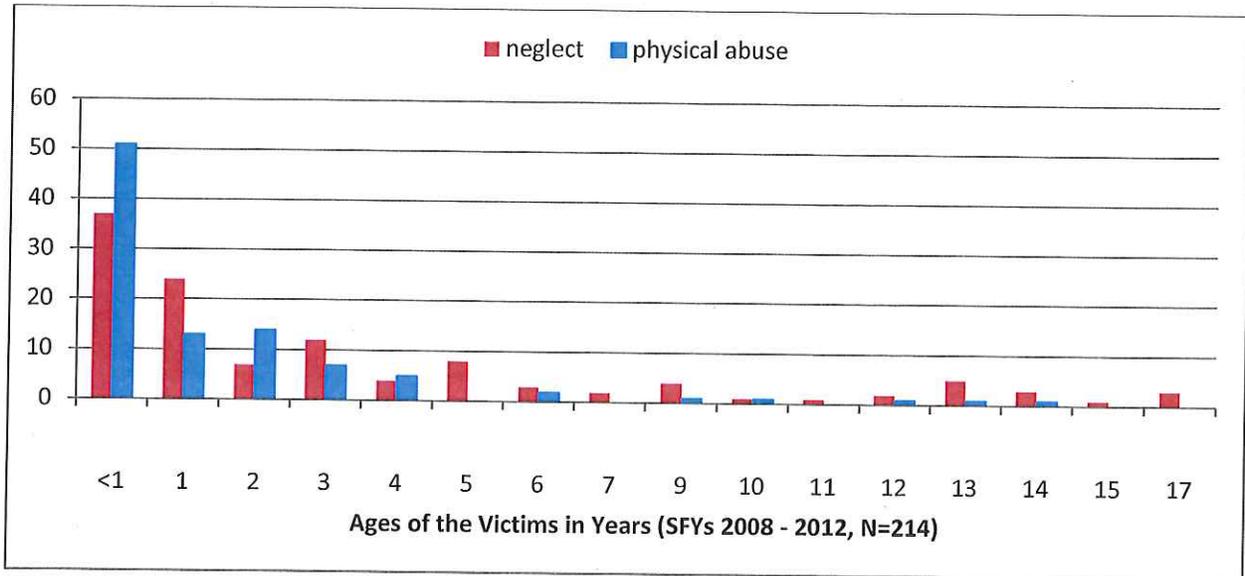
The greater presence of these risk factors in fatality/near fatality cases is even more dramatically evident when compared to the nearly 35,000 Kentucky child protective service cases investigated in SFY 2012. These findings, while consistent with national trends, emphasize the necessity for programs aimed at early identification of these risk factors, in addition to the need for educational programs designed to reduce these factors and intervention programs to remediate them.

## **Section II: Predicting Child Fatalities and Near Fatalities**

The Department for Community Based Services continues to compare child fatality and near fatality cases to child maltreatment cases that do not result in child death or serious injury in an attempt to understand what factors contribute to lethality. Only one child demographic has been consistently useful as a predictive feature for caseworkers and policymakers in cases of fatal

and serious child maltreatment, and that is the age of the victim. Table 10 displays the number of victims by age in the 214 cases for this year's annual report.

**Table 10- Percentage of Kentucky children by age for SFY 2008-2012 (N=214)**



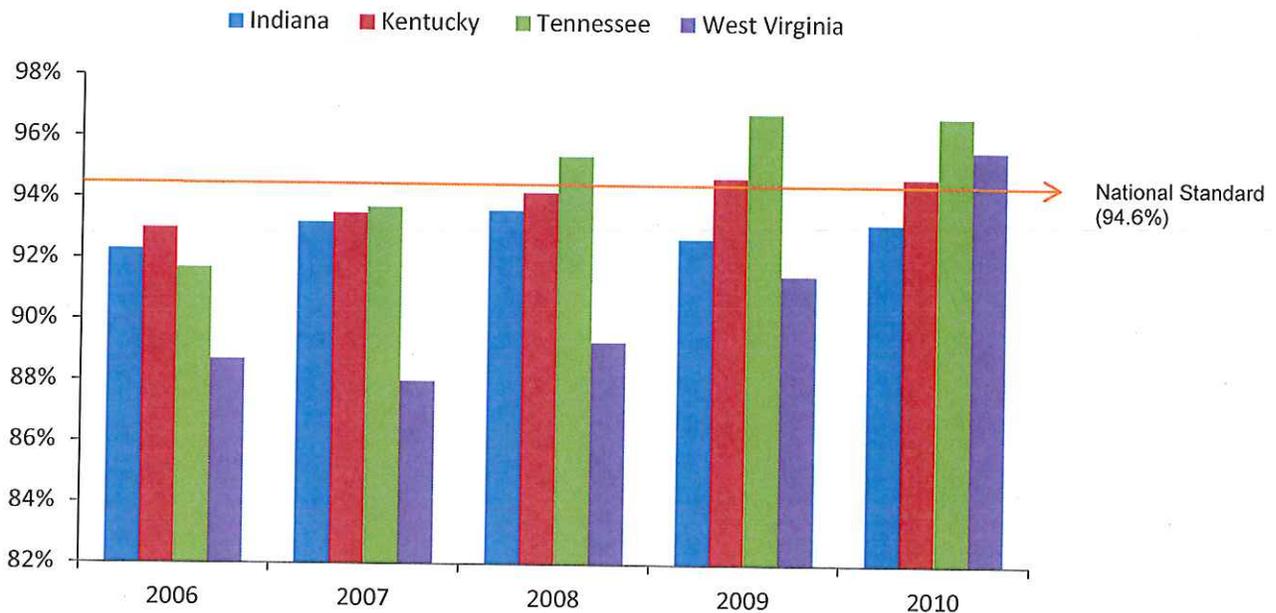
In Kentucky, nearly all of the victims, 91 percent, in all cases of fatal or near fatal physical abuse involved children less than four years of age. The age of children in neglect-related fatalities or near fatalities is more equally distributed across the age groups. These data show an important relationship between the age of the victim and the type of maltreatment they endure.

In the 34,706 child maltreatment investigations conducted in SFY 2012, children under four years of age account for just over 7 percent of physical abuse cases that were investigated. On average, physical abuse results in death or serious injury for these young children at a rate of 4.9 percent. In contrast, children under four years of age that died as a result of neglect represent only .05 percent of total neglect cases. In recognition of this finding, allegations and case circumstances that affect children age four and younger are evaluated as more urgent in both the initiation and investigative protocol and in the ongoing assessment protocol. Additionally, as part of the investigative and ongoing assessment, protocol is to assess both the child's vulnerability and the parent's capacity to protect the child.

**Federal Repeat Maltreatment Measures**

Another element to consider when analyzing predictability of fatalities and near fatalities is the percent of total cases with prior involvement. Child fatality and near fatality cases can be compared to the larger group of child maltreatment cases that also experienced prior involvement but did not result in a fatality or near fatality. DCBS is required annually to report data to the federal Administration for Children and Families (ACF) on the agency's prior involvement in both fatal and non-fatal child protection cases. ACF considers prior involvement to mean whether the family had a second substantiation of child abuse or neglect within 12 months of the agency's first intervention. Table 11 demonstrates the percentage of families that did not have a second substantiation within 12 months of agency intervention for all abuse and neglect cases. Table 11 also displays Kentucky's performance in comparison to that of neighboring states.

Table 11- Absence of repeat maltreatment compared to contiguous states



The single horizontal line at 94.6 percent represents the national standard for this indicator. States strive to be above this line. The most current data available for this indicator shows Kentucky performing at a rate of 94.7 percent.<sup>[1]</sup> As shown in Table 11, Kentucky has

[1] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2010). Child Maltreatment 2009. Available from [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#can](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can). (pages 54-59)

significantly improved in terms of the percentage of families that did not have prior involvement, growing from 93 percent in 2006 to 94.7 percent in 2010. Prior involvement is not a measure that distinguishes lethal from non-lethal forms of child maltreatment due to the fact that death and serious injury cases account for less than half of one percent of all child maltreatment cases.

### **Substance Abuse Treatment**

The majority of the Department for Community Based Services' cases that have substance abuse as a risk factor do not end in fatality or near fatality. However, further regional analysis suggests that the presence of substance use and substance abuse in fatal and near fatal cases occurs more often in regions of the state where substance abuse recovery and relapse prevention programs are absent or inaccessible.

**Table 12- Fatality and Near Fatality Cases with substance abuse as a risk factor compared to the regional population**

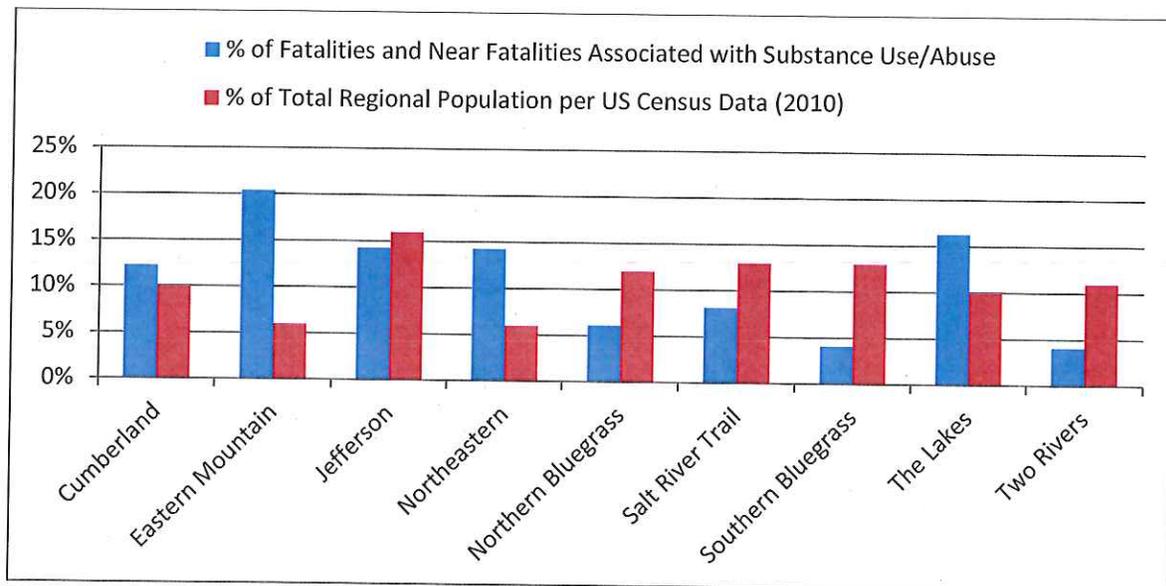


Table 12 displays substantiated child abuse and neglect fatalities and near fatalities that had prior contact with the agency and were attributed to substance use or substance abuse. Cases are displayed as a percentage of the total number of all such fatalities in the prior five state fiscal years and are displayed by region in comparison to the regions' population data. The data highlight that fatality and near fatality cases involving substance use and abuse are occurring in traditionally underserved, non-urban areas of the state. Eastern Mountain, Northeastern, The

Lakes and Cumberland Service Regions have a higher rate of abuse or neglect-related fatalities and near fatalities with substance abuse risk factors in relation to their total regional population.

The Department for Community Based Services will continue to evaluate the constellation of case features present in child abuse and neglect cases that result in fatal or near fatal outcomes. Families involved in the child welfare system present with a myriad of trauma histories and risk factor, including mental health issues, substance abuse histories and unstable living conditions, and a variety of other household dynamics, such as access to resources and household structures. Understanding the impact of these features remains a work in progress.<sup>3</sup> DCBS continues to work with medical, legal and other community partners to increase our understanding of what situations result in fatal and near fatal child abuse.

### **Section III: Kentucky Child Fatalities and Near Fatalities in SFY 2012**

During SFY 2012, 55 child fatality and near fatality cases were the result of child maltreatment. Of those 55 cases, 30 had prior involvement with DCBS. Some specific features of these 30 cases include:

- Twenty-three child victims or 77 percent were three years of age or younger. Ten were under one year of age;
- Twelve child victims or 40 percent were female and 18 child victims or 60 percent were male;
- Six of the cases or 20 percent involved the same perpetrator and the same victim as the previous report;
- Twenty-seven perpetrators or 90 percent were one or both parents acting alone or with another;
- Fourteen of the 30 cases or 47 percent were the result of physical abuse and all 14 were three years of age or younger;
- Twenty-four of the 30 cases or 80 percent involved some sort of substance use or substance abuse. Substances ranged from alcohol to opiates and most often involved more than one substance; and
- While all 30 child fatality and near fatality cases occurring in SFY 2012 and included in this report had prior involvement with DCBS's Division of Protection and Permanency,

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<sup>3</sup> Reference : "Predicting child fatalities among less-severe CPS investigations." J. Christopher Graham, Kelly Stepura, Donald J. Baumann , Homer Kern. Children and Youth Services Review. 2010: 32 (274–280)

16 out of 30 cases or 53 percent had prior involvement within the 12 months preceding the fatal or near fatal event.

### **Regional Differences**

The chart below depicts the number of child fatality cases and near fatality cases in each of the nine DCBS service regions during SFY 12. See Appendix A for a regional map of counties in each service region.

<b>Service Region</b>	<b># of abuse/neglect fatalities with prior involvement</b>	<b># of abuse/neglect near fatalities with prior involvement</b>	<b>Total fatality/ near fatality with prior involvement</b>
Cumberland	0	5	5
Eastern Mountain	1	1	2
Jefferson	2	2	4
Northeastern	3	1	4
Northern Bluegrass	1	2	3
Salt River Trail	0	2	2
Southern Bluegrass	0	2	2
The Lakes	1	5	6
Two Rivers	0	2	2
<b>Statewide Totals</b>	<b>8</b>	<b>22</b>	<b>30</b>

## **Section IV. Kentucky's Program Improvement Efforts**

The Department for Community Based Services engages in a variety of quality assurance activities aimed at driving program improvements through data collection and analysis. DCBS utilizes a comprehensive and standardized case review tool and a random standardized case analysis process for quality assurance purposes. The department uses data collected during case reviews to inform decision making in the areas of policy, practice and training.

## Trainings and Research

- *"Risk Factors and the Assessment of Child Protective Service Investigations"* training emphasizes the assessment of domestic violence, mental health, and substance abuse in families, and strongly emphasizes the use of comprehensive interviews with service providers and family members to appropriately assess the strengths and needs of families. A team approach to training is used that includes both frontline staff and their supervisors. This training has been provided in all nine DCBS service regions during the past year. The goal of this training is to improve clinical decision making by staff and supervisors. To date, 19 trainings have been held with 38 Department for Community Based Services Division of Protection and Permanency teams.
- *"Drug Summits: Child Welfare Decision Making"* training addresses personal values regarding substance abuse in general and provides education on addiction as a disease and disorder of the brain. Training includes the continuum of substance abuse disorders, as well as specific drugs and their effects. Drug testing of parents was addressed during this training and staff had the opportunity to build skills by "working" a case during the afternoon session of this training. Areas of focus during this segment included safety and risk factors related to substance abusing families, prevention planning, case planning, relapse prevention planning and reunification with substance abusing families. The goal of the training is to increase understanding of family dynamics and service provision for families who have the co-occurring issues of substance abuse and child maltreatment. To date, nearly 800 DCBS staff statewide have been trained. Two sessions are scheduled for the months of August and September 2012.
- *"Medical Elements of Child Abuse and Neglect" (MECAN)* is a series of medical trainings designed for the non-medical professional to provide information on a variety of medical topics. It was developed with the assistance of Dr. Melissa Currie, Director of the Division of Pediatric Forensic Medicine at the University of Louisville. Nine courses are currently available on a variety of medical issues related to child maltreatment. Several trainings have been converted to modules on the KYTRAIN network for access by both DCBS staff and community partners. The goal of the training is to increase recognition of medical indicators of abuse and neglect for staff, supervisors and community partners. To date, 8,500 DCBS staff and community partners have been trained.
- *"Mandated Reporting"* training was provided to each local DCBS office on CD and became available on KYTRAIN network for community partners. This module can be utilized by DCBS staff when presenting to civic groups and community partners. Information is included on acceptance criteria, how to make a report, and the process for taking and initiating a report and services. The goal of the training is to increase community understanding of mandated reporting requirements. To date, approximately 200 community agency partners have been trained.
- *"Child Maltreatment: Recognition and Documentation"* was developed and presented by the Child Fatality Nurse Service Administrator and Dr. Melissa Currie of the University of Louisville to various community professionals as a result of the information gathered during forensic consultation and evaluation. The goal of the training is to increase recognition of medical indicators of abuse and neglect for community partners. To date, five sessions have been conducted with approximately 150 community professionals trained.

- *"Recognition of Abusive Injuries"* is a workshop first presented at the annual meeting of the Kentucky Nurses Association, as well as workshops for victim advocates and prosecutors sponsored by the Office of the Attorney General and the Justice and Public Safety Cabinet. The workshops were designed to increase community understanding of child abuse and neglect.
- *"Pediatric Abusive Head Trauma"* is a mandatory 1.5 hour training required by law enacted during the 2010 General Assembly for various professionals in the child welfare, legal and medical communities. The training was developed by Dr. Melissa Currie and the Department for Community Based Services' Child Fatality Nurse Service Administrator for statewide implementation. To date, 85 trainers, 600 foster parents, and 300 DCBS protection and permanency staff have been trained.
- *"Advanced Protection and Permanency Supervisor Seminar Series"* is a six-part series designed for supervisors and regional leadership in the area of protection and permanency. The training series provides child welfare leadership with proven strategies and tools that support supervisors as they carry out their diverse activities. The trainings present an integrated framework consisting of three components that will empower supervisors and management to effectively carry out their administrative, educational and supportive functions. Supervisors practice strategies to ensure strength-based approaches are systemically applied for both employees and families. Topics include critical thinking, ethical decision making, cultural competencies, coaching and mentoring strategies, solution-based casework, community collaboration, and engagement skills. The goal of the training series is to increase coaching and mentoring of staff, improve clinical decision making, and support the implementation of best practices. The series was initiated in the fall of 2011. Since that time, 25 Division of Protection and Permanency supervisors have completed the training and 84 supervisors are currently enrolled and participating in three separate cohorts across the state.

### **Initiatives and Programmatic Improvements**

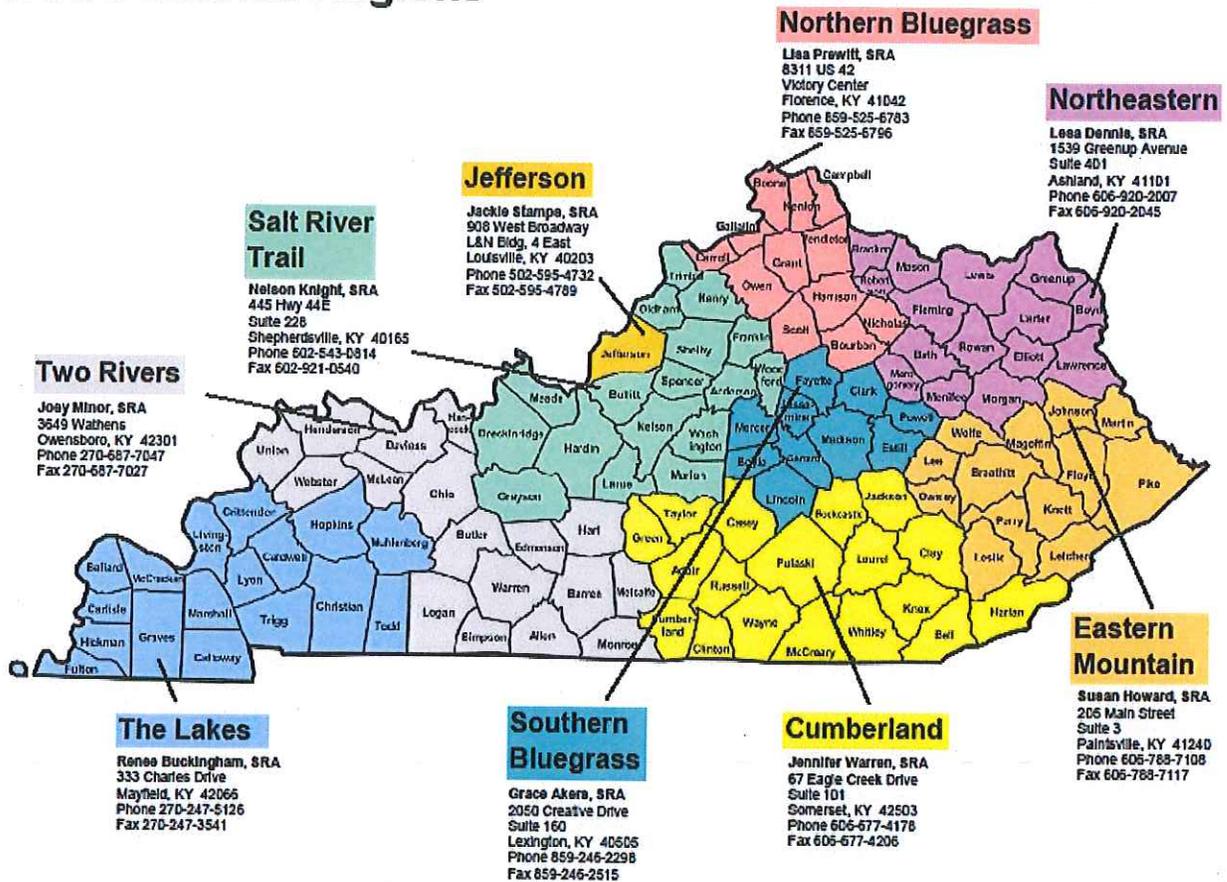
- The Division of Forensic Medicine (DFM) in the Department of Pediatrics at the University of Louisville provides forensic consultations and medical evaluations of child victims of physical abuse. The collaboration between DFM and the Department for Community Based Services assists staff who are completing and documenting child protective services investigations. The Division of Forensic Medicine also provides court testimony, when warranted, and assists the Child Fatality Nurse Service Administrator on cases of physical abuse as needed. This collaboration assists DCBS in differentiating inflicted injury from accidental trauma. More than 350 consultations have occurred over the past state fiscal year.
- As a result of the data analysis conducted in the child fatality cases, the Department for Community Based Services implemented a case consultation model for high-risk investigations involving children ages four and younger with allegations of physical abuse. This model standardized the process for all cases meeting these criteria, established specific timeframes for consultations and established templates to guide each consultation. The process ensures that local office case decisions are supported by regional clinical personnel. Practice guidance and follow-up technical assistance has

been targeted to reinforce that regional staff should use consultations as an opportunity to support critical thinking skills for frontline staff, help them problem-solve case scenarios and stay objective in case decision-making. Frontline supervisors are expected to replicate these strategies during their formal monthly consultations, and as part of regular supervisor/field staff interactions. In collaboration with Casey Family Programs, DCBS is in the process of evaluating the consultation process as it relates to high-risk child abuse investigations. The results of the evaluation will be utilized to inform future policy, training and practice. As of July 2012, 2,632 investigations have been conducted using this process.

- A series of In-Depth Technical Assistance Regional Forums were held in each of the 14 Community Mental Health Center (CMHC) regions. These forums involved local judges, DCBS and CMHC staff. The goal of regional forums is to develop common strategies across community service providers for families with substance abuse issues. The forums provide a structured conversation in each CMHC region to understand the needs, strengths and current practices in the region as it relates to serving families with substance abuse problems. Values of each agency were discussed and successful strategies shared with the goal of identifying local champions to continue to transform our statewide system of care.
- The UNCOPE is a standardized assessment tool designed to screen families for substance use disorders. The Department for Community Based Services piloted the use of the UNCOPE during new investigations in seven counties for a 10-week period between August and October 2011. The results of the pilot, along with information from ongoing focus groups, will help inform statewide rollout of the UNCOPE as a part of regular practice at DCBS. The goal of this pilot is to increase the understanding of risks and supports in cases where a parent struggles with substance abuse to ultimately enhance decision making in these complex cases. During the pilot phase, 236 families benefited from this screening process.

## Appendix A. Regional Map

### DCBS Service Regions



August 1, 2012

## Appendix B. Data Tables

AGE OF CHILD N=214	SFY 2012		SFY 2008-2012 TOTALS
	Fatality	Near Fatality	
Under 1 yr	2	8	88
1 year	1	3	37
2 years	3	2	21
3 years	1	2	19
4-6 years	0	3	22
7-12 years	0	2	13
13-17 years	0	2	14
<b>Total</b>	<b>8</b>	<b>22</b>	<b>214</b>

GENDER OF CHILD	SFY 2012		SFY2008-2012 TOTALS
	Fatality	Near Fatality	
Male	5	13	122
Female	3	9	92
<b>Total</b>	<b>8</b>	<b>22</b>	<b>214</b>

RACE OF CHILD	SFY 2012		SFY 2008-2012 TOTALS
	Fatality	Near Fatality	
African American	1	1	26
Bi-racial	0	4	14
Caucasian	7	16	170
Hispanic	0	1	3
Unknown	0	0	1
<b>Total</b>	<b>8</b>	<b>22</b>	<b>214</b>

TYPE OF MALTX	SFY 2012		SFY 2008-2012 TOTALS
	Fatality	Near Fatality	
Physical abuse	5	9	99
Neglect	3	13	115
<b>Total</b>	<b>8</b>	<b>22</b>	<b>214</b>

RELATIONSHIP OF PERP TO VICTIM	SFY 2012		SFY 2008-2012 TOTALS
	Fatality	Near Fatality	
Mother	1	7	46
Father	2	4	37
Both parents	2	4	43
Parent and other	2	4	40
Paramour	0	2	22
Other	1	1	22
Unknown	0	0	4
<b>Total</b>	<b>8</b>	<b>22</b>	<b>214</b>

CAREGIVER RISK FACTORS*	SFY 2012	SFY 2008-2012 TOTALS
Substance Abuse	23	158
Domestic violence	22	151
Mental Health	16	105

\*multiple risk factors are present in most cases; therefore, these data will overlap

AMOUNT OF PRIOR HISTORY (FATALITY AND NEAR FATALITY CASES)	SFY 2012	SFY 2008-2012 TOTALS
1 prior report	9 cases	87 cases
2 prior reports	2 cases	41 cases
3-5 prior reports	11 cases	48 cases
6-9 prior reports	8 cases	27 cases
10 + reports	0 cases	11 cases
<b>Total</b>	<b>30</b>	<b>214</b>