

**REGIONAL CHILD FATALITY TEAM
PLANS FOR ACTION
IN RESPONSE TO CHILD DEATHS**

Virginia Department of Social Services

December 2013

Regional Child Fatality Teams Plans for Action

Each regional Child Fatality Review Team developed a regional plan of action based upon the risk factors identified and their findings from the review of child deaths in SFY 2010 – 2011. The status of each of the key activities/projects is outlined below.

Piedmont Region

1. Members of the Piedmont CFRT will contact health care and service providers in their communities and provide information about a free educational program called Text4baby. This is a free application for mobile phones which provides new and expectant parents with information on caring for themselves and their infants less than one year old.

A special subcommittee was formed to focus on implementing this recommendation. Members of the Piedmont Regional Child Fatality Review Team have successfully contacted the Text4baby initiative and received a large amount of free literature explaining the program's purpose and intended audience. The Piedmont CPS Consultant has explained the Text4baby program to every local department of social services in the Piedmont Region and provided the free literature to each agency for distribution. The information is now maintained at the local level for distribution through front desk intakes and also family services specialists working with families within the local area. Members of the Piedmont Regional Child Fatality Review Team have also identified agencies of public health, private providers of social services as well as hospitals and clinics throughout the region where this information is being provided for distribution to all pertinent programs and program participants.

2. Members of the Piedmont CFRT will develop a strategic plan to identify and provide training for various professionals who are mandated reporters of suspected child abuse and neglect.

A special subcommittee was formed to implement this recommendation. While specific training needs will be assessed, several members of this subcommittee have come to believe the Virginia Code involving mandated reporting requires amending to ensure ALL suspected reports of child abuse are provided directly by the mandated reporter. This would be in lieu of notifying an individual identified as being "in charge" and expecting that individual to make the report on the mandated reporter's behalf. To date, the subcommittee has identified two legislators in the Shenandoah Valley as potential advocates. In the meantime, the Piedmont CPS Consultant has agreed to provide any mandated reporter training needed within the Piedmont Region as identified by this subcommittee.

In addition, the Piedmont Regional Child Fatality Review Team has decided to emulate a recent training provided in Western Region regarding the investigation of child fatalities. Dr. Amy Tharp has agreed to present with Children's Trust in Roanoke, Virginia. The Virginia Alliance for Safe Babies has also agreed to participate and to provide financial support. The tentative date for the training at this time is April 1, 2014.

Central Region

1. Members of the Central CFRT will work with healthcare providers in their communities to make available information regarding safe sleep practices and how to soothe crying infants.

The Public Awareness video produced by Eastern Virginia Medical School and the Office of the Chief Medical Examiner, Eastern District, as well as materials concerning safe sleep have been distributed to team members to share with healthcare providers and public health practitioners in their respective communities. Public awareness videos concerning safe sleep practices are being shown in rotation in the waiting rooms of the Richmond City and Hopewell local departments of social services, the Richmond Public Health Department and WIC offices.

Discussions have been initiated with members of the Fetal Infant Mortality Review Team, Healthy Start programs regarding targeting training for public health providers, home visiting programs and other public and private social services professionals in recognizing risk factors associated with co-sleeping.

2. Members of the Central CFRT will assist localities in developing and sustaining local child abuse multi-disciplinary teams for the investigation of child deaths.

Working in conjunction with the Children's Justice Act Program at the Virginia Department of Criminal Justice Services, Greater Richmond Child Advocacy Center, and Middlesex Department of Social Services, a training event took place on December 5, 2013 on the development, building and sustaining of local child abuse multi-disciplinary teams. Thirty-two professionals from Essex, New Kent, Lancaster and Middlesex Counties representing social services, law enforcement, and the local commonwealth's attorney's office participated in this training event.

Eastern Region

1. Members of the Eastern CFRT will work with Eastern Virginia Medical School to produce a video regarding safe sleep practices and post it to the internet as part of their public awareness campaign on safe sleep.

This recommendation was completed in the spring of 2013 in cooperation with a subcommittee of the regional team and the Eastern Virginia Medical School (EVMS). Students and a professor at the medical school developed the script and acted the parts of narrator and parents of an infant. The video can be found on various web sites including Virginia Department of Social Services; professionals from around the country and world use this as part of their training curriculum. At least one Eastern Region local child protective services program uses the video as part of the interaction and education of families around safe sleep.

2. Members of the Eastern CFRT will work to ensure that local agencies who do not currently conduct joint law enforcement /social service investigations of child deaths be encouraged to do so.

This recommendation is supported by the law enforcement members of the regional team. The team sponsored a one day regional training on October 8, 2013 for anyone involved in the investigation and prosecution of child abuse/neglect related fatalities. The homicide detectives' presentation reinforced the importance of CPS and the police working together to improve outcomes for families. The Commonwealth Attorney's session reiterated by working together, better information is available to the prosecutor making cases stronger and better able to hold the perpetrator accountable. The team plans to offer another similar regional training in February 2014.

Northern Region

1. Members of the Northern CFRT will work with public health to develop materials and training to educate child welfare staff about safe sleep practices.

On December 5, 2013, members of the Northern CFRT conducted a panel presentation on Safe Sleep at the quarterly child welfare supervisors' meeting. Information was presented on available resources on the topic of safe sleep as well as discussions on worker's assessments of safe sleep environments in the course of their work. Two local agency supervisors presented information on the current staff training they provide and the programs in place in their local agencies that provide information and 'pack-n-plays' to families with infants.

2. Members of the Northern Region Child Fatality Review Team should develop and implement a medical literacy campaign in their communities. Using their own agency networks and contacts with professional colleagues and the public (such as health fairs, newsletters, and flu clinics), educate immigrant families about how to use the emergency and non-emergency medical care systems.

Discussions have been initiated with the Community Benefit Manager, at the Mary Washington Hospital to explore the possibility of utilizing that organization's outreach programs in implementing the medical literacy campaign to educate immigrant families about how to use the emergency and non-emergency medical care system.

Western Region

1. Members of the Western CFRT will assist and advise the CPS Regional consultant in providing training to local child welfare workers on the management of high risk cases.

The Western CPS Regional Consultant worked with a subcommittee of the Team to develop and implement a series of trainings focusing on "Safety and Risk" involving CPS workers, law enforcement, Commonwealth Attorneys, CFRT members, and other community partners. The first session was held on August 29 and involved 30 participants. An assessment is currently being done to determine need and interest, and if needed, a second session will be offered in 2014.

The second session in the series focused on "Child Homicide" and was conducted on October 23. The presenter was a pediatric forensic pathologist and 85 people participated from a variety of disciplines. This session was very well received and another session is being planned for early spring 2014 to also include a presentation of SIDS and SUIDS.

The third session in the series was held on November 14 and focused on "Vicarious Trauma". This is also referred to as Compassion Fatigue, Secondary Traumatic Stress Syndrome and burnout. The CFRT thought that this topic was particularly important for workers who are investigating child deaths, severe physical and sexual abuse cases. The training was conducted by licensed clinical social workers who also had experience in child welfare services. Twenty-three people participated in this training and a follow up session is being planned for 2014.

A fourth training is scheduled for January 28-29, 2014 focusing on providing services to CPS families. This training will address safety and risk issues and families known to the system.

2. Members of the Western CFRT will work with prevention partners in the community to educate their staff on safe sleep.

The Public Awareness video produced by Eastern Virginia Medical School and the Office of the Chief Medical Examiner, Eastern District, has been distributed to team members to share with CPS and foster care staff and the video is being aired on monitors located in the lobbies of local departments of social services in the Western Region. In addition, the Team plans to reproduce the DVD and provide a copy to every pediatrician and obstetrician practicing in the area so that it can be shared with the parents they serve. This project is being planned for April 2014.

Virginia Department of Social Services Initiatives

1. Collaborate with DCJS and OCME to develop a model joint investigation protocol for child fatality investigations and other serious injuries.

There are several initiatives around the coordination of a multidisciplinary response to child abuse. DCJS is in the process of developing a three-year strategic plan for the investigation and prosecution of child abuse cases. The need to develop a model joint investigation protocol is clearly one of the main priority areas.

In addition, the Crime Commission has completed its study on child abuse. The Commission members heard a great deal of testimony about the need for a coordinated response to child abuse, particularly child sexual abuse. Legislation is being proposed mandating the establishment of a multidisciplinary response to child sexual abuse. Teams may also review cases involving other types of child abuse and neglect. It is being proposed that these teams be coordinated by the local attorney for the Commonwealth. Teams will be charged with developing protocols and policies consistent with nationally established guidelines.

2. Develop and implement an advanced training opportunity for experienced CPS workers and supervisors on injury identification in serious child maltreatment.

VDSS plans to offer a Subject Matter Expert (SME) Workshop on Injury Identification for experienced CPS workers and supervisors in each of the five regions in the spring of 2014. The first SME Workshop, which will be held in the Eastern Region, will be videotaped. It will involve two physicians and a forensic detective who will present key information along with a lead trainer. The lead trainer will then present the same workshop in the other four regions using the videotaped segment. In addition, on-line eLearning training on Injury Identification will be developed for use by local child welfare staff.

3. Enhance all child welfare policy and guidance by providing evidence based screening and assessment tools for domestic violence.

VDSS Office of Family Violence is working with the Division of Family Services to develop a domestic violence section for the Child Welfare manual. The domestic violence section will include guidance on when and how to perform DV screenings and assessments when families are involved in the child welfare system. It will include guidelines for interviewing children, perpetrators and the non-offending parent, safety planning, visitation and reunification. A draft is expected by February 2014.

4. Explore the feasibility for electronic reporting of suspected child abuse and neglect by mandated reporters.

VDSS is very interested in implementing electronic reporting for mandated reporters; however, it will not be an easy procedure to implement. To date, our research has identified two states who have implemented this procedure – Kentucky and Florida, both State administered systems and both impose certain constraints. In Kentucky, the service is available for mandated reporters to report non-emergency situations that do not require an immediate response. The website is monitored from 8 a.m. to 4:30 p.m. during the work week, but not on weekends. In Florida, the website cautions reporters that the website should not be used for situations requiring an immediate response. The CPS Hotline Supervisor has a number of questions/issues to be discussed with the Department's IT section prior to moving forward. The CPS Hotline will be piloting a new telephone system in the first quarter of 2014 so these issues will be discussed, as appropriate.

5. Propose legislation permitting CPS workers read-only access to the Virginia Prescription Monitoring Program when responding to CPS reports.

No additional work has been done in this area.

6. Incorporate safe sleep information into existing policy for the assessment of the home environment of families with children less than one year of age.

VDSS is in the process of developing guidance for local CPS workers on observing home environments when conducting home visits. The information will include observation of the child's sleeping environment and an opportunity to discuss and disseminate information regarding safe sleep. This information will be included in the initial assessment of any home that CPS responds to as well as homes that are being visited in the provision of services. The changes will be included in the January 2014 policy transmittal.

7. Enhance existing CPS policy by providing on-going services to families who have been identified as high or very high risk for future maltreatment.

The policy revisions for on-going CPS services for at risk families are well underway. This project includes not only enhancing the policy/guidance for in-home cases but also the documentation requirements and system improvements to the automated data system, OASIS. One of the main features of this policy enhancement is incorporating structured decision making tools that compliment those used in the family assessment or investigation. The use of structured decision making tools will provide for improved

consistency across the state in terms of assessing families' strengths and needs and the re-assessment of risk. Additionally, the policy guidance and OASIS enhancements will improve the development and structure of a case plan that will address the identified needs, safety concerns and risk factors. A training plan is also being developed with an implementation date of December 2014.

8. Collaborate with the OCME to establish a workgroup to investigate and resolve barriers to full body scans when requested by CPS or law enforcement during an investigation or when ordered by a physician who has a reasonable suspicion of abuse or neglect.

Staff has posted a question on the Child Death listserv to see how other states have handled this issue and responses are being reviewed. A workgroup composed of the OCME, CPS, law enforcement, emergency room physicians, the Criminal Compensation Injury Fund, Hospital & Health Care Association and other health care providers, will be convened in the Spring 2014 to better understand the barriers and implement solutions.