

STATE OF WYOMING

**CHILD MAJOR
INJURY/FATALITY REVIEW
TEAM**

FIFTH ANNUAL REPORT



DECEMBER 2002

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ACRONYMS

CAC	Child Advocacy Center
CASA	Court Appointed Special Advocate
CBT	Computer Based Training
CMI/F	Child Major Injury/Fatality
CPS	Child Protective Services
CPT	Child Protection Team
DFS	Department of Family Services
DUI	Driving Under the Influence
DV	Domestic Violence
LCCC	Laramie County Community College
MDT	Multidisciplinary Team
PHN	Public Health Nurse
PSA	Public Service Announcement
PSD	Protective Services Division
QC	Quality Control
SBS	Shaken Baby Syndrome
TANF	Temporary Assistance for Needy Families
WDH	Wyoming Department of Health
WIC	Women, Infants, and Children



TEAM HISTORY

The Department of Family Services is the child welfare agency serving the state of Wyoming and meets the eligibility requirements for the Child Abuse Prevention and Treatment Act (CAPTA) State Plan. The team was established by the Department of Family Services in December 1997, under the authority provided in the Child Protective Services Act, W.S.14-3-201 through 14-3-215. The child fatality cases are submitted for review to the team by the local child fatality review team as per procedure outlined in Rules and Regulations Governing Child Protective Services, Final Rules of December 1992. Definitions of abuse and neglect are found in these rules and substantiation is based upon a credible evidence standard. In August 1998, the team released the first annual report, which contained a review and evaluation of the state investigative, administrative and criminal handling of child fatalities due to child maltreatment. The annual report also included recommendations for policy and training changes needed to address statewide issues identified in this review. In March 1999, the team was expanded to include review of major injuries and policy was changed.



MISSION STATEMENT

We seek to improve Wyoming communities' responses to major injuries and fatalities in cases of child maltreatment.

We will actively advocate for child victims of maltreatment and provide recommendations for change through prevention, intervention, training, education, legislation and public policy.

CHILD MAJOR INJURY/FATALITY REVIEW TEAM MEMBERS

Law Enforcement Community:	Steve Gilmore , Chief of Police, Wheatland, WY; 27 years in law enforcement, including criminal investigation of child abuse, child sexual assault and child protection issues. Currently serves on the Platte County Child Protection Team and is the Secretary/Treasurer for the Wyoming Association of Sheriffs and Chiefs, appointed to the Governor’s Domestic Violence Elimination Council.
Criminal and Civil Court Judge:	The Honorable Edward Grant , 1st Judicial District Court ¹ 17 years private general law practice, 15 years as district court judge, general jurisdiction and juvenile court.
Prosecuting Attorney:	Jon Forwood , 8 years as District Attorney, 1st Judicial District. Currently serving as a member of the Court Improvement Committee. Twenty-one years experience as a prosecutor with many child death, abuse and molestation cases including prosecution of at least 6 shaken baby deaths; leading role in the utilization of the local Child Advocacy Ctr.
Defense Attorney:	Will Bierman , Deputy State Public Defender since June 2001; prior 11 years legal experience: 1996-2001 Sr. Assistant Public Defender in Casper and 1991-1995 a Capt. in the U.S. Army Judge Advocate Generals Corps as a prosecutor, defense attorney and military magistrate.
Attorney:	Dan Wilde , Senior Assistant Attorney General, representing the Department of Family Services for 6 years, prior represent- ative of children in civil rights actions for 8 years. Currently serving as a member of the Court Improvement Committee.
Child Advocates/CASA Representative:	Pam Emerson , Sheridan County CASA Program Director for the last 7 years; 1995-present, member of the Sheridan County Child Protection Team.
Health Professionals:	<p>Valerie Bell M.D. FAAP, 16 yrs. general pediatric practice with special interest in child abuse prevention and treatment, trains family practice residents and DFS personnel in medical aspects of child maltreatment. CMI/F Review Team Chair-person; board member of Prevent Child Abuse Wyoming.</p> <p>Gary Melinkovich, M.D., WDH Staff Physician with duties that include advising the Maternal Child Health programs and Public Health Nursing programs. Previously practiced medicine in Wyoming for 17 years as a general pediatrician.</p>

¹ Wyoming is a state of general jurisdiction. The district court judge hears criminal, civil and juvenile court actions.

Health Professionals, continued	Phyllis Sherard , Holds graduate and post-graduate degrees in health administration. She has served for the past 12 years as an employee of the Wyoming Department of Health where responsibilities include managing the Offices of Women’s Health and Minority Health, as well as oversight of statewide efforts to block grant funds for community-based health care service development for the homeless and the federal Title V Maternal and Child Health Grant.
Child Protective Services Agencies:	Kathy Deiss , DFS District 6 Manager, 16 years with the Department of Family Services (DFS) and 5 years with Probation & Parole, all involving child protection services.
Other Members:	<p>Nancy Dawson, Presently, a member of the board of directors of Safehouse/Sexual Assault Services, and a member of the DFS Citizen Review Panel; 12 years work experience in the field of domestic violence and sexual assault at both the local and state level.</p> <p>James Smith, Ph.D., MSW, MPA, Assistant Professor, University of Wyoming, Division of Social Work, 1999 – present; Lieutenant Colonel, U.S. Army Reserves, 1835th Medical Detachment (Combat Stress Component), 1993-present. Served on active duty with the U.S. Army as a Social Work Officer from 1978-1993. 2001 - present, Licensed Clinical Social Worker and therapist with the Psychology Clinic, Laramie, WY. Research interest is the influence of emotional intelligence on behavior. Extensive related experience in family advocacy and social work.</p> <p>Lee Ann Stephenson, Domestic Violence/Sexual Assault Program Manager for 3 years, Division of Victim Services of the Attorney General’s Office; member of Prevent Child Abuse Wyoming committee, member of Help Me Grow/Safe Kids Injury Prevention Committee.</p>

INTRODUCTION

Each year the Child Major Injury/Fatality Review Team publishes a report addressing the cases reviewed. The team's analysis of areas of need to improve child abuse and neglect response was conducted for the first time in 1997, and the team published recommendations for change in August 1998. In March 1999, new members were added to the team representing the district courts, the CASA program and law enforcement. The team also has included policy to review major injury cases, per the recommendation from 1997. Action completed on the recommended changes from the 2001 report begins on the next page.



ACCOMPLISHMENTS

Public Awareness:

Recommendation: A statewide campaign for the prevention of Shaken Baby Syndrome is recommended. It is also recommended the campaign target males, as review has shown males to be the perpetrators of SBS in the majority of Wyoming cases.

- A bill was introduced in the 2002 Legislative Session to consider shaking a baby to death, a first-degree murder. This bill would have given judges the option to punish the crime more severely.
- Prevent Child Abuse of Wyoming distributed pamphlets on shaken baby statewide. Pamphlets are directed at parents and offer tips on what to do instead and the damage that can be caused by shaking. Typically, agencies asked for quantities of the brochures which they then used with their clients as compared to individuals asking. These were also distributed at health fairs, etc.

Recommendation: Awareness of home visitation programs currently available in Wyoming should be promoted.

- Promotion of home visiting services at the community level is carried out, with Maternal and Child Health capacity funding, by Public Health Nurses. Best Beginnings provides support and referral to pregnant women, as well as building community systems of perinatal care access. Best Beginnings also provides informational packets for pregnant women concerning healthy lifestyle promotion, risks of substance use in pregnancy, risks/signs/symptoms of pre-term labor, reducing the risk of Sudden Infant Death Syndrome and Shaken Baby Syndrome.
- Family Planning clinics have begun targeting male involvement in the family planning process and in the promotion of SIDS and SBS messages.

- Prevent Child Abuse of Wyoming provided training for Cheyenne Head Start employees in recognition of the signs of child abuse. Prevent Child Abuse of Wyoming also sponsored its annual Candle Light Vigil to honor the children who have died as a result of child abuse.

Recommendation: All professionals who have regular contact with families and children, including teachers and child care workers, health and mental health care providers, law enforcement officers, public assistance workers and court personnel, should receive initial and ongoing training related to domestic violence and its impact on children.

- The Rural Domestic Violence and Child Victimization Enforcement Committee sponsored a video conference in November at 15 sites across Wyoming. The topics focused on domestic violence and child protection collaboration. Approximately 200 people attended the video conference, representing DFS, domestic violence programs, public health nursing, mental health, school social workers and law enforcement.
- The Division of Victim Services held its 4th Annual Victim Services Conference and had presentations addressing coordinating response to child maltreatment and sex crimes against children in rural jurisdictions.
- A conference was held in March titled “Investing in Wyoming’s Precious Resource: Its Children.” The goal of this conference was to enhance coordinated action by human service organizations to create communities that are nurturing and safe for children. Prior to the conference, there was a public presentation, “Right from Birth: Building Your Child’s Foundation.”

Public Policy:

Recommendation: Efforts should be made to promote coordination of domestic violence agencies and Child Protective Services to protect children living in households where violence occurs.

- The Division of Victim Services, in conjunction with the Department of Family Services and the Wyoming Coalition Against Domestic Violence and Sexual Assault, has received notice of award for the Rural Domestic Violence Against Women. This grant will fund training for 159 child protection staff in Wyoming. The training will build a baseline understanding of how domestic violence affects child abuse and neglect cases and improve their capacity to collaborate. Child advocate representatives from each of the 24 domestic violence community programs will participate in the training.



Law Enforcement:

Recommendation: Collaborative training, which promotes effective cooperation and understanding of the policies and procedures of each community agency involved with child protective cases, should be held on a regular basis.

Training for law enforcement officers in the issues of child abuse and major injury included:

- Coordinated through the Wyoming Law Enforcement Academy and offered as a specialized course.
- Coordinated with the Peace Officer Standards in Training (P.O.S.T.) Commission to flag certified training happening in the state of Wyoming dealing with child abuse issues.
- Partnered with the Wyoming Investigators Association in sponsoring specialized child abuse training for that association.
- Worked with the Wyoming Peace Officer Association to provide training during the annual convention in issues of child abuse in Wyoming.
- Addressed the Wyoming D.A.R.E. Officers Association during its conference on the importance of child safety and detection of child abuse.
- Continued with enforcement efforts and investigative efforts in pursuing Internet Crimes Against Children (ICAC) to improve child safety in Wyoming.

Health Care:

Recommendation: Public health nurses should continue to receive orientation in child abuse statutory compliance and recognition of child abuse/neglect.

- Maternal and Child Health funded Best Beginnings services, provided by the Public Health Nurses, now includes an extensive pregnancy risk assessment that also covers substance use and domestic violence issues.

Recommendation: Home visitation programs are crucial for young parents, particularly those caring for a special needs child. Extended care in high risk cases should continue until the child is school age.

- Expansion of home visiting services has resulted in 2,292 families served prenatally and/or following the birth of the baby, an increase of 25 percent. Home visiting services have also increased for families with pre-term babies. In addition, collaborative efforts are now underway between MCH, both the Mental Health and Substance Abuse Division, and Victim's Services to address the legislative priority population, pregnant women and/or mothers with mental illness. MCH is also partnering with the Substance Abuse Division to develop a social marketing campaign aimed at promoting healthy lifestyles and curbing prenatal substance use.
- MCH continues to be committed to exploring research-based, non-nursing models to serve families, especially for those needing services until the child enters school. Many communities have home visiting programs for high risk families in addition to those offered by Public Health Nursing. Examples include a collaborative relationship between Sweetwater Public Health Nursing and Early Head Start, as well as Washakie County Public Health and NOWCAP Head Start.
- MCH has recently launched a Wyoming Pregnancy Risk Monitoring project that collects data on risk behaviors of pregnant women, including substance use and domestic violence. The report of the first year of the project will be available in the Spring of 2003.

- In 2000, The Wyoming Youth Development Collaborative was formed by the Governor's Human Resources Sub-Cabinet. The initiative seeks to influence policy and promote the implementation of a variety of science-based, community-delivered services, such as Olds modeled home visiting.



Judiciary:

Recommendation: The Multidisciplinary Team statute should be consistently applied throughout the state. The statute also needs to be amended to:

- 1. Be case specific,**
- 2. Clearly outline the lead person, and**
- 3. Define how often they meet in the life of the case.**

Summary of the Court Improvement Project's Major 2002 Accomplishments

The CIP continues to provide training, technical assistance, and resources to the judiciary and legal community in child welfare. The CIP launched its website in 2002 in order to facilitate greater public awareness of the CIP and its activities. The website contains a summary of the CIP's Final Assessment Report, information on the model court project, the Judicial Benchbook on Wyoming Child Welfare Law and training efforts. The web address is <http://www.courts.state.wy.us/CIP/CIPpage.htm>.

Model Court Program

In January 2002, the CIP contracted with the National Center for Juvenile Justice to conduct the initial court assessment to evaluate the current effectiveness of the juvenile courts handling of child abuse and neglect proceedings in Albany and Carbon Counties. The assessment consisted of four on-site visits which included: (1) interviewing key stakeholders in each county including the judges, the county attorneys, the DFS caseworkers, guardians ad litem, parents, attorneys and members of the multidisciplinary teams, (2) reviewing 167 judicial case files, and (3) observing a few neglect hearings. In November 2002, the NCJJ issued a final report outlining the assessment findings and recommendations for improvement. The courts are currently in the process of developing an action plan based on the report's recommendations. The CIP will provide oversight and technical assistance to both courts in order to help them implement their action.

Automated Case Management System

The CIP voted to pursue its recommendation of determining the feasibility of implementing an automated case management system in the district courts that will track child abuse and neglect cases. The CIP will work with the Supreme Court and other key stakeholders in 2003 to develop an action plan.

Training

The CIP sponsored a training for attorney guardians ad litem on August 2, 2002, in Rock Springs, Wyoming, and August 9, 2002, in Casper, Wyoming, entitled: Representing Abused and Neglected Children: What Every Guardian ad Litem Should Know. Also in attendance were judges, county attorneys, parents, attorneys, mental health professionals, caseworkers and CASA volunteers. Shari Shink, Esq. and Dr. Kathleen Henken, both of Denver, Colorado, presented on understanding the traumatized child: development and attachment issues, individualizing the child's needs: effective permanency planning, advocating excellency for abused and neglected children, implementing best practices and achieving permanence for children, and ethical challenges in the representation of children.

The Honorable Richard Fitzgerald of Louisville, Kentucky presented at the State Bar Convention in September 2002 on behalf of CIP. Judge Fitzgerald presented to the Wyoming Bar on Dealing Effectively with Families and Children. Judge Fitzgerald's training focused on child welfare, law, the history of judicial oversight, the Adoption and Safe Families Act, what state agencies are doing to comply with ASFA, concurrent planning, reasonable efforts, resources, and model courts. In addition, Judge Fitzgerald held a separate training with the judiciary and discussed effective case management, meeting outcomes for children, the importance of review hearings, adoption opportunities for all children and concurrent.

The CIP also sponsored training at the 2002 Prosecutor's Annual Convention in November. On behalf of CIP, Henry Plum, Esq. of Milwaukee, Wisconsin, presented at the convention on the Prosecutor's Dilemma: Effective Integration of the Criminal and Juvenile Court in Child Sexual Abuse.

Judicial Benchbook on Wyoming Child Welfare Law

The CIP contracted with the American Bar Association Center on Children and the Law to develop a child welfare benchbook. This was completed in April 2002. Although the Benchbook was primarily written for district court judges, the CIP has made the Benchbook available to county attorneys, attorney guardians ad litem, parents' attorneys, DFS caseworkers, and CASA volunteers. The Benchbook covers all key legal issues involved in child abuse and neglect cases, foster care reviews, termination of parental rights, adoption and guardianship. Key federal laws including ASA, the Interethnic Placement Act and the Indian Child Welfare Act are included in the Benchbook. A summary of applicable federal and state statutes and reported case law in Wyoming is a primary focus of the Benchbook. Along with a summary of the laws, the Benchbook highlights best practice tips on how to best implement court procedures that meet the special needs of children and families. In addition, the Benchbook contains a comprehensive bibliography, a subject index, a statute index, a case index and every chapter contains a Child Protection Act time line. The CIP plans to update the Benchbook as needed.

Summary of Child Major Injury/Fatality Cases Reviewed by this Team in 2002

Totals:

1 Death; 6 Major Injuries

- DOB: 03/19/01, DOD: 07/07/01; County, Uinta
Summary: The child was killed by the father. The child suffered massive head injuries.
- DOB: 12/04/99, DOI: 09/29/01; County, Natrona
Summary: The child was punched in the stomach by a male babysitter and suffered severe abdominal injuries. The perpetrator stated he was trying to hit a dog and missed and hit the child. A jury acquitted him of child abuse.
- DOB: 08/01/00, DOI: 03/15/01; County, Laramie
Summary: The child was shaken by unlicensed babysitter.
- DOB: 05/04/01, DOI: 12/11/01; County, Natrona
Summary: The mother on more than one occasion shook the child.
- DOB: 01/09/01, DOI: 05/08/01; County, Natrona
Summary: The child suffered a fractured right femur, skull and rib fractures, subdural hematoma and retinal hemorrhages, and bruising. It was unclear who the perpetrator was, but DFS substantiated neglect against both parents. The rights of both parents were terminated and the child was adopted.
- DOB: 09/03/01, DOI: 10/16/01; County, Carbon
Summary: The father hit the child, who suffered a broken skull.
- DOB: 09/13/99, DOI: 09/18/01; County, Laramie
Summary: The mother's live-in boyfriend injured the child. The child was hit in the abdomen and suffered a ruptured pancreas.

RECOMMENDATIONS

**Based on the victim information and risk factors of the cases reviewed,
the Team recommends emphasis in the following areas:**

Public Awareness:

- A statewide campaign explaining the dangers of driving under the influence (DUI) of alcohol or drugs when children are in the vehicle, including motorized vehicles such as snowmobiles and boats, is still recommended and should be pursued.
- Promotion and support is needed for legislation to expand the scope of state child fatality review to include all unexpected child deaths.
- All professionals who have regular contact with families and children, including teachers and child care workers, health and mental health care providers, law enforcement officers, public assistance workers and court personnel, should receive initial and ongoing training related to domestic violence and its impact on children.
- Promote awareness among professionals and agencies of the goals of the Child Major Injury/Fatality Review Team and Child Protection Teams and the benefits of a multidisciplinary review.



Public Policy:

- Training which reinforces the role of a multidisciplinary response to child maltreatment should be continued and expanded.
- Incidents of alleged child abuse/neglect or child sexual assault should be investigated fully according to state statutes and DFS rules.
- The Multidisciplinary Team (MDT) statute should be consistently applied throughout the state:
 1. Be case specific,
 2. Clearly outline the lead person; and
 3. Define how often they meet in the life of the case.
- The statute needs to be amended to require training of MDT members in the sharing of information for case planning recommendations.
- All professionals who have regular contact with families and children, including teachers and child care workers, health and mental health care providers, law enforcement officers, public assistance workers and court personnel, should receive initial and ongoing training related to confidentiality.
- Efforts should be made to promote coordination of domestic violence agencies and Child Protective Services to protect children living in households where violence occurs.
- Develop mechanism and protocol for review of high risk cases referred to community Child Protection Teams from the health care community and other sources using the screening instrument.
- Provide multidisciplinary training on reporting in a specific district where a child is killed.

Law Enforcement:

- Collaborative training, which promotes effective cooperation and understanding of the policies and procedures of each community agency involved with child protective cases, should be held on a regular basis.
- Training to improve communication and cooperation between law enforcement agencies and the Department of Family Services should be continued.
- In order to continue P.O.S.T. certification, law enforcement officers should receive ongoing training regarding child abuse/neglect and domestic violence.



Health Care:

- Physicians should be made aware that night/weekend monitoring for high risk infants and children can be arranged through Home Health if public health nurses are not available.
- Training to increase awareness and enhance recognition of child abuse/neglect by medical care providers should be continued. Such education should be part of continuing education programs for first responders, EMTs, nurses, physicians, and other health care providers.
- The State Medical Society should implement training to enhance cooperation and communication between medical care providers and DFS.
- Departments of Health and Family Services should collaborate training on a regular basis to medical professionals to increase accurate reporting and encourage cooperative and effective sharing of information and resources for intervention and prosecution when necessary.
- Specific training in recognition of head trauma and Shaken Baby Syndrome (SBS) should be provided to all Emergency Room staff.
- Public Health should be involved immediately when a situation is questionable.
- Promote stronger communication between agencies/MDTs/medical facilities.
- Work with the Department of Health to develop extended services to families with identified high risk children.
- Home visitation programs are crucial for young parents, particularly those caring for a special needs child. Extended care in high risk cases should continue until the child(ren) is school age.
- Public health nurses should continue to receive orientation in child abuse statutory compliance and recognition of child abuse/neglect.
- Track the costs of treating a child for abuse/neglect and identify potential intervention points where prevention could have not only saved money, but possibly have saved a child's life.
- Promote education on Shaken Baby Syndrome in health classes.
- Specific training in recognition of head trauma and Shaken Baby Syndrome should be provided to all Emergency Room staff and child health care providers.

Judiciary:

- Additional clarification should be provided for all Wyoming judges in their role of ensuring the safety of children who are passengers in vehicles when driving under the influence (DUI) is charged in their court and who are victims of child maltreatment.
- Multidisciplinary Teams should be educated and trained in the role of protecting children, addressing safety, well-being, and permanency.
- Judges Association, Bar Association, and DFS should provide educational opportunities regarding advances in detection, substantiation and prosecution of child maltreatment, pursuing a team approach, including law enforcement staff, to see how each part of the system relates to and depends on the others for a successful resolution.
- A Multidisciplinary Team Coordinator position should be created by the courts to coordinate Multidisciplinary Teams' activities.
- A check list of red flags should be included in the Court Improvement Project's Benchbook to assist both circuit and district court judges when considering visitation with the non-custodial parent.
- A support unit within the Attorney General's Office should be considered which would provide assistance to District and County Attorneys offices.
- Prosecution units should have a resource bank.



Department of Family Services:

- A psychological evaluation should be added to formal risk assessment procedures.
- Work should continue regarding legislation to clarify membership and duties of Child Protection Teams.
- Frequency of risk assessment should be increased by clearly defining its use in CPS policy.
- CPS workers, including line supervisors, should receive initial and ongoing training in the dynamics of domestic abuse and how it affects child safety.
- In closed cases where major injuries occurred or which were assessed to be high risk, require a minimum of one follow-up face-to-face contact by the worker with the victim and the perpetrator.
- Sexual abuse cases should be defined as major injuries and reviewed by the Child Major Injury/Fatality Review Team.
- Develop an assessment instrument that can be used by agencies and providers to identify and refer high risk cases for extended health care services. The instrument should focus on factors identified such as: domestic violence, young parents, substance abuse, children with disabilities, and bonding issues.
- DFS should promote training for physicians on the new DFS policy regarding the assessment track now available.
- Coordinate with community resources (mental health, hospice workers, hospital clergy, etc.) to provide support for CPS workers and team members grieving after the injury or death of a child.
- DFS should conduct a review of the services in place in its communities and determine how many of these services are accepted in substantiated or non-substantiated cases.
- DFS should prepare training for caseworkers on how to present services to those who are resistant to intervention services.
- Consideration should be given regarding the correlation between animal abuse/neglect and child abuse/neglect.
- If domestic violence is a component of a case, the perpetrator should attend batterers re-education programs.

- Training should continue on the relationship between domestic violence and child protection.
- In all cases a re-unification and a permanency plan should be completed.



Mental Health:

- Promoting increased training that will enhance mental health professionals' recognition of child abuse/neglect, understanding of DFS policies/procedures, and reporting requirements.
- Developing collaborative training held with various mental health groups, especially those licensed or certified to treat substance abuse, to increase understanding of the roles of domestic violence and substance abuse in child abuse/neglect, and to improve assessment and treatment of these problems.
- Developing a training package on Shaken Baby Syndrome for prisons, jails, and residential treatment facilities (adult, juvenile and drug treatment facilities).
- Appropriate counseling/treatment, which addresses specific mental health needs of a child, needs to be provided.
- Increasing training in treatment techniques that address specific needs of an abused/ neglected child.
- Increasing training in treatment issues related to parents who victimize their children.

