

**New Jersey State Unified Response
To The Child Fatality and
Near Fatality Review Board**

**& New Jersey Child Welfare
Citizen Review Panel**

recommendations issued 2007



MARCH, 2008

Introduction

On behalf of the State of New Jersey, the Department of Children and Families (DCF) is pleased to provide the official State response to the Child Fatality and Near Fatality Review Board (CFNFRB) and the New Jersey Child Welfare Citizen Review Panel (NJCWCRP) 2007 annual reports reflecting the dedicated work of the CFNFRB, its teams and the NJCWCRP during fiscal year 2006.

The State of New Jersey gratefully acknowledges the CFNFRB and NJCWCRP members for their time, effort and expertise in evaluating the State and local systems serving New Jersey children. This response provides information regarding actions the State of New Jersey has taken to prevent future tragedies and to improve the overall well being of New Jersey's children. There is no work more important than the work of learning to better serve New Jersey's most vulnerable children and it is our goal to assure that New Jersey's children have a reasonable opportunity to grow up in families that are safe, healthy and strong.

The Department of Children and Families continues to serve as the lead agency in responding to the recommendations of the Citizen Review Panels. As such, DCF collaborated with other state departments to formulate this report. The DCF thanks Attorney General Ann Milgram, Commissioner Lucille Davy, Department of Education, and Commissioner Fred Jacobs, Department of Health and Senior Services and their respective staffs for their contributions in this endeavor. Staff from DCF Division of Prevention and Community Partnerships, Division of Youth and Family Services, Division of Communications and Legislation and Division of Central Operations' Office of Education also contributed their knowledge to provide a comprehensive response.

Responses to the Child Fatality and Near Fatality Board Recommendations

Home Safety

The CFNFRB recommended that DCF develop Public Service Announcements (PSAs) promoting home safety and reinforcing the necessity for heightened supervision of children. Home safety topics should include recreational dangers such as drowning and the dangers of leaving children alone in parked vehicles or with access to parked vehicles, fire safety, access to medications and weapons and safe sleep practices to help prevent deaths due to overlay and reduce the risk of Sudden Infant Death Syndrome.

The Department of Children and Families determined that PSAs are often aired at times when the target audience is not tuning in to the programming, i.e. late night hours, which greatly reduces their effectiveness. DCF would lack control over when the PSAs were aired unless fair market rate was paid for the air time. In order to reach a larger section of the target audience and make better use of the allotted funds, DCF has focused its cost effective efforts on printed media with direct distribution to families and community based organizations.

In addition to sharing publications with through the Division of Prevention and Community Partnerships for distribution to their programs and contract providers, DCF maintains a constituency list that includes a myriad of community provider agencies, including but not limited to child advocates, faith-based organizations, family support organizations, health care providers, community educators and support groups. This constituency is alerted via email of the availability of these materials and encouraged to request free shipments/copies for distribution to their service recipients. Anyone interested in DCF produced information may join an email list through a link on DCF's web site (www.nj.gov/dcf) which has been revised so that it now includes photos/links/info about key child safety issues on the home page.

To communicate and promote awareness regarding the hazards of sharing sleeping space with infants and children, DCF also produces several types of print vehicles. In 2006 N.J.S.A 26:H-12.6 was amended to empower DCF, in consultation with the Department of Health and Senior Services, to prepare and distribute a guide booklet entitled *Now What Do I Do?*, to all New Jersey Hospitals for dissemination by the hospital or birthing facility staff to each parent upon discharge following a birth. The booklet includes child developmental stages through age 5, indicators of post partum depression, information regarding crying and colic, as well as information regarding Shaken Baby Syndrome, Sudden Infant Death Syndrome, preventing child injuries and supervision in and around water. DCF updated this guide in August 2007, and distributed it to all New Jersey facilities providing maternity services. Each facility received a one year supply of booklets (in English and Spanish) along with a letter reminding them of their obligation to distribute this booklet as part of their patient discharge procedures.

Additional DCF publications include *When A Baby Cries*, an informative brochure providing suggestions for coping with a crying baby, the dangers of shaking a baby and

symptoms of Shaken Baby Syndrome; *Summer Safety Tips for Kids and Families* brochure that includes information regarding water safety and the dangers of leaving children unattended in and around cars; and *Survival Guide for Parents*, a booklet explaining what child behaviors to expect from infancy through adolescence, suggestions for coping with stress and selecting a child care provider. These brochures are widely distributed to families, schools, community groups and organizations by DCF staff and community agencies and are available by request through our DCF website.

The Department of Children and Families has also taken action to educate the community regarding safe sleep practices, water safety and car safety.

DCF is currently working with the New Jersey Hospital Association, the Educating Physicians in their Communities on Suspected Child Abuse and Neglect (EPIC-SCAN), a project under the New Jersey Chapter of the American Academy of Pediatrics' Council on Research and Education (NJ PCORE), and the Office of the Child Advocate to produce a 10-15 minute DVD addressing key child safety issues such as safe sleep, shaken baby syndrome, water and car safety. The planning group agreed that hospitals will have the primary responsibility for disseminating this DVD through parenting classes, hospital closed-circuit television, out-patient clinics, doctor's offices, etc. The next steps include developing content and collaborating with the television network, New Jersey Network, to produce the video.

In October 2007, *Al Dia*, a Philadelphia/South Jersey Spanish newspaper, inserted a copy of the Spanish version of DCF's brochure *When a Baby Cries* (Shaken Baby Syndrome) in 10,000 of their Sunday papers distributed in Burlington, Camden, Cumberland and Salem Counties.

DCF is currently revising materials warning the public about the dangers of leaving a child in a car, and arranging for distribution of posters to Motor Vehicle Commission locations throughout the state. DCF is also exploring the possibility of displaying similar posters at larger retail stores, i.e. Wal-Mart, Target, and Toys R Us.

On Monday, November 19, 2007, a DCF communications representative and Dr. Ena Cade of Youth Consultation Services were interviewed about DCF's prevention awareness campaigns, Shaken Baby Syndrome, Safe Sleep, and Safe Haven during the *Despierta Valle Delaware* television program airing on Univision, the leading Spanish language television station. *Despierta Valle Delaware* is a public affairs program that airs topics of interest to the Latino community.

Child Fatality Investigations

Medical Examiner and Prosecutorial System

Uniformity in Investigatory Policies and Procedures

The CFNFRB recommended that the New Jersey legislature amend N.J.S.A 52:17B-78 et seq. to empower the State Medical Examiner to create and enforce uniform forensic investigatory policies and procedures throughout the state. The Board continues to observe inconsistent practices in county-based medical examiner offices. In deference to the newly appointed State Medical Examiner (SME), the Board did not press last year's recommendation pending review by the SME. A previously sponsored bill integrating the concerns of the CFNFRB and Homeland Security in 2006 was not released from committee. The Board respectfully requested a review to determine the reasons for its failure to be released from committee as, in the Board's judgment, there is no substantive reason for the delay. In the absence of legislative change, autopsy and investigative practices in infant and child death remain problematic.

The Attorney General and the SME share the Board's concerns related to the limited authority of the SME to create and enforce uniform forensic investigatory policies and procedures. As the Board recognizes, in prior legislative sessions the Attorney General has advocated for legislation that would have addressed this issue and appreciated the Board's past supportive efforts. The predecessor bill, which was not released from committee, would have addressed this issue by mandating full State regionalization of the medical examiner system. That bill attracted the opposition from counties that wish to continue to deliver medical examiner services at the county level.

The Attorney General's Office believes that through appropriately crafted legislation the substantive goal of establishing and applying uniform standards, practices and procedures to forensic investigations is achievable, while still allowing the counties that so desire to maintain their own county medical examiner offices. The Attorney General's Office is in the process of developing a legislative proposal along these lines and requests that when the proposal is ready, the Board considers the merits of this alternative legislative approach. The Attorney General's Office is hopeful that this approach will not meet with the same resistance as the predecessor legislation.

Child Death Scene Investigation Protocol

The CFNFRB will monitor progress toward achieving the finalization and implementation of the Death Scene Investigation Protocol that will assist Medical Examiners in establishing the cause and manner of death of infants and children up to three years of age, who die suddenly and unexpectedly; standardize the postmortem examination in all counties; assist in the comparison of Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Death in Childhood (SUDC) cases and support the efforts of related research.

The New Jersey State Medical Examiner worked with the Sudden Child Death Autopsy Protocol Committee (SDAPC) scene investigation subcommittee (one of three subcommittees formed under the Child Death Autopsy Protocol Committee to assist in the development of the standardized protocols of infant/child unexpected death autopsies)

to compare the Center for Disease Control (CDC) Sudden Unexplained Infant Death (SUID) death scene protocol with the existing New Jersey Form B death scene protocol. The State Medical Examiner and the SIDS Center of New Jersey, with input from various medical and law enforcement experts, developed a New Jersey supplement to the CDC protocol. The State Medical Examiner forwarded the protocol to the County Medical Examiners for their input before adoption which is expected in early 2008.

The State Medical Examiner also worked with the Department of Health and Senior Services to mandate incorporation of the "Form A" child death investigation first responder protocol into Emergency Medical Services regulations. The draft of the EMS regulations is undergoing review in the Department of Health and Senior Services; it is anticipated the proposed rule will be published in 2008.

The Board recommended that the Police Training Commission (PTC) revise its' training curriculum to include mandatory annual child abuse training to first responder police officers and all county prosecutors' investigators. The Police Training Commission (PTC) does not presently require annual child abuse training. The PTC does not offer recurrent training and is limited by state statute and administrative code to providing instructions as part of the basic training for police officers and investigators. Additional mandatory annual training and education in child abuse can be offered as in-service through county police academies. The Attorney General's Office is reviewing whether an attorney general directive or an alternative method would be the best way of accomplishing this and will make a final determination in early 2008.

The CFNFRB recommended that the Attorney General convene an ad hoc committee with representatives from the Attorney General's Office, DCF and the CFNFRB to review the CFNFRB's role, responsibilities and recommendations to develop a plan for systemic change. The Office of the Attorney General supports the establishment of an ad hoc committee to review CFNFRB's role and responsibilities with the goal of developing a plan for systemic change as recommended.

The Board found that the MDT coordination of law enforcement, prosecution, child protective services and Regional Diagnostic and Treatment Centers (RDTCs, including medical and mental health services) is underutilized in child homicide investigations. The CFNFRB recommended that the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) coordinate and offer annual training on child abuse and neglect to all county prosecutor staff involved in child homicide investigations through its Multi-Disciplinary Team (MDT) initiative.

The NJTFCAN currently provides MDT training throughout the state via the NJ MDT Coordinator's Association. The MDT Coordinator's Association is able to provide child abuse/neglect training on this year's multidisciplinary training schedule. The NJTFCAN is committed to ensure that all county prosecutors' staff involved in child homicide investigations are invited and encouraged to attend trainings presented by the MDT Coordinator's Association. The NJTFCAN is currently exploring alternative approaches to this training and it will be discussing them in the January 2008 meeting.

Child Protection System

Structured Decision Making Tools/Assessment of Risk

The Board recommended that DCF incorporate relevant CFNFRB findings regarding risk assessments when evaluating Structured Decision Making (SDM) tools. The utilization of such findings may assist in any revisions that will enhance case managers' and supervisors' ability to assess risk of future harm to children.

In June 2007, at the request of the Division of Youth and Family Services (DYFS), the Children's Research Center (CRC) completed a Validation Study of the Risk Assessment tool. The objective of this validation study was to assess how well the current assessment classifies risk and, if necessary, to propose revisions to improve its classification abilities. The findings of this study led CRC to recommend that DYFS continue using the current risk assessment tool. CRC also recommended periodic validation studies to ensure that the risk assessment is effectively classifying families. DYFS will incorporate the feedback of the Board as appropriate in future validation studies of the SDM tool.

Sharing of Board's Observations and Findings/Sentinel Events

The Board recommended DCF and CFNFRB develop a mechanism to share CFNFRB's case handling observations/findings with all DYFS frontline and supervisory personnel on a monthly basis. This information sharing shall include the analysis of sentinel events and their appropriate investigative and case management standards. The intent of information sharing is to provide feedback so that DYFS personnel may learn from exemplary practices that mitigate risk.

Currently, DYFS conveys the CFNFRB's observations/findings on individual cases to the applicable local office staff. DYFS is willing to explore with the Board developing a mechanism to share the Board's observations and findings to all DYFS staff depending on the issue, area of the state, and other relevant /appropriate factors.

Domestic Violence Protocol

The Board recommended that DCF implement a comprehensive domestic violence protocol to assist DYFS case managers in recognizing domestic violence in families served by DYFS.

DCF is committed to the process of Structured Decision Making which recognizes domestic violence as a safety factor that is to be assessed in every child protective services (CPS) case. In cases where abuse and/or neglect are not the primary issue, domestic violence will be assessed when indicated. DCF currently funds at least one domestic violence program in each county that provides core services including 24 hour hotline and shelter services, specialized counseling, legal, financial and housing advocacy, children's services, community education and community networking.

DCF has developed a domestic violence policy and protocol, a collaborative effort between the Divisions of Youth and Family Services and Prevention and Community Partnerships with input from the family court system and the Coalition of Battered Women. The protocol will be shared with the Administration Office of the Courts (AOC) to ensure consistency with the judicial system's legal procedures. DYFS

anticipates that the protocol will be implemented during in the first quarter of 2008 with a gradual rollout to each of the 47 local offices.

The protocol includes the Domestic Violence Liaison initiative, a partnership at the state level between DCF and the NJ Coalition for Women, and at the local level, between the DYFS local offices and the county level domestic violence programs. The DV Liaison initiative includes the hiring of domestic violence liaisons that are certified by the New Jersey Association of Domestic Violence Professionals (they will be hired by the lead domestic violence agency in each county). The Domestic Violence liaison's responsibilities include, but are not limited to, assisting DYFS caseworkers with domestic violence assessments and DYFS case plans, educating and mentoring DYFS local office staff, assisting with facilitation of team meetings when domestic violence is present and assisting with domestic violence safety planning, direct advocacy and referral information.

The protocol includes indicators such as coercive control, child injury and child endangerment (specifying that although a child may not be the actual target of violence, a risk of physical harm exists), and withholding of care (including medical and financial); worker safety procedures, interviewing procedures, intervention strategies and decision making guidelines. DYFS case planning for families experiencing domestic violence requires focusing on the safety of the non-offending parent/caregiver and responsibility of the batterer to stop the abusive behavior to keep the children safe. Policy requires that separate case work interventions be developed for the non-offending parent/caregiver and the batterer. DCF is the primary funding source and oversight agency responsible for protective and supportive services for non-offending parents/caregivers and their children. Core services for the non-offending parent/caregiver may include:

- 24 hour emergency response and shelter access
- legal, financial and housing advocacy
- counseling for victims and children
- community networking
- community education and awareness

Reducing Risk of SIDS

The CFNFRB recommended that the Department of Health and Senior Services consider including the NJ Task Force on Child Abuse and Neglect, Department of Children and Families (Division of Prevention and Community Partnerships) and the New Jersey Hospitals Association in their Strategic Plan to Eliminate Health Disparities (issued in 2007) that includes the Black Infant Mortality Reduction (BIMR) Initiative (involving the Maternal and Child Health Consortia and Healthy Mothers/Healthy Babies and Healthy Start programs). In addition, the CFNFRB recommended that the same parties collaborate on the development of a community education campaign regarding the association between safe sleep practices and the reduction in Sudden Infant Death Syndrome, targeting the African American community.

The Department of Health and Senior Services agrees with the Board's recommendation and will include DCF and NJTFCAN in the development and implementation of the Strategic Plan to Eliminate Health Disparities. Both the Department of Children and

Families and the New Jersey Task Force on Abuse and Neglect concur that the coordination of efforts between the three entities will further focus services to families and promote the reduction of infant mortality.

The New Jersey Task Force on Abuse and Neglect and its subcommittees are comprised of professionals with diverse backgrounds. For this reason the NJTFCAN is in a strong position to provide significant assistance with this project. The NJTFCAN will solicit interested parties from its membership, as well as subcommittee members, to participate in the BIMR Initiative when contacted by the DHSS.

The Departments of Health and Senior Service and Children and Families are deeply committed to educating the public about the association between safe sleep practices and the reduction in Sudden Infant Death Syndrome, and increasing awareness among the African American community. Through the Division of Prevention and Community Partnerships, the Department of Children and Families' recently implemented the Home Visitation Initiative (an integrated system of health, social services and community supports), infant health and safety education is addressed in the home setting. Trained home visitor include specific messages about SIDS prevention as follows:

- Encourage smokers (pregnant women and other household members) to quit tobacco use in preparation for the newborn.
- Teach parents to ask household members and visitors to step outside when they want to smoke a cigarette.
- Provide ***Back to Sleep*** education materials to parent(s) and other caregivers with the clear message of placing the infant on the back only, no side or stomach sleep positions.
- Parents are instructed to include tummy time during interactive time with the infant to address concerns over the issue of flattening of the head.
- Provide separate safe sleep space (can be in the parent's room) for the infant and use of cribs with a firm mattress (or helping families to obtain a crib or bassinet). Discourage co-sleeping with the infant, and teach parents the difference between bonding/nurturing times with co-sleeping.
- Breastfeeding mothers are advised to feed in bed or other comfortable location, but to put the baby in the crib when the feeding/bonding time is completed.
- Promote a safe sleep environment – no stuffed animals/toys or loose bedding, and avoid over-heating/bundling of the baby.

In collaboration with the Department of Health and Senior Services' local health departments, healthy family sites, Nurse-Family Partnerships, and Healthy Families Program, and with input from the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) the Home Visitation Initiative provides young families, and families who are at high risk for abuse or neglect, with primary prevention and early intervention services with a focus from pregnancy up to age five. Among the objectives of the program are to promote healthy pregnancies and improve birth outcomes, eliminate racial and ethnic disparities in perinatal and child health measures, and improve the safety and security of infants, children and families.

In another effort to reduce risk of overlay deaths and possibly SIDS, the Department of Children and Families is partnering with the New Jersey branch of the organization originally formed in California known as Keeping Babies Safe (KBS). The Board of Directors of KBS has professional experience in child product safety and is a completely volunteer organization of committed and dedicated people. For the first year, KBS will maintain a professional web site, develop and distribute educational materials, and monitor the juvenile product industry for compliance with safety regulations.

Through the Division of Prevention & Community Partnerships (DPCP), DCF will partner with two programs; the Parent Linking Program and Home Visitation, to identify families in need of safe cribs, disseminate 300 generously donated cribs, and train family members in the proper assembly of cribs and safe sleep practices. DPCP will initially focus on the Parent Linking Program and Home Visitation programs. Cribs will be donated to families engaged in the Parent Linking programs in the following counties: Camden (located at Woodrow Wilson and Camden High Schools), Cumberland (Vineland High School), Essex (Barringer High School), Hudson (Union Hill and Emerson High Schools), and Passaic (Kennedy, East Side and Passaic High Schools). Families in need of cribs in the Home Visitation programs located in the counties of Camden (Southern Perinatal Consortium), Cumberland (Robin's Nest), Essex (Youth Consultation Service), Hudson (Hudson Perinatal and Cooperative), Passaic (Northern NJ MCH Consortium) will also be offered the donated cribs.

Response to the New Jersey Child Welfare Citizen Review Panel

The NJCWCRP recommended the Department of Children and Families develop, implement, and support a Memorandum of Understanding with the Department of Education within 12-18 months to address the need for improved communication and collaboration between the two departments.

The Departments of Education and Children and Families fully support the recommendation of the Panel as an outgrowth of a roundtable discussion on April 30, 2007, which focused on the interface between education and the child welfare systems. Both departments have demonstrated commitment establishing of a Memorandum of Understanding that will standardize child abuse and neglect training and reporting for school staff; establish efficient feedback loops between local school districts and local DYFS offices; emphasize the use of existing assets to increase communication between DOE/DCF; and formalize and personalize relationships between DOE/DCF and between the Departments and local level.

The Department of Education, Commissioner Lucille Davy and Department of Children and Families Commissioner, Kevin Ryan fully endorsed the development of a Memorandum of Understanding and considerable progress has been made since the roundtable discussion.

A workgroup chaired by the Department of Education's Office of Program Support Services director and the Department of Children and Families' Office of Education director and two subcommittees were formed to focus on 1) Identification, Reporting and Investigations of suspected child abuse or neglect; and 2) Out-of-Home Placements (foster and group home) and Special Education issues. With input from staff from the DOE's Office of Special Education Programs, the DCF State Central Registry and Institutional Abuse Investigations Unit, a draft Power-Point Training has been developed for educational staff and is currently under review. The training focuses on strategies to support a smooth educational transition for students in out-of-home placements, such as, how to request a School District of Determination from the Department of Education (via the OOE); and special education regulations, procedures and parental rights. The MOU will detail the implementation and oversight of the training in each school district.

DYFS identified a key staff person from each local office to serve as an educational liaison for each local school district. The Office of Education liaison provided training to identified key DYFS staff and serves as resource person to the DYFS educational liaisons as issues arise and for ongoing information, idea sharing and additional training.

In accordance with educational regulations, each district is required to establish a liaison to act as the primary contact person between the schools in the district and DYFS with regard to general information sharing, the development of mutual training and other cooperative efforts. Further action is necessary to identify each school district's liaison to DYFS.

In conjunction with the above activities, the Ocean County Inter-Agency Coordinating Council (CIACC) Education Subcommittee entitled Behavioral Health, Child Protective Services, and Education Partnership has established a collaborative model to enhance the coordination of services to children. Thirty (30) school districts, the County Office of the Department of Education, DYFS, Department of Child Behavioral Health Services (DCBHS) and the Office of Education have been actively involved in this partnership. Liaisons have been established at the local level, relationships have been developed and extensive cross training has been conducted. The model involves monthly meetings of the liaisons to share information, discuss issues and address topics such as, the Juvenile Justice System and substance abuse services. Additional training for liaisons will be provided as their needs are identified. This model, which has been clearly delineated, can serve as a valuable resource in the work of the committees and development of the MOU.

The collaboration of the Workgroup members, representing key community agencies as well as the DOE and DCF, is essential to the work at hand. We are confident that the activities of the Workgroup and its committees will result in achievement of the recommendations of the Panel and ultimately lead to better educational and emotional outcomes for children in out-of-home placement.