MULTI-DISCIPLINARY USE OF HISTORY IN DECISION-MAKING WORKGROUP

INFORMATION-SHARING SUBGROUP FINAL REPORT
October 2007

THINK OF THE CHILD FIRST.

DELAWARE CHILDREN'S DEPARTMENT

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EXECUTIVE SUMMARY

The Multi-Disciplinary Use of History in Decision-Making Workgroup of the Child Protection Accountability Commission (CPAC) and the Child Death, Near Death, and Stillbirth Commission (CDNDSC) was created to address recommendations made in a Office of the Child Advocate report known as the "Compilation of Delaware's Child Protection Issues and Recommendations from Child Abuse/Neglect and Near Death Case Reviews." There were reoccurring recommendations during the reviews to improve the use of historical information. During discussions by the Use of History Workgroup that is chaired by Carlyse Giddins, Director of the Division of Family Services (DFS), it became apparent that issues involving the sharing of information also needed to be addressed.

The Information-Sharing Subgroup was chaired by Linda M. Shannon of the Division of Family Services and it met seven times between November 2006 and June 2007. Membership included: Family Court, the Department of Education – Local Education Agencies (DOE-LEA), the Division of Child Mental Health, the Division of Public Health (DPH), the Child Death, Near Death, Stillbirth Commission, the Office of the Child Advocate, Children's Advocacy Center, Community Legal Aid Society, Inc., a Community Child Advocate, and the Office of Child Care Licensing - Criminal History Unit in the Division of Family Services.

The Subgroup established the following goal and objectives:

- Goal: Develop policy recommendations related to information sharing among entities in order to protect children from abuse or neglect while recognizing the rights of the family and its individual members.
- Objectives:
    1. To determine what information can be shared or is needed to keep children safe.
    2. To determine with whom information can be shared.
    3. To determine methods for sharing information.

There were five strategies used by the Subgroup: (1) conduct a self assessment of agencies to determine what information is needed by each agency to keep children safe, (2) review applicable statutes for each agency regarding confidentiality, (3) review current processes in place to share information, (4) discuss what is working well and what is not working well, and (5) develop recommendations.

The results of the self assessment of agencies that was conducted via interagency survey, as well as discussions about statutes and memoranda of understanding indicated that most agencies at the table are able to obtain the necessary records needed to do their jobs. There are not as many information sharing issues as originally thought. However, verbal sharing of information is problematic between some agencies such as DFS and DOE-LEA and DFS and DPH. Statutes, memoranda of understanding, and policies are in place to share information and there was consensus by the committee that the agencies represented need to reinforce what is already in place. One complex information sharing issue that the Subgroup was unable to resolve involved the exchange of information with physicians. Recommendations focused on reinforcing memoranda of understanding between DFS and DOE-LEA, as well as DFS and DPH, and enhancing DFS practice by providing feedback to the reporter about report acceptance and investigation initial interview follow-up information to DOE-LEA and DPH.

Introduction

The Multi-Disciplinary Use of History in Decision-Making Workgroup of the Child Protection Accountability Commission (CPAC) and the Child Death, Near Death, and Stillbirth Commission (CDNDSC) was created to address recommendations made in a Office of the Child Advocate report known as the "Compilation of Delaware's Child Protection Issues and Recommendations from Child Abuse/Neglect and Near Death Case Reviews." The report compiled the recommendations made from the reviews of child deaths and near deaths over many years. There were reoccurring recommendations during the reviews to improve the use of historical information. The Workgroup is chaired by Carlyse Giddins, Director of the Division of Family Services (DFS). During discussions by the Use of History Workgroup it became apparent that issues involving the sharing of information also needed to be addressed.

The Information-Sharing Subgroup, was chaired by Linda M. Shannon of the Division of Family Services and it met seven times: (2006) November 28, December 18, (2007) January 22, February 13, March 14, April 4, and June 22. Membership included: Family Court, the Department of Education – Local Education Agencies (DOE-LEA), the Division of Child Mental Health (DCMH), the Division of Public Health (DPH), the Child Death, Near Death, Stillbirth Commission (CDNDSC), the Office of the Child Advocate (OCA), Children's Advocacy Center (CAC), Community Legal Aid Society, Inc. (CLASI), a Community Child Advocate, and the Office of Child Care Licensing - Criminal History Unit (CHU) in the Division of Family Services. (See Appendix A)

During the first meeting, the Subgroup developed the following goal and objectives:

- Goal: Develop policy recommendations related to information sharing among entities in order to protect children from abuse or neglect while recognizing the rights of the family and its individual members.

- Objectives:
  1. To determine what information can be shared/is needed to keep children safe.
  2. To determine with whom information can be shared.
  3. To determine methods for sharing information.

There were five strategies used by the Subgroup:

1. Conduct a self assessment of agencies to determine what information is needed by each agency to keep children safe,
2. Review applicable statutes for each agency regarding confidentiality,
3. Review current processes in place to share information,
4. Discuss what is working well and what is not working well, and
5. Develop recommendations.

Methodology

I. *Child Death, Near Death, and Fatal Incident Reviews and Recommendations*

To better understand the information sharing issues highlighted in the "Compilation of Delaware's Child Protection Issues and Recommendations from Child Abuse/Neglect and Near Death Case Reviews," the cases and recommendations pertaining to information sharing were isolated. (See Appendix B) Recommendations from fatal domestic violence reviews of adult victims were also included. There were twelve information sharing issues covering the following areas:

- Collateral contacts (2);
- Family Court does not have clear procedures for referring to DFS. (1);
- Lack of multidisciplinary collaboration and communication (7);
- Memorandum Of Understanding (MOU) with law enforcement, DOJ, CAC, and DFS (1); and
- DFS worker not informed of criminal case outcome (1).

Six case reviews were completed from 1998-2004, five reviews occurred in 2005, and one review occurred in 2006. It should be noted that Department of Services to Children, Youth and Their Families (DSCYF) formally responded to each of the issues and recommendations highlighted in the compilation previously. The Subgroup decided that these issues would provide the context for issues that have reoccurred over a period of years.

II. *Agency Surveys*

An "Agency Assessment of Information Needed to Maintain Child Safety" template was designed and distributed to the Subgroup member agencies. Each agency was asked to respond to three questions:

1. What information does your agency need (from DFS or other agencies/parties) to keep children safe?
2. Why is the information needed or how will the information help keep children safe?
3. Are there any barriers that inhibit your agency's ability to gather the information? Specify policy, procedural, statutory, or systemic barriers.

Appendix C summarizes each agency's response to the three assessment questions. Appendix D is a chart titled "Agency Assessment of Information Needed to Maintain Child Safety" that correlates information needed by a requesting agency and an information source agency.

One or more members of the Subgroup were aware of a similar agency survey effort by the Delaware Girls Initiative (DGI). DGI is also examining how information is shared among agencies. There have been a couple meetings that included the Public Defender's Office, Family Court, OCA, Christiana Care, and

DCMH. The original idea was to create a database so agencies could access some information. There has been a great deal of discussion about how not to breach confidentiality. The committee distributed a survey to learn more about the current databases of the various agencies and the committee is still in the preliminary stages of discussing what each agency is willing to share. The committee is not proposing the creation of a new database. Rather, the committee is discussing the development of a search engine where agencies will log into a specific website where there will be different security levels. For example, if DSCYF only agreed to share the worker's name and phone number, when the client's name is entered into the website, the caseworker's name and number would pop up if the case is active. The DGI committee met with Bill Nissley, IT for the Public Defender's Office. He has a good knowledge of DELJIS and other databases in the State. The committee does not intend to create a massive, open site. This approach will require the support of agency heads and a fiscal note. The chairs of DGI were invited to join the Subgroup and the results of their survey were also requested, however, those requests did not yield results.

III. *Statutory Review*

Copies of statutes governing Subgroup agencies were reviewed and discussed. (See Appendix E)

1. Department of Education – Local Education Agencies (LEA) and Charter Schools

The confidentiality portion of the Family Educational Rights and Privacy Act (FERPA) was reviewed. Schools are allowed to release information from a student's educational record without the student's or parental consent "to comply with a judicial order or lawfully issued subpoena." CDNDSC, FIRT, and Family Court issue subpoenas. OCA gets education information from the DFS record now, but is capable of obtaining the records with a subpoena. Educational records can also be released without the student's or parental consent to "appropriate officials in cases of health and safety emergencies." This would include law enforcement and DFS. Finally, information could be released to "State and local authorities, within a juvenile justice system, pursuant to specific State law."

Title 14 Regulations that define what is in a cumulative record were also discussed. Counselor notes are not part of the official school record. Also, parental attendance at meetings is not part of the school record. Special education information is kept in the regular school file.

> Conclusion: There does not appear to be issues for agencies in obtaining educational records. On the other hand, schools only seek information from other agencies based on need.

2. Office of the Child Advocate

OCA gets information because of their appointment by the Court and the statutory authority with which that authority comes. They cannot obtain mental health records of parents when they were children unless they have a specific court order. OCA now has direct access to DELJIS. They can also get pharmacy records. OCA usually obtains DPH information out of the DFS record.

OCA stated they get third party information from DFS occasionally when they first ask for the records; however, it is usually redacted when OCA asks for updated records. If the third party information is not included in the record, OCA obtains the information themselves. OCA does not share its records.

> Conclusion: OCA does not have a problem obtaining needed records.

3. Division of Public Health

DPH gets a consent signed and it is good for one year. DPH cannot release information about sexually transmitted diseases, HIV, mental health, or pregnant minors without consent.

> Conclusion: DPH obtains an information release for information it needs.

4. Child Death, Near Death Stillbirth Commission

CDNDSC policy states:

16. The panel may create a list of records and witnesses to be subpoenaed and/or requested for the final review of the case. Panels shall be judicious when determining records and witnesses needed for final reviews, considering both workloads for the agencies producing the records/witnesses and relevance to the circumstances surrounding the near death/death reviewed.

Records may include:

a. Medical records
b. State agency records
c. Relevant records from other involved agencies (i.e. non-profit providers)
d. Information that may emerge from the completion of the criminal prosecution, including law enforcement and the Office of the Attorney General records
e. Witness testimony/affidavits.

Other items relevant to the CDNDSC information sharing process include:

- CDNDSC is not able to get school records for parents as minors.
- Reporter information is redacted from the DFS record and third party records (e.g., AOD, police) are also excluded. The Office of Case Management writes a timeline of the DFS record for child death reviews.
- CDNDSC is applying for DELJIS for Fetal Infant Mortality Reviews (FIMR). It is unclear if CDNDSC will be able to use DELJIS for reviews other than FIMR.
- CDNDSC does not share any of its records.

Conclusion: CDNDSC does not have a problem obtaining needed records.

5. Children's Advocacy Centers (CAC)

The CACs were not statutorily created. They get referrals from the police, Attorney General's Office, and DFS. Those agencies bring information to the CACs. They have received subpoenas to provide information, but the Attorney General's Office quashes them.

Conclusion: The CACs have not had issues seeking information from other agencies.

6. Division of Family Services

The Federal Child Abuse Prevention and Treatment Act (CAPTA) information sharing and confidentiality provisions were reviewed. DFS is required to disclose confidential information to any "Federal, State, or local government entity, or any agent of such entity" that is investigating child abuse or neglect. (Section 106 (b) (2) (ix)) Otherwise, DFS is required by CAPTA to have "methods to preserve the confidentiality of all records. (Section 106 (b) (2) (viii)) The Delaware Code and Regulations specify who has access and the manner of access to the Child Protection Registry.

The Subgroup also invited JoAnn Bruch, DFS Treatment Program Manager, to attend the February 13, 2007 meeting to discuss information sharing issues relative to DFS Treatment. Ms. Bruch felt the key to sharing information with Treatment staff was maintaining a current release of information. She then suggested each agency should clarify the types of information each would like to receive from the other.

Conclusion: Federal statute guides the exchange of information between agencies investigating child abuse and neglect. Information sharing problems that develop post-investigation could be avoided by maintaining a current release of information and discussion between agencies about the kind of information needed.

7. Family Court

The Dependency and Neglect proceedings of the Family Court are presumed closed to the public. This is statutorily regulated and would require a change by the General Assembly if they were to be opened.

> Conclusion: Regarding dependency/neglect proceedings, all related files are pulled and DELJIS checks are done by the Judge's or Commissioner's secretaries. They do have access to NCIC, but it is up to the judicial officer whether that search will be done.

IV. *Memoranda of Understanding*

Existing and proposed revisions to memoranda of understanding specify procedures for sharing of information. The relevant sections were reviewed by the Subgroup as follows:

- DFS, statewide Law Enforcement, and the Department of Justice agree to exchange information when the information is needed to assist in the investigation involving a shared client. A subpoena is not needed unless the requested information is protected by statute (e.g., alcohol/drug treatment, sexually transmitted disease, or HIV). (Section Six – I. and II.A.)
- DFS, DCMH, and the Division of Youth Rehabilitative Services (DYRS) and DOE – LEA and Charter Schools agree to exchange information when there is a signed State of Delaware Interagency Consent to Release Information. Nevertheless, verbal or written consent of a parent is not required for DFS to investigate allegations of abuse, neglect, dependency or to interview a child with the foregoing. (Section V.A.4.)
- DFS and DPH agree to exchange client/family information on families and children served by either Division in instances where information exchange is in the best interest of families or children needing or requesting service from either Division. No information in any form can be exchanged about drug or alcohol abuse treatment or sexually transmitted disease information without specific written consent for this information. (Section III. Confidentiality)

Analysis

The results of the interagency survey, as well as discussions about statutes and memoranda of understanding indicated that most agencies at the table are able to obtain the necessary records needed to do their jobs. There are not as many

information sharing issues as originally thought. Statutes, memoranda of understanding, and policies are in place to share information.

Verbal sharing of information is problematic between some agencies such as DFS and DOE-LEA and DFS and DPH. For example, DOE - LEA want to know what DFS determined when they responded to the report. In addition, schools need to know if there are safety issues about which they need to be aware (e.g., who is allowed to pick the child up from school). DPH would like to know prior domestic violence and medical treatment issues to better assess the family. The information sharing issues appear to be resolvable, however, through training. There was consensus by the committee that the agencies represented need to reinforce what is already in place.

Additionally, DFS has not adhered to its policy of informing reporters within 24 hours whether a report was accepted for investigation.

Outstanding Issues

- Public disclosure of child fatality/near fatality information - CAPTA, Sec. 106(b)(2)(A)(x) states each state shall have "provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality." DSCYF should be disclosing such findings in accordance with CAPTA.

- Retrieval and dissemination of Court records by DFS –

    - DFS caseworkers have told OCA that they rarely pull Court records. The Intake & Investigation Program Manager discussed this issue in the March 15, 2007 Investigation Work Group held with statewide regional administrators and supervisors. They confirmed that staff does not routinely review Court records. They will ask for a copy of the last order and other types of information such as Protection from Abuse orders are in DELJIS. Some Subgroup members were concerned that the last Court order will not paint the entire picture that a review of the entire Court file would provide.

    - DFS record redaction of Court information - CLASI and Family Court were concerned whether DFS redacts information in the Court order before giving the order to the school. The order should be redacted or DFS should ask for a separate order to give the school. This issue was also discussed in the March 15 Investigation Work Group. All were in agreement that the body of the order should be redacted. Many said they only give the schools the ex parte order, but others said some schools want the most recent order. DOE said parents typically share the order.

- Information sharing with physicians – A number of issues was discussed related to obtaining information from and sharing information with physicians. Some physicians participating on child death review panels indicated they do not know what kind of information DFS is seeking. Also, physicians do not feel DFS provides them with follow up information about cases that would enable them to protect children. Conversely, DFS staff state they make repeated attempts to obtain collateral information from some physicians. Furthermore, DFS staff routinely solicits medical information utilizing forms with specific questions about medical issues, immunizations, abuse and neglect, and more. In addition, a subcommittee of the Attorney General's Abuse Intervention Committee exploring other child death review findings found physicians do not always report abuse to DFS.

  The Subgroup had a brief discussion about The Delaware Health Information Network (DHIN) and its potential in protecting children.

- Technology – There was discussion regarding the possibility of agencies having shared access to agency databases. The Subgroup determined that issues involving confidentiality, funding, and technology were significant.

Recommendations

1. DOE – LEA and Charter Schools

   If a school is the reporter, the DFS investigator should inform the reporter or designated school contact:

   - That DFS responded, the child is safe in the home, or the child was placed (follow McKinney-Vento Act procedures),
   - Who is allowed to have contact with the child when DFS has legal custody and Family Court has imposed restrictions or no contact with specified family members is part of a DFS Safety Plan,
   - Explain to the school contact if there is something the school should be doing to assist the child,
   - Who they should call to update DFS about the child's status, and
   - When the child's placement changes (McKinney-Vento Act).

   Other specific case information should only be shared when there is a signed State of Delaware Interagency Consent to Release Information.

   When a case is active in DFS Treatment, the caseworker should:

   - Obtain a signed State of Delaware Interagency Consent to Release Information and
   - Notify the school when the child is placed or if the placement changes. When DFS has legal custody, DFS should comply with the requirements of the McKinney-Vento Act.

2. DPH

   When a case is active in Investigation, and DPH was the reporter or is working collaboratively with DFS during the investigation, and a State of Delaware Interagency Consent to Release Information has been signed, inform DPH:

   - If the case will be transferred to Treatment and the Treatment worker's name (if known),
   - If the case is going to be closed,
   - Who is allowed to have contact with the child when DFS has legal custody and Family Court has imposed restrictions or no contact with specified family members is part of a DFS Safety Plan, and
   - Who is helping to keep the child safe.

   When a case is active in Treatment:

   - If DFS plans to put DPH on the service plan, DPH would like a joint family visit with DFS to discuss the plan, and
   - DPH would like to know if there are safety issues that could impact DPH staff or the clients (e.g., if the nurse should take another person with them to visit the home, history of domestic violence, drug activity). DPH is not requesting information contained in the confidential databases of involved agencies

   The key is that both agencies need to obtain consents to release information so the agencies can share information. E-mailing information is acceptable.

3. DFS should incorporate recommendations for Numbers 1 and 2 (above) into Core (new worker) training.

4. The CPAC and CDNDSC should send a joint letter to the Health Care Commission to explore possible collaboration regarding child safety in relation to the DHIN.

5. DFS should ensure that feedback is provided to reporters within 24 hours about whether a child abuse or neglect report was accepted or not.

APPENDIX A

MULTI-DISCIPLINARY USE OF HISTORY IN DECISION-MAKING WORKGROUP

INFORMATION-SHARING SUBGROUP MEMBERSHIP

Linda M. Shannon (Division of Family Services), Chair

Kathy Goldsmith (Department of Education – Local Education Agencies and Charter Schools)

Beth Kramer (Division of Family Services – Criminal History Unit)

Megan Mahle (Community Legal Aid Society, Inc.),

Allison McDowell (Office of the Child Advocate)

Barbara Mengers (Division of Public Health)

Janice Mink (Child Advocate)

Anne Pedrick (Child Death, Near Death, Stillbirth Commission)

Andrea Shaffer (Family Court)

Mary Sweeney-Lehr (Division of Child Mental Health)

Randy Williams (Children's Advocacy Center)

Shereen Williams (Child Death, Near Death, Stillbirth Commission)

APPENDIX B

Information Sharing Extracts from the Office of the Child Advocate "Compilation of Delaware's Child Protection Issues and Recommendations from Child Abuse/Neglect and Near Death Case Reviews" and Fatal Incident Reviews

Information Sharing	Collateral contacts	DFS should explore what information can be legally obtained and legally shared with other professionals working with the family so that they can determine the most appropriate intervention for the family. Collateral collaboration needs to be improved.	**DSCYF response:** The agency has policy and procedures pertaining to collateral collaboration. The Department has Memorandums of Understanding with regards to working in a seamless approach across and within organizations. DSCYF is in the process of reviewing and updating its Confidentiality policy, coordinating with the Department of Justice and other partners to update the Law Enforcement MOU, and we are finalizing a revised MOU with the schools, Division of Developmental Disabilities and others. Federal oversight of our policy and practice is conducted through Child **and Family Service Reviews and annual grant reports**.	CDNDSC Expedited Review, letter to the Governor	3/31/2006
Information Sharing	Transfer of information	Improved transfer of information. The division should at least ensure that workers who are transferring cases have a face-to-face meeting with the worker who will be taking over the case, along with the new worker's supervisor, to ensure that the new worker knows everything he or she needs to know about the child and the family.	**DSCYF response:** In place first responder must personally (not necessarily face-to-face) discuss case with the assigned investigation worker. This is monitored.	Dejah Foraker, Independent Review Panel Report	1/8/1999
Information Sharing	Transfer of information/collaboration	DFS and law enforcement agencies should take steps to ensure that investigators who respond to weekend or evening calls remain personally involved in the cases that they open.	**DSCYF response:** Not a best practice While DFS after hours staff are responsible for immediate contact with day time staff, they do not remain involved in the case.	Tytyana Kennedy Independent Death Review Panel	4/22/1998
Information Sharing	Transfer of information	Coordinated case management among all who are involved in a central abuse component of successful identification of abuse	**DSCYF response:** In place the person performing the after hours response must speak directly to the assigned investigation caseworker. This is tracked and monitored.	Bryan Martin Independent Death Review Panel	3/17/1997
Information Sharing	Lack of multi-disciplinary collaboration and communication	The CPAC/CDNDSC information sharing subcommittee should continue to explore what information can be obtained and shared with other professionals working with the family to keep children safe. This subcommittee's exploration of this issue should include discussion about the ability of DFS to engage in a two-sided dialogue that provides feedback and information to professionals who can help to enhance the safety of the child. Professionals working with children need on-going critical information from the Division of Family Services to better detect abuse/neglect in the children they serve.		CDNDSC Final letter to the Governor	3/2/2007

Information Sharing	Lack of multi-disciplinary collaboration and communication	Child Development Watch and other Public Health officials need to communicate more effectively.		CDNDSC Expedited Review, letter to the Governor	10/6/2006
Information Sharing	Lack of multi-disciplinary collaboration and communication	The CDNDSC supports recommendation #8 from the report; Reducing Infant Mortality in Delaware – The Task Force Report – May 2005. "Implement a comprehensive (holistic) Family Practice Team Model to provide continuous comprehensive case management service to pregnant women and their infants up to two years post partum. Services will include comprehensive case management, trained resource mothers, outreach workers, nurses, social workers, and nutritionists."		CDNDSC Expedited Review, letter to the Governor	10/6/2006
Information Sharing	Lack of multidisciplinary collaboration and communication	Exploration by the DSCYF of CAPTA provisions that describe who is entitled to information about cases is needed. The results of this review should be utilized to create policies and procedures that help to enhance communication between partners.		CDNDSC Expedited Review, letter to the Governor	10/6/2006
Information Sharing	Lack of multi-disciplinary collaboration and communication	Multidisciplinary protocols must be established to address breakdowns in intra-agency and interagency communication. Front line personnel should be made aware of liaisons, contacts, etc. in their own agency and in other agencies that can facilitate communication breakdowns.	**DSCYF response:** In place MOU with other agencies outline communication and contact protocols. **DOE response:** Again, here is a reference to "lack of multi-disciplinary collaboration and communication". In this case, protocols are recommended to assure frontline personnel are of liaisons, MOUS. This would be important for schools. Unaware of situations where this applies to schools or any activity relative to this**.**	CPAC near death report on John Davis, Jr.	5/4/2005
Information Sharing	Lack of multi-disciplinary collaboration and communication	The Commission supports the Children's Dept. in its leadership role to develop and implement a system of care for children and families in Delaware. In particular, the Commission recognizes the value of information sharing and enhanced communication within and between public agencies serving the State's children.	**DSCYF response:** In place see above Department appreciates support for SOC. **DOE response:** Again, here is a reference to "Lack of multi-disciplinary collaboration and communication". This case was a school-age child. THE SYSTEM OF CARE INITIATIVE SHOULD ADDRESS THIS ISSUE.	CDNDSC Expedited Review, letter to the Governor	4/04/2005
Information Sharing	Lack of multi-disciplinary collaboration and communication	A lack of provider reports to case workers and a lack of coordination and communication between the agency and service providers were pointed out in the review.	**DSCYF response:** In place Contracts with service agencies have reporting and communication requirements.	CFSR	6/22/2001
Information Sharing	Lack of multi-disciplinary collaboration and communication	The Division must interact more regularly with law enforcement on related cases. In cases where a parent or caretaker has been charged with a crime as a result of the same act that resulted in DFS involvement, DFS must work more closely with law enforcement and prosecutors to monitor the progress of parallel criminal investigations. These criminal investigations can uncover critical facts regarding the family, or in some	**DSCYF response:** In place; in process See two items above	Dejah Foraker Independent Review Panel	1/8/1999

		cases actually result in incarceration of the parent, which can have obvious consequences for the child.			
Information Sharing	Lack of multi-disciplinary collaboration and communication	DFS and Delaware's law enforcement agencies should implement formal procedures to improve their collaboration in child abuse investigations. These procedures should provide for full sharing of information and evidence, and prompt notification of decisions.	**DSCYF response:** In place; in process See items above	Tytyana Kennedy Independent Death Review	4/22/1998
Information Sharing	Lack of multi-disciplinary collaboration and communication	Additional means of communication needs to be developed to provide law enforcement with information regarding complaints received by DFS and to include victim services information in the loop.	**DSCYF response:** In place; in process In an effort to improve services to children and families guidelines for and establish collaboration and communication, DSCYF, Delaware Police Dept's, and the Dept. of Justice created an MOU. The AIC is currently working on collaboration and communication, DSCYF, Delaware Police Dept's, and the Dept. of Justice created an MOU. The AIC is currently working on revising the MOU.	FIRT Annual Report	2003
Information Sharing	Lack of multi-disciplinary collaboration and communication	Review coordination and communication between Investigative Officials (police, medical examiner, social services)	**DSCYF response:** In place; in process See above	CDNDSC Annual Report	2001
Information Sharing	DFS worker not notified of case outcome	Criminal case outcomes involving child victims or an open DFS case should be transmitted to DFS workers. This may require some type of liaison to assist in tracking such cases and facilitating communication between DOJ, DFS, law enforcement, Children's Advocacy Center and Family Court.	**DOJ Response:** • The DOJ IT group has been working to develop an automated notification system for partners since 1999. There have been unexpected delays and problems with this program. Victim Service staff at the DOJ provide manual updates on flagged cases. • The Criminal Division has received approval to create a Child Abuse and Neglect DAG position through the Bryne Grant. This position will be responsible for prosecuting all felony level child abuse cases in NCC and will be responsible for coordinating misdemeanor cases between the Criminal and Civil Divisions. A tracking system will be developed and will be made available to the Civil DAG's. • A request has been made for DELJIS to create a required field for police officers to identify a case as being a child abuse or neglect case. This would be similar to how cases are identified as DV. **DSCYF response:** In place If imminent risk, call the report line.	CPAC near death report on John Davis, Jr.	5/4/2005

APPENDIX C

INFORMATION-SHARING SUBGROUP
AGENCY ASSESSMENT OF INFORMATION NEEDED TO MAINTAIN CHILD SAFETY

Needs Assessment Responses presented at Information Sharing Subgroup Meeting on January 22, 2007

Respondents: *Division of Family Services (DFS)*
Family Court (FC)
Office of the Child Advocate (OCA)
Division of Public Health (DPH)
Department of Education (DOE) – for schools
Child Death, Near Death and Stillbirth Commission (CDNDSC)
Children's Advocacy Center (CAC)

QUESTION # 1 – What information does your agency need (from DFS or other agencies/parties) to keep children safe?

RESPONSES

DFS:

- Physicians –
  1. Immunization records, information about routine visits or not, evidence of developmental issues, medication information
  2. This information helps DFS know if the parents are seeking routine medical care for a child, whether a child should be referred for early intervention services, and whether a child has acute medication needs for physical or mental health issues.
- Hospitals –
  1. Emergency room information, admission information, parental involvement and frequency of visits, prognosis medical treatment needed after discharge, substance exposed newborn reports mandated by CAPTA
  2. DFS needs a medical diagnosis to substantiate many types of physical abuse and some types of physical or medical neglect. This information helps to determine response time, the appropriate substantiation and placement on the Registry, whether custody should be sought to keep the child safe, etc.
- Police (MOU) –
  1. Reports of incidents when police will respond with DFS or alone, investigation plans, whether charges will be made
  2. The Delaware Code requires DFS to report incidents, which if true, would constitute criminal violations against a child. Police information is critical in

determining response time, family member information, safety of children and DFS staff.

- Medical Examiner –
  1. Cause and manner of death
  2. This information is needed for substantiation purposes and it could indicate if other children will not be safe (e.g., accidental vs. non-accidental death).
- Probation and Parole -
  1. Adherence or not to P & P, to locate residence of offender
  2. P & P may be helpful in locating the residence of the alleged or substantiated perpetrator. P & P can be helpful in enforcing Court orders.
- License and Inspection –
  1. If dwelling will be condemned, if family has alternative residence
  2. The information is needed to assist DFS in determining whether to petition for custody.
- Public health (MOU) –
  1. Child Watch information; DPH perspective about the family
  2. Case collaboration and coordination
- Department of Justice –
  1. Information about the prosecution of criminal charges; perspective of Victims Services staff on the case and services offered
  2. Charge information helps DFS determine when or if they need to file a Petition for Substantiation; case collaboration/coordination with Victims Services to avoid duplication of services.
- DELJIS (DFS declared criminal justice agency) –
  1. Information about the prosecution of criminal charges; perspective of Victims Services staff on the case and services offered
  2. Charge information helps DFS determine when or if they need to file a Petition for Substantiation; case collaboration/coordination with Victims Services to avoid duplication of services.
- DHSS (MOU) –
  1. Drug and alcohol evaluation information, TANF, child support
  2. D & A information is needed so that DFS can refer for treatment services. TANF and child support information help determine what funds are available to the family and assists DFS in assessing appropriate expenditure (e.g., food versus drugs).
- Schools (addendum to initial survey response) -
  1. Grades, attendance, special education needs, behavioral issues, parental involvement
  2. This information helps DFS determine if parents value education and assess whether a child's educational or behavioral issues may put the child at risk/decrease safety in consideration of other parenting factors.

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FC:

- DFS Involvement – who is the case worker
- DOJ – Who is the prosecutor, civil cases, who is the DAG if DFS involvement?
- PD – who the public defender or attorney is assigned to case

- OCA & CASA – GAL attorney/CASA worker
- CMH – what treatment or programs the child has/is involved with
- YRS – probation officer or detention center worker
- Contract provider of Children's Department case worker – i.e. Project Stay Free worker
- Schools – It would be helpful to get information from the schools regarding services the children are enrolled in or services available to them. It would be nice to have a contact person in each school that could help coordinate after school tutoring, guidance counselors, etc.
- The Court also felt it would be helpful for DFS to have access to primary care physicians' records so that DFS could scan the frequency of treatment and the variety of Primary Care Providers or emergency room/clinics the child has been taken to. Often parents take the child to different medical providers in order to hide the abuse and the lack of investigation by the medical community regarding treatment elsewhere puts the children at risk of continued abuse.

****

OCA:

All information relating to the child and the parents involved in the case. This includes, but is not limited to hospital, school, medical, treatment, psychological, psychiatric, criminal, mental health, substance abuse, and DSCYF records.

****

DPH:

- Prior and current DFS involvement
- Information stated in the MOU DFS/DPH (attached).
- Name of the child's health care provider(s) and compliancy/non compliancy with medical care provider(s).

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DOE:

- DFS - Once a report is made, schools need feedback on what happened. This will help them know whether to be on the lookout for other injuries or parental behavior that may impact the child's safety. It will also help them know how to respond to the child and/or understand their behavior. If there is a PFA or no contact order, schools need to know that so they don't allow children to leave with inappropriate individuals. If a child is in foster care, it is helpful for schools to know if there is a placement change or other crisis that may impact their school behavior. It would better help a teacher understand if a child is acting out, or crying, or otherwise distracted. School personnel need information on outcomes of reports to better determine what types of reports lead to accepted complaints.
- Medical information related to specific illnesses or conditions where the school would need to know how to respond in case of emergency or symptoms.

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CDNDSC:

The information required for the child death and near death reviews include a timeline of all DSCYF activity with the child and/or parents involved. This timeline would highlight the primary care physician, services provided to the family, medical issues/concerns, drug/alcohol concerns, mental health concerns, and domestic

violence history. The assigned Office of Case Management (OCM) staff person to the panel compiles this timeline. In the future, it would be beneficial to have the history summary template that had been developed by Joann Bruch's history subcommittee. This would alleviate workload on the part of the OCM representative. This form would also expedite the process since we often have to ask the representative to go back to the DFS FACTS system to find contact information.

****

CAC:

The following information is needed to allow the CAC to conduct interviews and coordinate investigations that are in the best interest of the child(ren) involved and for maximum benefit to the investigation at hand – ultimately protecting children in general from potential harm.

- DFS/FAMILY ADVOCACY (DAFB) – assigned investigator and any other active case worker to be present for interview; hotline report information; relevant history/past related investigations; previous interview details.
- POLICE – investigating officer/detective to be present for interview; initial report information; previous involvement with victim and suspect; initial interview details.
- CASA/OCA/GAL – assigned case manager to be present for interview
- CMH – any current involvement with victim or family
- DOJ – assigned criminal and/or civil deputy/social worker to be present for interview
  any previous involvement with victim and suspect.
- MEDICAL – Any information from SANE or other medical examination pertaining to this investigation.

QUESTION # 2 – Why is the information needed or how will the information help keep children safe?

RESPONSES

DFS:

Answered in **QUESTION # 1**

****

FC:

The Court needs as much information as possible in order to adequately determine what is in the best interest of the child. Therefore, it is important for the agencies and attorneys involved in the cases to collect as much information prior to the hearing so that they can adequately present it at the hearings.

****

OCA:

The information provides a complete picture and allows for a thorough assessment of the situation at hand. Patterns of behavior can be uncovered and proper weight given.

Risk factors that may not have been known can be addressed. The court-appointed GAL can make an informed decision as to what is in the child's best interest.

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DPH:

The more current and background information that DPH has will better enable DPH to Better anticipate and assess the child's needs and develop a care plan that is appropriate for the child.

****

DOE:

Answered in **QUESTION # 1**

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CDNDSC:

This information is needed for the multi-disciplinary team to make informed recommendations from a systems perspective. These recommendations and changes are made in an effort to prevent future deaths or near deaths of children.

****

CAC:

Increased knowledge of circumstances around the initial report as well as historical information in combination with having all investigation/interested parties present at "the table" leads to an increase in the quality of investigation of the allegations. This is a benefit to the agencies that are ultimately responsible for providing for the safety of children.

This also increases the quality of the interview that can be conducted with the child and allows the possibility that a single in-depth interview serves the investigation needs of all agencies involved. This puts the needs of the child first by eliminating the need for the child to be further interviewed/traumatized by the investigation process.

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QUESTION # 3 – Are there any barriers that inhibit your agency's ability to gather the information? Specify policy, procedural, statutory, or systemic barriers.

RESPONSES

DFS:

- Systemic – DCMH and DYRS primarily include on the child's information on the FACTS participant list making it difficult to find parent information
- Systemic – All day cares will not tell the worker whether a child is present that day so the worker can respond to the daycare
- Systemic – It is not uncommon for caseworkers to contact a physician's office multiple times before questions or inquiry forms get a response.
- Systemic – Confusing bail/detention orders (e.g., one line says secured bail and the next sentence says unsecured bail, committed to detention vs. not committed – if paperwork at detention is different they do not want to release child).

- Systemic – Occasionally, school principals will refuse DFS access to a child in school or they will request that DFS obtain written consent from the parent (not needed).

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FC:

Generally the Court can get the information, but the issues tend to be in obtaining the information in advance of the hearings. There are barriers that the Court has with sharing the information. They are as follows:

- HIPPA – with any medical documents or treatment information that may be in the file
- Release of any specific information from Dependency/Neglect file as these cases are closed to the public by statute.

****

OCA:

The statute allows the OCA to obtain all information with or without the consent of the child or parents, so consent is not an issue. Workload within OCA and other system partner agencies is often a barrier. Record retrieval and copying can be burdensome and time consuming and process guidelines

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DPH:

- Client's parent/guardian refuses to admit DPH into the home.
- Client's parent/guardian refuses to sign consent form (attached).
- Timely communication with agency/party involved to keep updated.
- Agency/party's interpretation of HIPPA policy.
- Unable to share HIV status or mental health treatment status as per the law.

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DOE:

Schools can share information without consent during investigation. They will often share information during treatment as well. The federal law that guides the sharing of educational information is the Family Education Rights and Privacy Act.

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CDNDSC:

There are no barriers. By statute, we have the authority to subpoena this information for the purpose of our reviews.

****

CAC:

- User agencies have different agendas/needs that sometimes conflict with each other.
- User agencies have differing policies/practices related to information sharing/ confidentiality
- In the event of a criminal investigation there is a concern that other agencies (other than police and DOJ) would possess information that could be discoverable by the defense, thus compromising successful prosecution.

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APPENDIX D
AGENCY ASSESSMENT OF INFORMATION NEEDED TO MAINTAIN CHILD SAFETY

		REQUESTING AGENCY						
		Division of Family Services (DFS)	*Family Court (FC)*	*Office of the Child Advocate (OCA)*	*Division of Public Health (DPH)*	*Department of Education (DOE) - for schools*	*Child Death, Near Death and Stillbirth Commission (CDNDSC)*	*Children's Advocacy Center (CAC)*
INFORMATION SOURCE	Physicians	X				X	X	
	Hospitals	X		X			X	X
	Police	X	X	X			X	X
	Department of Justice DOJ	X	X	X		X	X	
	DHSS	X		X			X	
	DOE	X	X	X			X	
	DCMH	X	X	X			X	X
	DYRS	X	X	X			X	
	DFS		X	X	X	X	X	X
	Medical Examiner	X					X	
	Probation & Parole	X	X	X				
	License & Inspection	X						
	Public Health	X		X		X	X	
	DELJIS	X	X	X				
	OCA		X			X	X	X

APPENDIX E

AUTHORITY

The authority of the Subgroup member is derived from the following statutes:

Federal

- The Public Health and Welfare/Chapter 119 - Homeless Assistance Subchapter VI – Education and Training/Part B - Education for Homeless Children and Youths, 42 U.S.C. § 11431 to § 11435
- Child Abuse Prevention and Treatment Act (CAPTA) as amended by Keeping Children and Families Safe Act of 2003 (P.L. 108-36)
- Family Educational Rights and Privacy Act (FERPA), 34 C.F.R., Part 99
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191)

State of Delaware

- Child Welfare, 31 Del. C., Chapter 3
- Department of Services for Children, Youth and Their Families, 29 Del. C., Chapter 90
- Abuse of Children, 16 Del. C., Chapter 9
- Education, 14 Del. C., Chapters 2, 13, and 41
- Education of Homeless Children and Youth, 14 DE. Admin. Code Chapter 9
- Health and Safety, 16 Del. C., Chapters 1, 2, 7, and 12
- State Government, 29 Del. C., Chapter 90A

The authority of the Family Court is described on the chart on Page 24.

Privacy of Proceedings in Family Court

The Delaware Constitution, Delaware law and court rules mandate whether proceedings in Family Court are private. The legal authority regarding privacy is outlined below by case type:

Case Type	Authority
Adoption	DEL. CODE ANN. Tit. 13 §924; Family Court Rules of Civil Procedure 90.1(c) and 42.2
Paternity	DEL. CODE ANN. Tit. 13 §8-105; Family Court Rules of Civil Procedure 90.1(c) and 42.2
Divorce/Alimony/Property Division	DEL. CODE ANN. Tit. 13 §1516; Family Court Rules of Civil Procedure 90.1(c) and 42.2
Custody/Visitation	DEL. CODE ANN. Tit. 13 §726; Family Court Rules of Civil Procedure 90.1(c) and 42.2
Termination of Parental Rights	DEL. CODE ANN. Tit. 13 §§1107, 1112; Family Court Rules of Civil Procedure 90.1(c) and 42.2
Permanent Guardianship	DEL. CODE ANN. Tit. 13 §2355; Family Court Rules of Civil Procedure 90.1(c) and 42.2
Guardianship	DEL. CODE ANN. Tit. 13 §2327; Family Court Rules of Civil Procedure 90.1(c) and 42.2
Adult Criminal	Delaware Constitution of 1897, Article I, Section 7; Family Court Rules of Criminal Procedure 62(c) and 24
Juvenile Felonies	DEL. CODE ANN. Tit. 10 §1063(a); Family Court Rules of Criminal Procedure 62(c) and 24
Juvenile Misdemeanors	DEL. CODE ANN. Tit. 10 §1063; Family Court Rules of Criminal Procedure 62(c) and 24
Dependency/Neglect	DEL. CODE ANN. Tit. 10 §1063; Family Court Rules of Civil Procedure 90.1(c) and 42.2
Child Support	DEL. CODE ANN. Tit. 10 §1063; Family Court Rules of Civil Procedure 90.1(c) and 42.2
Protection From Abuse	DEL. CODE ANN. Tit. 10 §1063; Family Court Rules of Civil Procedure 90.1(c) and 42.2