

## 2020-2021 Action Plan

The Child Protection Accountability Commission (CPAC) and the Child Death Review Commission (CDRC) convened its Joint Report on September 29, 2020. The recommendations from the 2020 Joint Retreat stem from the review of 110 child abuse and neglect death and near death cases approved by CPAC for incidents that occurred between July 2017 and December 2019. The result was 611 findings and 478 strengths. 13 prioritized recommendations for system improvement are below, along with 6 ongoing recommendations from prior Action Plans and two priority areas identified by CPAC and CDRC. The 2020-2021 Action Plan was approved by CPAC on February 17, 2021 and by CDRC on March 12, 2021. All the recommendations below will be monitored by the CPAC Grants Oversight Committee, and updates will be provided to CPAC and CDRC at least annually.

### Prioritized Recommendations from 2020 Joint Retreat (13)

#### System Area: Medical Response Recommendations (4)

#### 1. Substantially and significantly improve the medical response to child abuse cases.

**SOURCE:** Similar recommendations made in 2015, 2016-2017 and 2018-2019 Action Plans.

**AGENCY RESPONSIBLE:** CPAC Training Committee, Medical Response to Child Abuse Workgroup

Actions	Anticipated Completion Date	Status Updates
a. Redesign the curriculum and training delivery methods for the Mandatory Reporting Training for medical professionals.	18 months	
b. Emphasize that every person who suspects child abuse or neglect must report to DFS or must designate one person to report AND physicians and nurse practitioners may take temporary emergency protective custody of a child.	18 months	
c. Utilize case studies and findings from the Child Abuse and Neglect Panel to highlight the system breakdowns in the medical response.	18 months	
d. Address the social biases, as well as fear and panic for reporting by medical professionals through videos and role playing, if possible.	18 months	
e. Consider referencing the Child Protector mobile application as a resource to assist medical professionals in their examinations and consideration of abuse or neglect.	18 months	

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<b>Prioritized Recommendations from 2020 Joint Retreat (13)</b>		
<b>System Area: Medical Response Recommendations (4)</b>		
<b>f.</b> Develop a standardized pathway or flow chart for emergency room medical professionals to utilize when assessing for abuse or neglect.	24 months	
<b>g.</b> Offer statewide virtual or in person training to all staff in medical practices and hospitals.	24 months	
<b>h.</b> Develop specialized targeted trainings to various medical groups and utilize case studies.	18 months	
<b>i.</b> Utilize child abuse experts, who are trusted and respected by the medical profession, as developers and trainers.	12 months	
<b>j.</b> Secure videographers to finalize and implement a high-level interactive training.	6 months	
<b>k.</b> Secure medical contractors or staffing to fully implement the recommendations of the workgroup.	12 months	
<b>2. Ensure medical professionals have a dedicated line at the DFS Report Line that reduces wait times.</b>		
<b>AGENCY RESPONSIBLE:</b> Division of Family Services		
<b>Actions</b>	<b>Anticipated Completion Date</b>	<b>Status Updates</b>
No additional actions were identified.	6 months	
<b>3. Provide opportunities for medical professionals to consult with a child abuse medical expert, and promote and secure resources for medical child abuse expertise downstate.</b>		
<b>AGENCY RESPONSIBLE:</b> CPAC Training Committee, Medical Response to Child Abuse Workgroup		

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<b>Prioritized Recommendations from 2020 Joint Retreat (13)</b>		
<b>System Area: Medical Response Recommendations (4)</b>		
<b>Actions</b>	<b>Anticipated Completion Date</b>	<b>Status Updates</b>
a. Design and promote information to downstate medical professionals on how to contact and consult with Delaware child abuse medical experts.	24 months	
b. Continue partnership with Nemours, and others as appropriate, to promote and secure resources for downstate medical child abuse expertise.	24 months	
<b>4. Develop an effective collateral information request for DFS to utilize with medical providers and other professionals and provide training on same (“How to be a good Collateral”).</b> <b>SOURCE:</b> Similar recommendation made in 2015 Action Plan.		
<b>AGENCY RESPONSIBLE:</b> CPAC Training Committee, Medical Response to Child Abuse Workgroup and the Division of Family Services		
<b>Actions</b>	<b>Anticipated Completion Date</b>	<b>Status Updates</b>
a. Develop an improved collateral information form.	12 months	
b. Develop and provide interactive training on form.	12 months	

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**Prioritized Recommendations from 2020 Joint Retreat (13)**

**System Area: MDT Response Recommendations (3)**

**1. Continuously improve and reinforce Delaware’s coordinated, multidisciplinary team (MDT) response to serious child abuse and neglect cases.**

**SOURCE:** Similar recommendations made in 2016-2017 and 2018-2019 Action Plans.

**AGENCY RESPONSIBLE:** CPAC Training Committee, CAN Best Practices Workgroup

Actions	Anticipated Completion Date	Status Updates
<b>a.</b> Provide MDT members with regular opportunities for specialized training, coaching and education to improve the investigation, prosecution and judicial handling of cases of child abuse and neglect.	24 months	
<b>b.</b> Offer initial and ongoing training and coaching on the MOU for the MDT Response to Child Abuse & Neglect with a focus on: the initial MDT response, which ensures DFS is notified of exigent situations impacting joint interviews, and the referral by the Office of the Investigation Coordinator; evidentiary blood draws in drug ingestion cases; timely examination of crime scenes and evidence collection; timely interactions between MDT members (collaboration, communication & MOU compliance); interviews of all children who have had access to the alleged perpetrator - even if they did not witness the incident; participation in the MDT Case Review process; and the MOU mobile application.	24 months	
<b>c.</b> Utilize case studies and findings from the Child Abuse and Neglect Panel to highlight the system breakdowns in the MDT response.	24 months	
<b>d.</b> Work closely with MDT members to communicate findings from the Child Abuse and Neglect Panel, including regular presentations to the Delaware Police Chief’s Council.	24 months	

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<b>Prioritized Recommendations from 2020 Joint Retreat (13)</b>		
<b>System Area: MDT Response Recommendations (3)</b>		
e. Lead individualized meetings and coaching sessions with MDT agencies to cultivate relationships and foster engagement in the MOU.	24 months	
f. Present regular, ongoing training at the police academy and patrol officer training.	24 months	
g. Secure MDT/law enforcement contractors or staffing to fully implement the recommendations.	6 months	
<b>2. Update the MOU for the MDT Response to Child Abuse &amp; Neglect regularly to incorporate best practices and to address the latest findings from the Child Abuse and Neglect Panel.</b> <b>SOURCE:</b> Similar recommendation made in 2018-2019 Action Plan.		
<b>AGENCY RESPONSIBLE:</b> CPAC Training Committee, CAN Best Practices Workgroup		
Actions	Anticipated Completion Date	Status Updates
a. Include evidentiary blood draws and MDT meetings within 24 to 48 hours for death or serious injury cases.	24 months	
b. Incorporate the findings and recommendations from the CPAC Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse.	24 months	
c. Implement any recommendations for suspected victims of trafficking from the CAN Best Practices Workgroup, the Human Trafficking Interagency Coordinating Council’s Juvenile Committee and the Robert F. Kennedy National Resource Center’s work on dual status youth	24 months	

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**Prioritized Recommendations from 2020 Joint Retreat (13)**

**System Area: MDT Response Recommendations (3)**

**3. Develop a crimes against children code and continue to review Delaware’s sentencing guidelines as they pertain to criminal child abuse cases, including consideration of the previously recommended legislation.**

**SOURCE:** Similar recommendations made in 2013 CPAC Final Report on the Investigation and Prosecution of Child Abuse, and 2015 and 2016-2017 Action Plans.

**AGENCY RESPONSIBLE:** CPAC Legislative Committee

Actions	Anticipated Completion Date	Status Updates
<b>a.</b> Add Child Abuse First and Second degrees to the list of violent felonies and enhance the sentencing penalties.	24 months	
<b>b.</b> Increase Child Abuse Second degree to a Class D felony.	24 months	
<b>c.</b> Review civil and criminal definitions of abuse and neglect.	24 months	
<b>d.</b> Revise the Endangering the Welfare statute.	24 months	
<b>e.</b> Create a negligent mens rea for child abuse and create a statute to address those who enable child abuse.	24 months	
<b>f.</b> Modification of the crime of Murder by Abuse or Neglect.	24 months	
<b>g.</b> Resolve inconsistencies in Title 11 due to the differing definitions of physical injury and serious physical injury.	24 months	
<b>h.</b> Consideration of enhanced sentencing penalties for the crime of Rape involving a child to include a life sentence.	24 months	
<b>i.</b> Review sex crimes against children and implement any recommendations from the CPAC Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse.	24 months	

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**Prioritized Recommendations from 2020 Joint Retreat (13)**

**System Area: Safety & Risk Recommendations (6)**

**1. Develop and provide initial and ongoing training on the Structured Decision Making® Safety and Risk Assessment tools to help DFS staff better understand the tools, implement the tools in the field, and promote discussions of safety and risk with all MDT partners from the beginning of the DFS investigation.**

**SOURCE:** Similar recommendations made in 2015 and 2016-2017 Action Plans.

**AGENCY RESPONSIBLE:** Division of Family Services

Actions	Anticipated Completion Date	Status Updates
No additional actions were identified.	12 months	

**2. Provide regular coaching and monitoring to DFS staff on child safety agreements.**

**SOURCE:** Similar recommendation made in 2016-2017 Action Plan.

**AGENCY RESPONSIBLE:** Division of Family Services

Actions	Actions	Actions
<b>a.</b> Plan for hospitalized children and ensure that safety is assessed regardless of hospitalization.	6 months	
<b>b.</b> Engage both parents as part of the safety agreement where appropriate, and complete background checks on all household members and participants in the safety agreements.	6 months	
<b>c.</b> Rule out suspects and assess caregivers as safety participants prior to placing children in home.	6 months	
<b>d.</b> Consult with MDT members through the MDT Case Review process or other means to ensure all information is known and considered before a safety agreement is implemented.	6 months	

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Prioritized Recommendations from 2020 Joint Retreat (13)		
<b>System Area: Safety &amp; Risk Recommendations (6)</b>		
<b>3. Intensify DFS supervisory training and support on child safety agreements.</b>		
<b>AGENCY RESPONSIBLE:</b> Division of Family Services		
<b>Actions</b>	<b>Actions</b>	<b>Actions</b>
Emphasize through training and support that agreements must be appropriate, timely and properly extended when necessary, and oversight of the agreement is maintained.	12 months	
<b>4. Develop an abbreviated training for MDT partners on safety organized practice, safety and risk assessment and utilization of collaterals to help partner agencies understand the practice models and tools utilized by DFS.</b>		
<b>AGENCY RESPONSIBLE:</b> Division of Family Services		
<b>Actions</b>	<b>Actions</b>	<b>Actions</b>
No additional actions were identified.	12 months	
<b>5. Consider adjusting the DFS home assessment policy based upon the impact of COVID-19.</b>		
<b>AGENCY RESPONSIBLE:</b> Division of Family Services		
<b>Actions</b>	<b>Actions</b>	<b>Actions</b>
No additional actions were identified.	6 months	



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<b>Prioritized Recommendations from 2020 Joint Retreat (13)</b>		
<b>System Area: Safety &amp; Risk Recommendations (6)</b>		
<b>6. Utilize the SDM Fidelity Team’s quarterly meetings to address findings from the Child Abuse and Neglect Panel and recommendations from the Joint Action Plan with DFS staff.</b>		
<b>AGENCY RESPONSIBLE:</b> Division of Family Services		
<b>Actions</b>	<b>Actions</b>	<b>Actions</b>
No additional actions were identified.	6 months	

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<b>Recommendations from Prior Action Plans (6)</b>		
<p><b>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.</b></p> <p><b>SOURCE:</b> 2018-2019 Action Plan</p>		
<p><b>AGENCY RESPONSIBLE:</b> CPAC Training Committee, CAN Best Practices Workgroup</p>		
Actions	Anticipated Completion Date	Status Updates
<p><b>a.</b> 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.</p>	12-18 months	<p><b>In Progress</b> The CAN Best Practices Workgroup plans to finalize the suggested MOU revisions with approval by the workgroup and present the revised MOU to CPAC for approval in May 2021.</p>
<p><b>b.</b> Develop a protocol or plan for meetings between MDT and medical providers on immediate safety plan during child’s hospital admission.</p>	12-18 months	<p><b>Completed</b> A section on hospital discharge was added to the protocols, and it addresses safety issues.</p>
<p><b>c.</b> 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.</p>	12-18 months	<p><b>Completed</b> The age requirement was not included in the updates. This was recommended for all children.</p>
<p><b>d.</b> 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.</p>	12-18 months	<p><b>Considered</b> This was not included in the updates. All law enforcement jurisdictions do not have the resources to assign a detective.</p>

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Recommendations from Prior Action Plans (6)		
<p>e. Consider other recommendations that were not prioritized as follows:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Provide a list of direct contact numbers for all forensic nurse examiner teams and identified medical coordinators of care to the MDT.</li> </ul>	<p>12-18 months</p>	<p><b>Considered/Completed</b> The first and last bullets were included in the updates. Instead of recommending that forensic nurse examiners be accessible, the updates included language that DFS and law enforcement have the ability to request a forensic exam.</p>
<p><b>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.</b></p> <p><b>SOURCE:</b> 2018-2019 Action Plan and similar recommendation made in 2016-2017 Action Plan</p>		
<p><b>AGENCY RESPONSIBLE:</b> CDRC and Delaware Perinatal Quality Collaborative</p>		
Actions	Anticipated Completion Date	Status Updates
<p>No additional actions were identified.</p>	<p>12-18 months</p>	<p><b>In Progress</b> – In February 2019, the Child Death Review Commission (CDRC) created a Home Visiting Committee to take on this action item. The home visiting advisory council discovered that nurses could not create these orders, but they must come from physicians. However, this is currently being re-evaluated by the Delaware Healthcare Association and their</p>

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Recommendations from Prior Action Plans (6)		
		representative on the CDRC Home Visiting Committee.
<p><b>3. Advocate to DHSS and the General Assembly for Medicaid reimbursement for all evidence-based home visiting providers in Delaware.</b></p> <p>SOURCE: 2018-2019 Action Plan</p>		
<p><b>AGENCY RESPONSIBLE:</b> CDRC and Division of Public Health (DPH)</p>		
Actions	Anticipated Completion Date	Status Updates
No additional actions were identified.	12-18 months	<b>In Progress</b> – The Division of Public Health and the Division of Medicaid and Medical Assistance are collaborating and have been accepted to participate in a Technical Assistance opportunity offered by National Academy for State Health Policy for 1 year to explore Medicaid reimbursement for evidence-based home visiting.
<p><b>4. 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.</b></p> <p>SOURCE: 2018-2019 Action Plan and similar recommendation made in 2016-2017 Action Plan</p>		
<p><b>AGENCY RESPONSIBLE:</b> CPAC Caseloads/Workloads Committee, CPAC Legislative Committee and the Division of Family Services</p>		
Actions	Anticipated Completion Date	Status Updates
a. Reconvene the CPAC Caseload/Workloads Committee to review treatment caseloads and state standards.	18 months	<b>Completed</b>

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<b>Recommendations from Prior Action Plans (6)</b>		
<b>b.</b> Consider adjusting DFS caseloads based on complexity of the cases to better utilize staff strengths and balance workload.	18 months	<b>Completed</b>
<b>c.</b> Explore the use of differential response for domestic violence, substance exposed infants, and chronic neglect cases accepted by DFS.	18 months	<b>Completed</b>
<b>d.</b> Include caseloads in its prioritized list of CPAC funding requests to be submitted to the Governor and General Assembly each fiscal year.		<p><b>In Progress</b>                      In FY20, the CPAC Caseloads/Workloads Committee satisfied its charge and submitted its final report and recommendations to CPAC in November 2019. The Committee put forth two recommendations: Lower the treatment caseloads to 12 cases for DFS treatment workers; and support increased funding for DSCYF/DFS to allow for necessary resources so that DFS can come into compliance with the new mandated caseload standard of 12. In November 2019, CPAC voted to approve the report. The Legislative Committee was tasked with drafting the bill, which was completed in 2020. Now, the Committee awaits guidance from DFS and OMB as to when to present the bill to CPAC.</p>
<p><b>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.</b></p> <p><b>SOURCE:</b> 2018-2019 Action Plan</p>		

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<b>Recommendations from Prior Action Plans (6)</b>		
<b>AGENCY RESPONSIBLE:</b> CDRC		
Actions	Anticipated Completion Date	Status Updates
No additional actions were identified.	12-18 months	<b>In Progress</b> This was assigned to the Child Death Review Commission’s Home Visiting Committee. The survey was completed in December 2020 and will be distributed in February 2021.
<p><b>6. 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</b></p> <p><b>SOURCE:</b> 2013 Final Report of the Joint Committee on the Investigation and Prosecution of Child Abuse and 2015, 2016-2017, and 2018-2019 Action Plans</p>		
<b>AGENCY RESPONSIBLE:</b> Department of Justice		
Actions	Anticipated Completion Date	Status Updates
No additional actions were identified.	Immediately	<b>In Progress – DOJ Update Needed</b> The DOJ comprehensive case management system was rolled out in December 2017, and it continues to be piloted in various units.

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<b>CPAC/CDRC Additional Priorities</b>		
<b>1. Improve the education provided on infant unsafe sleeping to focus on a comprehensive interdisciplinary approach that will ultimately decrease the number of unsafe sleep deaths.</b>		
<b>AGENCY RESPONSIBLE:</b> CDRC		
<b>Actions</b>	<b>Anticipated Completion Date</b>	<b>Status Updates</b>
a. Revitalize the Infant Safe Sleeping Program Community Action Team (TISSPCAT) by revisiting the name, objectives, and mission, and by expanding the membership.	24 months	
b. Review current trainings and educational materials.	24 months	
c. Develop or improve prevention messaging to families.	24 months	
<b>2. Improve the multidisciplinary response to child sexual abuse cases in accordance with the Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect (“MOU”)</b> <b>SOURCE:</b> CPAC approved the creation of the Committee at its August 19, 2020 meeting.		
<b>AGENCY RESPONSIBLE:</b> CPAC Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse		
<b>Actions</b>	<b>Anticipated Completion Date</b>	<b>Status Updates</b>
a. Identify system weaknesses and strengths in the investigation, prosecution and treatment of child sexual abuse cases and create an Action Plan of priorities;	24 months	
b. Review, update and modify the MOU as needed to address the investigation, prosecution and treatment of child sexual abuse cases,	24 months	

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<b>CPAC/CDRC Additional Priorities</b>		
including differentiating between the various types of sexual abuse and building a response system unique to each;		
<b>c.</b> Develop time-sensitive protocols to ensure cases of child sexual abuse progress promptly and effectively through both the civil and criminal systems while seeking safety, justice and timely resolution for these victims;	24 months	
<b>d.</b> Ensure that child victims of sexual abuse have access to and referrals for appropriate mental health services, medical care, and forensic interviews;	24 months	
<b>e.</b> Identify and review existing prevention initiatives related to child sexual abuse; and,	24 months	
<b>f.</b> Advocate for increased resources to those agencies that need further support in the investigation, prosecution or treatment of child sexual abuse cases.	24 months	