

Child Protection Accountability Commission
Training Committee
MDT Case Review Workgroup
Wednesday, February 7, 2018
Minutes

ATTENDEES:

Det. Bradley Cordrey	Georgetown Police Department
Dr. Stephanie Deutsch	Nemours Alfred I. duPont Hospital for Children
Jennifer Donahue, Esq., Co-Chair	Office of the Investigation Coordinator
Diana Fraker	Division of Family Services
Cpl. Jason Kane	Camden Police Department
Diane Klecan	Children's Advocacy Center
James Kriner, Esq., Co-Chair	Department of Justice
Sgt. James Leonard	New Castle County Police Department
Detective Joe Miller	Wilmington Police Department
Rosalie Morales	Office of the Child Advocate
Stacy Northam-Smith	Division of Family Services
Detective Rob Truitt	Delaware State Police
Randall Williams	Children's Advocacy Center
Victoria Witherell, Esq.	Department of Justice

I. Welcome & Introductions

James Kriner, Esq. and Jennifer Donahue, Esq. co-chaired the meeting and facilitated introductions.

II. Minutes

The minutes from the November 1, 2017 meeting were approved.

III. Review of Data (Open Cases)

a. Investigation Coordinator (IC) Cases

Ms. Donahue provided an overview of the 971 cases open with the IC. The current open cases are as follows: 889 sexual abuse (472 intra-familial and 417 extra-familial), 58 serious physical injury (54 intra-familial and 4 extra-familial), and 24 death (all intra-familial). For sexual abuse cases, Ms. Donahue also provided the breakdown by law enforcement jurisdiction and the sexual abuse classification (i.e. penetration, non-penetration, child on child).

b. Children's Advocacy Center (CAC)

As requested at the prior meeting, Diane Klecan shared the number of pending cases on the MDT Case Review schedule where there was no disclosure, no CAC

forensic interview, or the case was scheduled as a witness interview. Of the 600 cases, 318 met this criteria, and 220 were in New Castle County, 47 in Kent County and 51 in Sussex County.

IV. Case Review Protocol

a. No Disclosure

First, the group discussed the cases in which a child does not disclose during the CAC forensic interview. It was suggested that cases with physical findings and no disclosure remain on the MDT Case Review schedule. Dr. Deutsch mentioned a practice by Chester County, PA. She stated that children are routinely referred for a medical exam when there is no disclosure during the interview, and Nemours staff are screening these children as if they did disclose. The workgroup also talked about children opening up when the case remains open with DFS or when the child has been referred to a therapist.

b. Administrative Closures

Next, the workgroup considered the ability to administratively close a case before it is placed on the MDT Case Review schedule. While all cases will be automatically placed on the MDT Case Review schedule, Mr. Kriner stated the MDT should have the ability to close a case post-forensic interview or prior to the review by notifying the CAC, DOJ and either the law enforcement agency or DFS must agree with the administrative closure. A witness interview was mentioned as an example of a case that may be administratively closed. In addition, a case would not need to remain open because DFS has not closed its case, which is the current practice. At the same time, every member of the MDT has the ability to determine if a case needs to be on the MDT Case Review schedule.

c. Presumptively Excluded Cases

Presumptive exclusions were also recommended by the group. In addition to administrative closures, the workgroup concluded that certain cases will be presumptively excluded from the case review process, and adult victims were identified as an example.

d. Special Case Review

Additionally, the workgroup talked about the Special Case Review process, and how it has been used to resolve many of the older cases on the MDT Case Review schedule. The Special Case Review would continue to be utilized for this reason along with helping to facilitate MDT communication during an ongoing investigation. Cases on the Special Case Review schedule would be held prior to the Standard Case Review, but fewer cases (4 to 6) would be scheduled for review. Since the Special Case Review is a more comprehensive discussion, MDT

members with knowledge of the case must be present at the designated time. A case may be scheduled for a Special Case Review at the request of any member of the MDT.

e. Non-Compliance by MDT Member

The workgroup also considered how to address non-compliance with the case review process. After some general discussion, the Office of the Investigation Coordinator agreed to be responsible for attempting to resolve issues of non-compliance by first contacting the MDT member and his or her assigned supervisor. Then, the chain of command will be utilized.

f. Medical Perspective

Lastly, the workgroup discussed inclusion of the medical perspective in the MDT Case Review. Historically, medical professionals have not participated. However, the National Children's Alliance, the entity responsible for accrediting the CAC, identifies medical professionals as one of the partner agencies that should participate in the case review process. Mental health professionals and victim advocates are also listed. The medical professional's role is to review medical evaluations, including the medical findings to make sure there is no misinterpretation by MDT members, and make recommendations for medical evaluations as needed. Although Dr. Deutsch explained, it would be appropriate to recommend medical evaluations for any of the children referred to the CAC. The workgroup discussed the challenges in having our two child abuse medical experts participate in monthly reviews in each county. In addition to the time commitment, the volume of cases will impact their ability to review every case as well as the medical records in advance.

V. Next Steps

- Present IC Cases Open Greater Than 180 Days
- Draft the MDT Case Review Protocol

VI. Next Meeting Dates

The next meeting is scheduled for April 10, 2018 from 10-12 noon.

VII. Public Comment

There were no members of the public present at the meeting.

VIII. Adjournment

The meeting was adjourned at 12:00 PM.