

Child Protection Accountability Commission & Child Death Review Commission
2018-2019 Action Plan

Summary of Action Plan: The recommendations from the 2018 Joint Retreat stem from the review of 41 child abuse and neglect death and near death cases approved by CPAC for incidents that occurred between May 2016 and July 2017. The result was 267 findings and 194 strengths. 5 prioritized recommendations for system improvement are below, along with 7 additional recommendations identified by the Joint Commissions and 10 ongoing recommendations from the 2016-2017 Action Plan. The 2018-2019 Action Plan was approved by CPAC on 5/23/18 and by CDRC on 5/11/18. All the recommendations below will be explored throughout the period by CPAC and its partner agencies.

Prioritized Recommendations from 2018 Joint Retreat (5):	11/14/18 Status:
<p>1. Revive the CPAC CAN Best Practices Workgroup to integrate the following into MOU training, or in the development of protocols to address coordination of medical services and the MDT as follows:</p> <ul style="list-style-type: none"> a. Develop a protocol or plan to coordinate hospital discharge between Division of Family Services (DFS), law enforcement (LE) agencies and the identified medical coordinator of care for children of any age who present to the hospital and where child abuse or neglect is suspected. b. Develop a protocol or plan for meetings between MDT and medical providers on immediate safety plan during child’s hospital admission. c. Develop a protocol or plan to seek medical examinations at the children’s hospital for victims, siblings and other children in the home, 6 months or younger, when child abuse or neglect is suspected; or contact the designated medical services provider within 24 hours if the examination occurred elsewhere. d. Develop a protocol or plan to assign a detective to review complaints of child abuse or neglect involving children, 6 months or younger, prior to closing the case. e. Consider other recommendations that were not prioritized as follows: <ul style="list-style-type: none"> ▪ Assist the MDT in receiving all medical records, including preliminary and subsequent medical findings and photographic documentation of injuries, through use of the identified medical coordinator of care in the hospital. ▪ Allow in-house forensic nurse examiners to be accessible to the MDT 24 hours a day in the children’s hospital and other hospitals in Delaware. ▪ Provide a list of direct contact numbers for all forensic nurse examiner teams and identified medical coordinators of care to the MDT. <p>Agency Responsible: CPAC/CAN Best Practices Workgroup; Timeframe: 12 – 18 months</p>	<p>In Progress</p> <p>The CAN Best Practices Workgroup will be meeting in December 2018 to review the suggested MOU revisions drafted by a smaller working group.</p>
<p>2. Create an automatic medical referral for evidence-based home visiting services in the standard nursing admission orders for every Delaware birthing hospital when the mother comes into labor and delivery and the newborn is at risk. This referral should have a pre-checked box with the ability to opt out if delineated risk factors are not present.</p> <p>Agency Responsible: CDRC/Delaware Perinatal Cooperative; Timeframe: 12 – 18 months</p>	<p>In Progress</p> <p>On 8/23/18, CDRC presented this recommendation to the Delaware Perinatal Cooperative. This referral cannot be given by a nurse but must be from a physician. The group decided that</p>

Child Protection Accountability Commission & Child Death Review Commission
2018-2019 Action Plan

Prioritized Recommendations from 2018 Joint Retreat (5):	11/14/18 Status:
	this issue needed to go before the Home Visiting Advisory Board. A full discussion will occur with the Home Visiting Advisory Board on 12/5/18.
<p>3. Advocate to DHSS and the General Assembly for Medicaid reimbursement for all evidence-based home visiting providers in Delaware. Agency Responsible: CDRC/Division of Public Health (DPH); Timeframe: 12 – 18 months</p>	<p>In Progress DPH and Division of Medicaid and Medical Assistance assembled a small collaborative working group on this issue. The group is cross walking what is covered, benchmarks and impact, and what changes are needed to allow eligible providers to seek coverage and negotiate rates for evidence based home visiting programs (i.e., Healthy Families America and Nurse Family Partnership).</p>
<p>4. Advocate for increased funding to the Department of Justice (DOJ) Special Victims Unit (SVU), which has statewide jurisdiction of all felony level, criminal child abuse cases including those involving serious physical injury, death or sexual abuse of a child to ensure the same level of victim service and MDT collaboration in all counties. Agency Responsible: CPAC; Timeframe: Annually</p>	<p>In Progress/Done Chair and Executive Director sent letter to Joint Finance Committee on 2/15/18. Position for Kent/Sussex SVU included in FY19 Budget. Additional advocacy will occur in 2019.</p>
<p>5. Advocate for compliance with statutory caseload mandates as required by 29 Del. C. § 9015 and continue to work on promising practices and strategies for recruitment and retention of the child welfare workforce.</p> <ol style="list-style-type: none"> a. Reconvene the CPAC Caseload/Workloads Committee to review treatment caseloads and state standards. Agency Responsible: CPAC Caseloads/Workloads Committee b. Consider adjusting DFS caseloads based on complexity of the cases to better utilize staff strengths and balance workload. Agency Responsible: Division of Family Services c. Explore the use of differential response for domestic violence, substance exposed infants, and chronic neglect cases accepted by DFS. Agency Responsible: Division of Family Services d. Include caseloads in its prioritized list of CPAC funding requests to be submitted to the Governor and General Assembly each fiscal year. Agency Responsible: CPAC Chair/Executive Director 	<p>In Progress CPAC Caseloads/Workloads Committee partnered with Delaware State University (DSU) to conduct a workload study. DSU is currently conducting an analysis and will prepare a final report to be considered by CPAC in February 2019.</p>

Child Protection Accountability Commission & Child Death Review Commission
2018-2019 Action Plan

Additional Recommendations from 2018 Joint Retreat (7):	11/14/18 Status:
<p>1. Advocate for change in LogistiCare criteria for transporting victims, siblings and other children in the home to the hospital. Action by OCA: OCA will contact LogistiCare; Timeframe: 12 – 18 months</p>	<p>Removed CPAC voted to remove the recommendation on 11/14/18. A change in LogistiCare criteria is not the appropriate solution.</p>
<p>2. Ensure CAN Panel findings are being addressed with local law enforcement agencies through either the MDT Case Review process, Police Chiefs’ Council or the Office of the Investigation Coordinator. Action by OCA: Ask CPAC Steering Committee and Office of the Investigation Coordinator (IC) to consider; Timeframe: 6 months</p>	<p>In Progress IC has taken the lead with DOJ to meet with several police jurisdictions to address.</p>
<p>3. Recommend education for medical providers around the standard of care for providing medical exams to siblings and other children in the home. Action by OCA: Ask CPAC Training Committee to consider; Timeframe: 6 months</p>	<p>In Progress CPAC Training Committee is finalizing its training for medical providers, which will recommend medical exams for siblings and other children in the household.</p>
<p>4. Offer regular training to law enforcement agencies on how to conduct doll re-enactments, which are part of both infant death and near death scene investigations. Action by OCA: OCA will include in CAN Trainings and annual conferences as well as offer trainings to individual jurisdictions as requested; Timeframe: Annually</p>	<p>In Progress Delaware State Police facilitated training on 8/2/18 for statewide LE agencies. Additional trainings are being scheduled.</p>
<p>5. Send a survey to providers to identify the type of electronic medical record and include the code to allow providers to automatically download the encrypted evidence-based home visiting referral form for all pregnant women. Action by OCA: Ask IC to consider incorporating into Infants with Prenatal Substance Exposure (IPSE) work; Timeframe: 12 – 18 months</p>	<p>In Progress Survey on hold pending meeting with the Home Visiting Advisory Board next month to discuss an appropriate referral process from medical providers. The home visiting referral is included in the Plan of Safe Care for all pregnant women who are eligible for such a Plan.</p>
<p>6. Include the evidence-based home visiting referral form in the treatment plan developed by medication-assisted treatment (MAT) providers. Action by OCA: : Ask IC to consider incorporating into IPSE work; Timeframe: 12 – 18 months</p>	<p>In Progress The 3 main MAT providers in Delaware – Brandywine Counseling & Community Services, Connections, and Kent Sussex Community Services – have been trained on preparation of Plans of Safe Care, which include home visiting referrals. These providers are now</p>

Child Protection Accountability Commission & Child Death Review Commission
2018-2019 Action Plan

	preparing the Plans and making the referrals for home visiting in the prenatal period.
7. Provide training to DFS workers on the available evidence-based home visiting programs and consider referrals as part of the child safety agreement for children, 6 months and younger. Action by OCA: Ask DFS to consider in annual training of workers or ask IC to consider as part of IPSE training to DFS; Timeframe: 12 – 18 months	In Progress DFS and IC has trained all DFS workers, who will be handling cases with infants with prenatal substance exposure, on the home visiting referral process through the Plan of Safe Care.

Child Protection Accountability Commission & Child Death Review Commission
2018-2019 Action Plan

Ongoing Recommendations from 2016-2017 Action Plan (10):	5/23/18 Status:	11/14/18 Status:
<p>1. Develop a MDT protocol for removal of life support cases. Agency Responsible: DOJ/OCA/Family Court; Timeframe: 6-12 months</p>	<p>In Progress Draft protocol complete. Should have final report to CPAC in 8/18.</p>	<p>Done Final Report and Protocol approved by CPAC on 8/8/18. Training on protocol to occur at CIP Stakeholder Meetings in 2019.</p>
<p>2. Finalize and implement the DOJ comprehensive case management system. The system must be capable of producing current information regarding the status of any individual case, and must be capable of producing reports on case outcomes. The system must also allow the DOJ to track the caseloads of its Deputies and staff, so that informed resource allocation decisions can be made, and must ensure cross-referencing of all cases within the DOJ which share similar interested parties. Agency Responsible: DOJ; Timeframe: Immediately <i>*Repeat recommendation from the May 2013 Final Report of the Joint Committee on the Investigation and Prosecution of Child Abuse</i></p>	<p>In Progress DOJ SVU in NCC continues to pilot the case management system.</p>	<p>In Progress The DOJ comprehensive case management system was rolled out in December 2017, and it continues to be piloted in various units.</p>
<p>3. Recommend to the Delaware Police Chiefs' Council that all police departments supply their departments with cameras to document child abuse. Agency Responsible: CPAC Training Committee; Timeframe: April 2017</p>	<p>In Progress Considered at the 2018 Retreat</p>	<p>Done CPAC representatives have shared this recommendation with the Police Chiefs Council.</p>

Child Protection Accountability Commission & Child Death Review Commission
2018-2019 Action Plan

Ongoing Recommendations from 2016-2017 Action Plan (10):	5/23/18 Status:	11/14/18 Status:
<p>4. Consider and draft the following legislation:</p> <ul style="list-style-type: none"> a. <i>Add Child Abuse First and Second degrees to the list of violent felonies and enhance the sentencing penalties;</i> b. <i>Create a negligent mens rea for child abuse and create a statute to address those who enable child abuse;</i> c. <i>Modification of the crime of Murder by Abuse or Neglect;</i> d. <i>Resolve inconsistencies in Title 11 due to the differing definitions of physical injury and serious physical injury;</i> e. <i>Consideration of enhanced sentencing penalties for the crime of Rape involving a child to include a life sentence;</i> <p>Agency Responsible: CPAC Legislative Committee; Timeframe: February 2017 <i>*Some are repeat recommendations from the May 2013 Final Report of the Joint Committee on the Inv. & Prosecution of Child Abuse</i></p>	<p>In Progress DOJ sent legislation to OCA/IC. IC continues to work through informally with partners. Should be ready for 2019. Considered at the 2018 Retreat.</p>	<p>In Progress OCA/IC are finalizing drafts for 4.a. and b. as well as for Endangering the Welfare of a Child (EWC) to be considered by the Legislative Committee.</p>
<p>5. Provide ongoing training on the SDM Risk Assessment tool to reinforce the policy and ensure consistent application. Agency Responsible: DFS; Timeframe: Immediately and ongoing</p>	<p>In Progress DFS has worked with CRC to provide refresher safety and risk assessment training. The training is scheduled for 5/30- 6/1. Considered at the 2018 Retreat.</p>	<p>Done DFS completed training in June 2018.</p>
<p>6. Revise the DFS non-relative/relative home safety assessment form, build it into the DFS case management system as part of the SDM Caregiver Safety Assessment when a home assessment is indicated, and provide training. Agency Responsible: DFS; Timeframe: 18 months</p>	<p>In Progress The form and workflow prompts for the home safety assessment are complete. Training is still pending as FOCUS (case management system) training is being enhanced.</p>	<p>Done This form has been built into the new FOCUS system and workers can also self-generate the form when needed or if an additional form is needed.</p>
<p>7. Provide supervisory training to DFS supervisors that is specific to child welfare and case management utilizing a national evidence-based curriculum. Agency Responsible: DFS; Timeframe: 18 months</p>	<p>In Progress DFS did have supervisory training in 10/17. We have also continued to provide quarterly training at existing meetings for supervisors and managers on various supervisory and management topics. Comprehensive Child Welfare Supervisory training is underway.</p>	<p>Done DFS with support from the Center for Professional Development, conducted child welfare specific supervisory training days from August 2018 – October 2018. Their next goal is to determine the ongoing scheduling need for new</p>

Child Protection Accountability Commission & Child Death Review Commission
2018-2019 Action Plan

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	The workgroup has landed on an evidenced based curriculum and are working on an implementation plan to commence in August – September 2018. Considered at the 2018 Retreat.	supervisors or refresher training.
8. Utilize the Division of Substance Abuse and Mental Health (DSAMH)/DSCYF partnership and Casey Family Programs to better assist high risk families involved in the child welfare system, with risk factors such as mental health, substance abuse and domestic violence, and to identify appropriate services for children and caregivers. Agency Responsible: DSCYF; Timeframe: 3-6 months	In Progress MHAC (Meetings with DSAMH and DPH) continue in each county and the work of the RPG continues as well.	Done MSHAC meetings continue across the state and have provided good opportunities for collaboration, education and consultation. The meetings include representatives from home visiting, substance abuse, mental health, medical/healthcare and DFS.
9. Provide ongoing booster training on safety assessments and safety planning to DFS staff to enhance understanding of the safety threats, interventions, and violations of safety plans. Agency Responsible: DFS; Timeframe: 6-12 months and then annually	In Progress DFS has collaborated with Children’s Research Center and will be providing training on safety and risk assessment training scheduled for 5/30- 6/1. Considered at the 2018 Retreat.	Done DFS completed training in June 2018.
10. Establish a process between DFS and Family Court in cases where guardianship petitions are filed to ensure legal protections are in place for the child and the needs of the child are being addressed. Agency Responsible: DFS/Family Court; Timeframe: 6-12 months	In Progress Guardianship Checklist has been drafted and awaiting approval from DOJ and Court.	Done The Guardianship checklist has been approved. In these cases, Family Court will send the final order to DFS, so there is record that the guardianship was not dismissed. Language about sharing the final order will also be added to the checklist.