Child Protection Accountability Commission & Child Death Review Commission

2016-2017 Action Plan (Approved CPAC 11/9/16; CDRC 11/18/16)

Summary of Action Plan: These findings stem from the review of 41 child abuse and neglect death and near death cases for incidents that occurred between January 2015 and May 2016. The result was 303 findings across 6 system areas. 31 recommendations for system improvement are below. The recommendations will be explored by CPAC and its partner agencies.

System Area 1: Legal # of Findings: 26	CAN Panel Findings: Court Hearings/DFS Contact with DOJ	02/08/17 Status	08/16/17 Status
9	tween DFS leadership, DOJ Family Division Deputies, and DOJ Special Victims inships and to encourage discussion and problem solving. Frimeframe: 3-6 months	In Progress Quarterly meetings being scheduled for 2017.	DONE Quarterly meetings are being held.
provide legal advice regarding Agency Responsible: DOJ/DFS	,	2. In Progress Will be discussed at DOJ/DFS quarterly meetings.	2. DONE as of 9/17. Call schedule will be in place and operating in September 2017.
conduct refresher training for services available to DFS, circu to compel cooperation of fam	DOJ Family Division. In addition to CORE 101 training, DOJ will regularly DFS, which will be offered statewide. The training will include the DOJ instances under which DFS should seek legal advice and resources available ilies. The training will also be made available on the DSCYF online learning DOJ/DFS; Timeframe : 6-18 months *Repeat recommendation from 2015 Action	3. In Progress Will be discussed at DOJ/DFS quarterly meetings and scheduled for 2018.	3. DONE Monthly trainings are occurring and have been scheduled for 2018 by region.
notification of child abuse and	nd the Family Court to the Investigation Coordinator's contact list for neglect serious injury and death referrals.	4. DONE	4. DONE
Agency Responsible: IC; Time		5. In Progress Training Committee	5. In Progress Training Committee has
 Develop a MDT protocol for re Agency Responsible: DOJ/OCA 	emoval of life support cases. A/Family Court; Timeframe : 6-12 months	has created a workgroup to develop protocol.	created a workgroup to develop protocol and it should be done in 2018.
workers available at custody p Agency Responsible: Family C	FS history on Family Court Form 16 (b), so that the Court may have DFS proceedings or mediators can refer at-risk cases to judges. Bourt; Timeframe : 6-12 months	6. In Progress Family Court has approved; out for	6. In Progress Rule change should be approved in 9/17.
7. Remain cognizant of Family Court hearing timeframes in complex child abuse cases. Agency Responsible: Family Court; Timeframe: Immediately comment with Bar; will require a Rule change.		Should all be in place by end of 2017.	
		7. DONE	7. DONE

System Area 2: Medical # of Findings: 61	CAN Panel Findings: Home Visiting Services, Medical Exam/Standard of Care – CARE, Medical Exam/Standard of Care – ED, Medical Exam/Standard of Care – Films, Medical Exam/Standard of Care – Forensics, Medical Exam/Standard of Care – PCP, Medical Exam/Standard of Care – Undress, Reporting, Substance-Exposed Infant, Transport	02/08/17 Status	08/16/17 Status
Delaware Medical Providers, a. Transportation of ab b. Medical exam on all signs of abuse; and, c. Emergency departm cases of suspected c	oused children from PCP to hospital for forensic exam; other children in the home under the age of six when a sibling presents with ent staff will consult the hospital forensic team and request forensic exams in	DONE 2. In Progress Home Visiting	DONE 2. In Progress Developing more
2. Consider requiring birthing hospitals to make an evidenced based home visiting program referral for every at-risk newborn at discharge. Train home visiting staff to recognize child abuse risk factors and to report visit findings to the medical provider for the newborn, including the inability to schedule or complete a visit. Healthy Families America/Smart Start serves newborns younger than 3 months (and pregnant women). Other home visiting programs for pregnant women or children under the age of 3 include: Nurse Family Partnership, Parents as Teachers and Early Head Start. Agency Responsible: Delaware Home Visiting Community Advisory Board, Delaware Healthy Mother & Infant Consortium; Timeframe: 12 months		Home Visiting Meeting this month. DHMIC also to consider.	user friendly expedited referral process and simplified protocol. Parent as Teachers will now accept children up to age 5. Referral forms on DE
and identify the responsible	equired Child Abuse Prevention and Treatment Act (CAPTA) plan of safe care agencies for initiating and monitoring the plan of safe care. CDRC Committee on Substance Exposed Infants/Medically Fragile Children;	3. In Progress SEI Policy Academy and SEI Committee are working on priorities, including legislation and development of plan. Thrives. Next steps are Standards Committee and then DHMIC and Perinatal Cooperative. 3. In Progress Draft template to be circulated in 9/17. MOU to be drafted in Fall 2017.	

System Area 3: MDT Response/Criminal Investigations # of Findings: 72	CAN Panel Findings: Crime Scene/Documentation, Doll Reenactments, General - Criminal Investigation, Intake with DOJ, Interviews w/Adult, Interviews w/Child, Medical Exam	02/08/17 Status	08/16/17 Status
Recommendations: 1. Finalize the Memorandum of Understanding (MOU), which will include best practice guidelines for the investigation of child abuse cases involving sexual abuse, serious physical injury or death, and provide training. Agency Responsible: CPAC Training Committee; Timeframe: April 2017 *Repeat recommendation from the May 2013 Final Report of the Joint Committee on the Investigation and Prosecution of Child Abuse		1. DONE CPAC has approved subject to final edits of signatory agencies. Training in April 2017.	DONE Gathering final signatures. Developing local trainings for implementation.
producing current information producing reports on case out Deputies and staff, so that info referencing of all cases within Agency Responsible: DOJ; Tim	OJ comprehensive case management system. The system must be capable of regarding the status of any individual case, and must be capable of comes. The system must also allow the DOJ to track the caseloads of its ormed resource allocation decisions can be made, and must ensure crossthe DOJ which share similar interested parties. eframe: Immediately *Repeat recommendation from the May 2013 Final Report estigation and Prosecution of Child Abuse	2. In Progress DOJ case management system piloted in several units and will soon be available agency- wide.	2. In Progress DOJ case management system piloted in several units and should be available agency-wide in early 2018.
 can explore the mistake and confidency Responsible: CPAC CA 4. Recommend to the Delaware I with cameras to document chi 		3. DONE Confidentiality prevents CAN Panel from sharing details with non- Commissioner agencies.	3. DONE
Agency Responsible: CPAC Tra	ining Committee; Timeframe: April 2017	4. In Progress Presentation to Police Chiefs' Counsel on MOU will include discussion of cameras.	4. In Progress CPAC will follow up with Police Chiefs' Counsel during MOU trainings.

System Area 3: MDT Response/Criminal Investigations # of Findings: 72	CAN Panel Findings: Crime Scene/Documentation, Doll Reenactments, General - Criminal Investigation, Intake with DOJ, Interviews w/Adult, Interviews w/Child, Medical Exam	02/08/17 Status	08/16/17 Status
fiscal year. Each agency impact about the request. The currer a. DOJ Special Victims Up criminal child abuse cate of a child. Prosecutors the investigation of characteristic abuse for Commendation to staff the Investigation and Probability. CPAC Guidelines for Commendate medical evaluation and specific abuse fact patterns increase the need for provider in Kent and Staff about the Investigation and Probability.	hild Abuse Medical Response: The guidelines require the MDT to seek aluations for children, siblings and other children in the household when terns exist. The implementation of these guidelines in April 2017 will non-urgent medical evaluations and will require a specialized medical service	5. In Progress DOJ child abuse package to be reviewed by Legislative Committee. (f) and (g) are drafted and circulated to CPAC Committees.	5. In Progress Chair and Executive Director sent letter in Spring 2017. Will do on an annual basis.
 6. Consider and draft the following a. Add Child Abuse First of penalties; b. Create a negligent meabuse; c. Modification of the crid. Resolve inconsistencies physical injury; e. Consideration of enhablife sentence; f. Creation of an obligation and, g. Modification of the listed Agency Responsible: CPAC Legacian 		6. In Progress Chair and Executive Director have included DOJ SVU, DFS Caseloads, SEI, and the request for no cuts to Commission services. Medical Services need to wait until next year.	6. In Progress (f) and (g) were accomplished via HB181 which was signed on 8/30/17. (a) - (e) need assistance from DOJ. Chair and Executive Director to follow up with AG to establish a plan for bill introduction next session.

System Area 4: Risk Assessment/Caseloads # of Findings: 52	CAN Panel Findings: Caseloads, Collaterals, Communication, Documentation, Reporting, Risk Assessment – Abridged, Risk Assessment – Alternative Response, Risk Assessment – Closed Despite Risk, Risk Assessment – Screen Out, Risk Assessment – Tools, Risk Assessment – Unsubstantiated	02/08/17 Status	08/16/17 Status
balance workload. Agency Responsible: DFS; Tim 2. Provide ongoing training on th application. Agency Responsible: DFS; Tim 3. Explore the use of differential neglect cases accepted by DFS Agency Responsible: DFS; Tim 4. Explore options for tiered risk Agency Responsible: DFS; Tim 5. Recommend that DFS investigations.	response for domestic violence, substance exposed infants, and chronic reframe: 6-12 months assessments for DFS families. Reframe: March 2017 ate all reported cases of suspected child abuse or neglect of children less at with National standards) to decrease deaths and near deaths of children	 Deferred DFS will reconsider after CPAC Caseloads Committee concludes its work. In Progress DFS pursuing grant monies with Children Research Center to conduct training in Spring 2017. Deferred DFS cannot implement without additional funds. DONE DFS already has tiered risk assessments. In Progress DFS has taken no action to date. 	 Deferred DFS will reconsider after caseloads/ workloads study from UD. In Progress Exploring alternative options for training resources through Children's Research Center (CRC) & Center for Professional Development (CPD). Deferred DFS will be expanding FAIR in Fall 2017 for SEI, DV and some neglect cases. DONE HB181 requires DFS to accept for investigation any case of a child age 3 years or less whose death is sudden, unexpected and unexplained. Managers & Hotline staff already aware of changes.

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System Area 5: Safety/Use of History/Supervisory Oversight # of Findings: 49	CAN Panel Findings: Completed Incorrectly/Late, Inappropriate Parent/Relative Component, No Safety Assessment of Non-Victims, Oversight of Agreement, Supervisory Oversight, Use of History, Violations of Safety Agreements	02/08/17 Status	08/16/17 Status
 Recommendations: Use the DFS chronological history event to research information related to the child, family, and family members. Agency Responsible: DFS; Timeframe: Immediately and ongoing Review CAN Panel findings related to safety assessments and agreements with DFS staff and 		1. DONE DFS added a history event to last case management system update.	1. DONE
Agency Responsible: DFS; Tim 3. Revise the DFS non-relative/resystem as part of the SDM Car	ortunities for ongoing training and education. deframe : Immediately and ongoing elative home safety assessment form, build it into the DFS case management regiver Safety Assessment when a home assessment is indicated, and provide	2. DONE DFS shares findings with various leadership teams and workgroups.	2. DONE
training. Agency Responsible: DFS; Tim	peframe: 18 months DES supervisors that is specific to child welfare and case management assed curriculum.	 3. In Progress Assessment form has been modified and will be incorporated into new case management system. 4. In Progress Finding is also in the CFSR PIP. Completion targeted for 2018. 	 3. In Progress Form has been revised. Training for staff is pending. 4. In Progress A supervisory training day has been scheduled for October for new supervisors. Half day to discuss transition to supervision. Second half to discuss SDM/SOP tools.

System Area 6: Unresolved R # of Findings: 43	isk CAN Panel Findings: Child – Medical, Child – Mental Health, Contacts, Domestic Violence, Home Visiting Services, Multigenerational History, Not Utilizing Evidence-Based Tools, Parenting, Substance Abuse, Substance Abuse/Domestic Violence	02/08/17 Status	08/16/17 Status
of child abuse and negled Agency Responsible: CP. 2. Reconvene the CPAC Cas Agency Responsible: CPA 3. Utilize the Division of Sub Programs to better assist mental health, substance and caregivers. Agency Responsible: DSC 4. Provide ongoing booster understanding of the safe Agency Responsible: DFS 5. Develop a mechanism the are requested for childre Agency Responsible: DFS 6. Provide treatment service family centered as well a Agency Responsible: DFS 7. Establish a process between	e implementation of birth match in Delaware to ensure that children at high risk t are reported to DFS at birth. AC Legislative Committee; Timeframe: April 2017 eload/Workloads Committee to review treatment caseloads and state standards. AC; Timeframe: 3-6 months estance Abuse and Mental Health (DSAMH)/DSCYF partnership and Casey Family high risk families involved in the child welfare system, with risk factors such as abuse and domestic violence, and to identify appropriate services for children expropriates; Timeframe: 3-6 months training on safety assessments and safety planning to DFS staff to enhance expression through the properties of the committee o	1. DONE CPAC supported Legislative Committee recommendation to not pursue as prior TPR is not a strong predictor of subsequent child death in Delaware. 2. In Progress First meeting is in February 2017. 3. In Progress DFS will continue to pursue and include IC at the state level meetings. 4. In Progress DFS pursuing grant monies with Children Research Center to conduct booster training. 5. No Action DFS will need additional resources & equipment.	 DONE In Progress CPAC Caseloads Committee has had 3 meetings. Plan to pursue caseloads study through UD. In Progress DFS has ongoing meetings with DSAMH and DPH. Both agencies are included in Regional Partnership Grant for SEIs. In Progress DFS is pursuing free training through CRC & CPD and web-based trg. Deferred DFS will revisit once FOCUS is implemented & consider modifying events. DONE In Progress Meetings have occurred. Developed a
0 .	/Family Court; Timeframe: 6-12 months	6. DONE 7. In Progress Meeting being scheduled.	form DFS will complete for guardianship petitions.