



## COMMISSION TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES

### TELECONFERENCE MINUTES

January 16, 2016, 2:00-4:00 p.m. EST

**Commissioners Attending via Telephone:** Chairman David Sanders, Amy Ayoub, the Hon. Bud Cramer, Susan Dreyfus, Dr. Wade Horn, the Hon. Patricia Martin, Michael Petit, Jennifer Rodriquez, Dr. David Rubin, and Dr. Cassie Statuto Bevan

**Commissioner Absent:** Theresa Covington

**Designated Federal Officer:** Amy Templeman, acting executive director, attended the meeting.

**Conduct of the Meeting:** In accordance with the provisions of Public Law 92-463, the Commission to Eliminate Child Abuse and Neglect Fatalities held a teleconference meeting that was open to the public on January 16, 2016, from 2:00 p.m. to 4:00 p.m. EST. The purpose of the meeting was to deliberate on the content of the Commission's final report.

#### Opening Remarks

Chairman Sanders opened the meeting by reviewing the agenda (<https://eliminatechildabusefatalities.sites.usa.gov/files/2016/01/CECANF-Mtg-Agenda-for-1-16-16.pdf>). He noted that there would be two topics for discussion: (1) the surge/prospective case review proposed at the January 14 meeting and (2) funding. He reviewed the discussion of January 14, during which the Commission agreed on a revised report structure and on the idea of the surge/prospective case review. He noted that staff will have incorporated all Commissioner feedback and edits from the January 14 and January 16 meetings into a next draft of the report, which will be available by the end of the following week.

#### Surge/Prospective Case Review

Chairman Sanders asked for comments on the idea and language for the surge/look-back/prospective case review. Commissioners weighed in with the following comments:

- States should be given the option to do a surge. If they agree, they should receive (1) the money to do it, (2) flexibility in programming, and (3) a reduction in red tape. Those should all be components of the surge, because just calling it a case review makes it seem like a weak recommendation.

- The report should connect and accelerate the surge with the 21st century child welfare system. The new system would begin with the surge and then help to create an interconnected learning community.
- The case review is just part of the surge, and it is the weakest part of it.
- The surge should be about states submitting their plan to the new federal entity within ACF, and it would be that federal office's job to coordinate the federal funding streams, such as Medicaid and title IV-E, reduce the red tape, and give states the flexibility they need to carry out their plans.
- The surge involves more resources and more flexibility. A second recommendation might be that we are enforcing the Child Abuse Prevention and Treatment Act (CAPTA) and requiring states to do more case reviews, but that is different than the surge.
- The surge cannot be optional; it should be required.
- States will view this as just another level of reviews.
- The surge case review needs to be an intensive multidisciplinary review, similar to what child advocacy centers do.
- The surge, as proposed, is a two-step process, with states first identifying the highest risk cases and then planning on addressing them, and the federal government providing resources and flexibility.
- States should also engage in frequent monitoring so that this whole process promotes continuous quality improvement.
- This addresses the safety of children both today and in the future.
- The 21st century child welfare system is a more preventative and front-end system that would allow more children to be kept home safely with services, and it would include earlier interventions, smarter interviewing, and a greater sense of shared accountability across the multiple systems.
- The surge could be the subject of the second chapter of the report, and it would be the accelerant for the rest of the recommendations.
- This surge would replace the recommendation that calls for a 5- or 10-state demonstration project.
- This new recommendation would encourage leaders to come together at the governors' level to articulate what their public health systems need in order to respond and form it as a single request as opposed to multiple agencies acting in silos.
- What is learned from the retrospective review of cases will help agencies make decisions about which families are at highest risk for fatalities and what types of resources they might need.
- The process employed in Hillsborough County, Florida, and the children's advocacy center approach are examples of approaches that a state might take, but the requirement should not be too prescriptive.

Chairman Sanders closed the discussion on the surge by confirming with staff that they had what they needed to turn the discussion points into a chapter.

## Funding

Chairman Sanders opened the discussion on funding by pointing out that there were 27 different funding recommendations in the report draft and recommending that some of those be removed, consolidated, and generally streamlined. He also noted that he had shared language with everyone about funding that might be a good basis for discussion.

Commissioners offered the following points:

- There was a proposal to recommend \$1 billion that should be considered. This could be added to CAPTA.
- CAPTA needs work: There are parts that need to be retained, parts to be discarded, parts to be changed, and new parts to be added.
- New CAPTA money could be used to help caseworkers, improve quality of the work, and help states meet national standards.
- One approach would be to have states use a portion of their CAPTA money for their surge, but then require that they submit their plan to the U.S. Department of Health and Human Services and receive approval in order to draw down subsequent money.
- The federal government is working with states around Medicaid and health care, and it would be good to see that same kind of partnership around child welfare issues.
- It would be good to see the federal government provide some leadership and guidance that draws from safety science and best practice as it applies to case practice in the day-to-day work of child welfare agencies.

Chairman Sanders noted that his proposed language attempted to justify why there should be an upfront investment by looking at what is required in CAPTA right now and the inadequate funding for what is actually mandated by CAPTA for states to do. He suggested that the Commission should consider cross-jurisdictional congressional hearings as a way to look at how funding streams (titles IV-E, IV-B, etc.) are better connected. Additional dollars in CAPTA make more sense when the proposal connects the funding streams.

Commissioners offered the following comments:

- The report has to talk about the greater flexibility that states need in their funding for child welfare services.
- The additional \$1 billion cannot be seen as a substitute for any other child welfare initiative.
- There should be a way to articulate what needs to happen with these interconnected funding streams, including Medicaid, which has become more and more important.
- Any recommendations around greater flexibility for title IV-E funds should also include a recognition of accountability.
- It might be possible to include a reduction in fatalities as a requirement related to a IV-E plan.
- The proposal made in *A Path Forward: Policy Options for Protecting Children from Child Abuse and Neglect Fatalities*

<https://eliminatechildabusefatalities.sites.usa.gov/files/2015/11/A-Path-Forward-Final-12-03-15.pdf>) for folding CAPTA into title IV-E might streamline the bureaucracy.

- Another way to streamline would be to have a single state child welfare plan that addressed all child welfare legislation, including CAPTA, IV-E, etc. The plan would show how a state intends to improve all of its child welfare services and coordinate its different funding streams.
- The recommendation is to require states to develop a plan for how they are going to reduce child abuse and neglect fatalities using the various legislative authorities and funding streams, including those outside child welfare, like Medicaid.

Chairman Sanders confirmed that staff had what they needed to draft new language. Commissioners requested that staff keep a list of any recommendations that they remove from the draft.

The teleconference adjourned at 3:23 p.m.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.



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David Sanders, Chairman, Commission to Eliminate Child Abuse and Neglect Fatalities  
3/14/2016