

Child Protection Accountability Commission & Child Death, Near Death and Stillbirth Commission
Joint Meeting/Retreat – January 22, 2015
Prioritized CAN Panel Recommendations

System Area	Finding	# of Occurrences	Joint Commission Recommendations	Agency Responsibility	Timeframe	Joint Commission Action Plan	10-14-15 Update
DFS Intake, Investigation & Treatment	Use of History	14	1. Train the CAN Panel about the use of the Structured Decision Making® (SDM) Tool as it relates to history.	1. CDNDSC & DFS	1. Feb. 26, 2015	1. Completed.	1.
			2. Determine whether domestic violence, multi-generational history, and professional reporters should be given greater weight in SDM.	2. DSCYF, DFS & CRC	2. August 2015	2. Provide update to Joint Commission at next meeting.	2.
			3. Meet with DFS unit supervisors to discuss how history could be made easier to review in FACTS and use specific examples from the CAN Panel. Consider technical solutions, such as: <ul style="list-style-type: none"> a. Using a master supplemental report; b. Requiring a higher level supervisory review; c. Requiring critical frame working; or d. Review by child psychologist. 	3. DFS	3. August 2015	3. Provide update to Joint Commission at next meeting.	3.

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DFS Investigation	Collaterals	16	<p>1. Expand the current DFS collateral policy and procedure to be responsive to the unique needs of the family, to be relevant to the allegations, and to inform the decision-making process. It shall include:</p> <ul style="list-style-type: none"> a. Interviewing collateral sources for all children in the family; b. Identifying collateral sources that have relevant information pertaining to the allegations; c. Contacting treatment providers when mental health and substance abuse issues are alleged/suspected for caregivers and/or child(ren); and, d. Corroborating the family’s statements in response to allegations with relevant professionals. 	1. DFS	1. October 2015	1. Provide update to Joint Commission at next meeting.	1.
			<p>2. Develop a training program and tool to assist DFS staff in obtaining collaterals from others professionals. It shall address:</p> <ul style="list-style-type: none"> a. Confidentiality; b. Non-compliance by professionals; and c. Communication. 	2. DOJ	2. October 2015	2. Assign to CPAC Training Committee to monitor. OCA to assist with staffing and training development. Provide updates to CPAC through Training Committee. Provide update to Joint Commission at next meeting.	2.

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DFS Investigation and Medical	Medically Fragile/ Substance -Exposed Infants	17	<p>1. Create a Joint Committee on Substance-Exposed and Medically Fragile Children to address the following recommendations:</p> <ul style="list-style-type: none"> a. Establish a definition of medically fragile child, inclusive of drug-exposed/addicted infants. b. Draft a statute to mirror the definition as needed and consider adding language to neglect statute. c. Conduct universal drug screenings for infants in all birthing facilities in the state. d. Revise the Hospital High Risk Medical Discharge Protocol to include all drug-exposed and medically fragile children. It shall include: responding to drug-exposed infants and implementing the Plan of Safe Care per CAPTA; and, involving the MDT in ongoing communication and collaboration for medically fragile children. e. Refer medically fragile children to evidence-based home visiting programs via Healthy Families America, prior to discharge. f. Include the standards developed by DHMIC's Standards of Care Committee on neonatal abstinence and guidelines for management. 	1. CPAC, CDNDSC	1. March 2016	1. Provide update to Joint Commission at next meeting.	1.

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DFS Investigation & Treatment	Safety Plan & Unresolved Risk	52	1. Consider legislation to add the Secretary or Division Directors of DHSS as Commissioners to CPAC, (barriers to services provided by DPH, DSS, and DSAMH in recommendations).	1. CPAC	1. June 30, 2015	1. Provide update to Joint Commission at next meeting.	1.
			2. Conduct an analysis of DFS system improvements over the last 2 years to determine impact on child death and near death cases.	2. DFS	2. September 2015	2. Provide update to Joint Commission at next meeting.	2.
			3. Develop policies and procedures to ensure that information from mental health, substance abuse, and domestic violence assessments are incorporated into safety planning, and no case will be closed without a supervisory review documenting that referral services are underway, as appropriate.	3. DFS	3. September 2015	3. Provide update to Joint Commission at next meeting.	3.
			4. Establish a Joint Committee to identify recommendations to assure high risk families are engaged in early intervention /prevention services (i.e., home visiting to decrease risk of abuse or neglect).	4. CPAC & CDNDSC	4. September 2015	4. Provide update to Joint Commission at next meeting.	4.

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Legal	Legislative & DFS Contact with DOJ	34	<p>1. Develop a statewide, annual training program for DSCYF staff. It shall address:</p> <ul style="list-style-type: none"> a. Legal services available from DOJ; and, b. Circumstances under which DOJ should be consulted. <p>2. Schedule a meeting between Attorney General Matt Denn, DSCYF Cabinet Secretary Jennifer Ranji, necessary staff, and the CPAC Executive Committee, as necessary. It shall address:</p> <ul style="list-style-type: none"> a. Communication gaps between DOJ and DFS; b. Education needs for each agency; and c. Establishment of a written protocol to facilitate communication and consultation between the agencies and to complete the annual training program. <p>3. Develop a training program for members of the judiciary addressing the impact of crimes of violence and other forms of abuse on non-verbal children who experience or witness such. Offer training across disciplines.</p>	<p>1. DFS & DOJ</p> <p>2. DOJ, DSCYF, & CPAC</p> <p>3. CPAC & Family Court</p>	<p>1. September 2015</p> <p>2. September 2015</p> <p>3. January 2016</p>	<p>1. Provide update to Joint Commission at next meeting.</p> <p>2. Provide update to Joint Commission at next meeting.</p> <p>3. Assign to CPAC Training Committee to monitor. OCA to assist with staffing and training development.</p>	<p>1.</p> <p>2.</p> <p>3.</p>

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MDT Response	Crime Scene, Interviews & Non-compliance with MOU	38	1. Implement MOU between DSCYF, DOJ, Law Enforcement, and CAC and develop a training program on the best practice guidelines for investigating and prosecuting these cases.	1. CPAC	1. Jan. 2017	1. Assigned to CPAC Training Committee - CAN Best Practices Workgroup.	1.
			2. Develop and provide advanced training programs annually for members of the MDT. This shall include: <ul style="list-style-type: none"> a. Drug and Alcohol Abuse; b. Abusive Head Trauma; c. Safety & Medical Assessments; d. Warning Signs & Indicators of Abuse and Torture; and, e. Developmental, psychological & emotional impact of abuse. 	2. CPAC	2. Jan. 2017	2. Assign to CPAC Training Committee – Joint Conference Workgroup.	2.
			3. Identify resource constraints for DOJ and support appropriate budgetary requests for additional resources, to include the recruitment, addition and development of felony level prosecutors with expertise in the prosecution of felony level child abuse cases.	3. DOJ & CPAC	3. Spring 2016	3. CPAC to monitor and pursue budget request by FY17.	3.
			4. Research and develop best practices and/or trainings to help professionals recognize and appropriately respond to cases of child torture. Specific examples from the CAN Panel will be utilized.	4. CPAC & CDNDSC	4. March 2016	4. Assigned to Joint Committee on Child Torture.	4.

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Medical	Standard of Care	22	1. Consider modification to Delaware law to include an education requirement for medical professionals that incorporates the appropriate evaluation and management of a child suspected of child abuse and neglect as per the guidelines of the AAP, ACR, AAFP and ACEP. It shall emphasize: <ul style="list-style-type: none"> a. Assignment of an appropriate provider; b. Comprehensive history taking; and c. Complete age appropriate exam, including disrobing, radiologic survey, and sexual assault evaluation. 	1. Board of Medical Licensure and Discipline, Board of Nursing, & Medical Society of Delaware	1. January 2017	1. CDNDSC shall write a letter to the agencies responsible. Provide update to Joint Commission at next meeting.	1.