THE DALTON DALEY GROUP

The CECANF Crosswalk

A Crosswalk of the Final Report and Dissent(s) of the Commission to Eliminate Child Abuse and Neglect Fatalities

ABSTRACT

This proprietary document is submitted to the Congress and to the President of the United States in response to the recommendations set forth in all official opinions of members of the Commission to Prevent Child Abuse and Neglect Fatalities for the purpose of structuring a strategy in order to act on the intersecting recommendations.

Suggested Citation: The CECANF Crosswalk (2016).The report can be found online at: www.daltondaley.com/Publications.html

Send Inquiries to: The Dalton Daley Group, 1155 F Street, N.W. Suite 1050, Washington DC 20004 or email: info@daltondaley.com

Table of Contents

Letter From The Dalton Daley Group

Nothing can be more important to our country than to preserve our future – this starts with preserving our children.

The Dalton Daley Group (DDG) counts it a privilege to present this report as a culmination of our efforts in assisting the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) in its quest to identify effective solutions in the prevention of child abuse and neglect (CAN) fatalities.

For two years, we had the honor of assisting and observing CECANF navigate the task of identifying a 21st paradigm for eliminating CAN fatalities. From identifying qualified practitioners, administrators, and other experts in the child welfare arena to assembling open forums where information was disseminated, digested, and debated, CECANF's work was comprehensive and a worthwhile investment in the struggle to protect our children.

It is through this lens of firsthand knowledge of CECANF's processes and workings that this Crosswalk has been compiled. DDG was able witness the enormous effort embarked upon by 12 dedicated individuals appointed by the President and Congress in a heroic effort to save children's lives. DDG provided technical assistance to the Commission in general, and direct assistance in CECANF's work focusing on Native American and Alaskan Native challenges and the challenges of Disproportionality. As well, DDG provided testimony before the commission. Witnessing the commission's effort, has given us the insight that facilitates bridging gaps and clarifying information found in both CECANF's final report (including the Minority Report) and the Dissenting Report.

This Crosswalk presents a clear path forward for action by Congress and the President based on the official communications from CECANF commissioners. As you explore this brief but thorough document, we believe that you will discover the value of the commission's work and that you will feel compelled to take action on the clear path forward that is presented herein. We believe that this Crosswalk presents the most salient, cost-effective, and actionable opportunities to eliminate child abuse and neglect fatalities stemming from CECANF's work.

Again, we are honored and count it a privilege to present this Crosswalk.

Diedra Henry-Spires
Chief Executive Officer

Overview

The Protect Our Kids Act of 2012 (the Act) mandated the establishment of the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) after Congress found that deaths from child abuse and neglect are preventable, significantly underreported and that there is no national standard for reporting such deaths. Thus, Congress established CECANF to develop a national strategy and recommendations for reducing fatalities resulting from child abuse and neglect.

Sec. 3(d-e) of the Act required that CECANF hold its initial meeting not later than 60 days after the date on which a majority of the members of CECANF were appointed and that CECANF would thereafter meet at the call of the Chairman.

Furthermore, Sec. 5(a)(1) of the Act gave CECANF the option to hold hearings to carry out the Act. The effective purpose of these hearings was to allow transparency in the deliberative process for the public at large.

CECANF held its first meeting on February 24, 2014. During that meeting, Commissioners were given perspective from Congress on the history and intended direction of CECANF. Among those who expressed the congressional intent through their intimate firsthand knowledge of the Act were The Dalton Daley Group's (DDG's) Chief Executive Officer, Diedra Henry-Spires (who at the time was the Senate Finance Committee Staffer responsible for Child Welfare issues and who shepherded the bill creating the Act on the Senate side of Congress), Rep. Lloyd Doggett, D-Texas, who authored the bill upon which the Act was created, Ryan Martin, Professional Staff at the U.S. House Committee on Ways and Means, and others.

At that meeting, pitfalls of past efforts to manage child abuse and neglect fatalities in the United States were examined with discussion regarding the 1995 U.S. Advisory Board Report, A Nation's Shame: Fatal Child Abuse and Neglect in the United States,

which had 26 recommendations. There was also discussion of the subsequent progress made towards those recommendations such as enhancement of joint training on identification and investigation of CAN fatalities, implementation and operation of State Review Teams, State and Federal legislation, prevention services such as home visits, integrated services on child abuse and domestic violence, and interagency training, and many others.

As well, there was discussion regarding the Child Abuse Prevention and Treatment Act (CAPTA), the Children's Justice Act, and the Child and Family Services Improvement and Innovation Act of 2011. Overall, the message became clear that Congress was looki8ung to utilize the report mandated by the Act to make a measurable and positive change in preventing child abuse and neglect (CAN) fatalities. Furthermore, the message was resounding that innovation and fresh thought would be encouraged.

CECANF's actions were viewed as a campaign. It was an unapologetic clarion call to protect our children from the senselessness of extreme child abuse and neglect - death. This historic presidentially and congressionally appointed commission was given the opportunity to change our country and possibly the world. Therefore, CECANF was urged to take the message of saving our children from the scourge of CAN fatalities throughout the country, while creating a plan to put the message into action.

The Work of the Commission

The Chairman of CECANF, David Sanders, assembled a highly motivated team of professionals to provide the expertise necessary to accomplish the goals delineated in the Act with precision and innovation. This team was divided into communications, administration, policy, research, health, practice, and law enforcement. There was an Executive

Director anticipated by the Act and a Chief of Staff established by the Chairman. The Chairman clearly specified the role of the Executive Director as an extension of himself and the Chief of Staff as internal for the coordination of staff efforts. As well, the Chairman was astute to enlist the services of the philanthropic community for expertise and technical assistance from the child welfare arena.

On June 1, 2014, with the assistance of the philanthropic community, DDG offered its services to CECANF. In that capacity, DDG offered evaluation, observation, and policy analysis and development advice to the Commission at large. As well, DDG was instrumental in providing expertise in the areas of Disproportionality and Native American/Alaska Native Issues.

In order to be of service, it was necessary for DDG to observe as many Commission deliberations, source documentation, and Commission working documents as were made available. Although by no means having the final authority vested by the Commissioners who would ultimately compile and ratify their reports, DDG took a great deal of time to analyze information and observations, and gathered information from trusted associates in stakeholder communities to provide the best advice to CECANF to assist the Commissioners with making the best recommendations to the President and the White House.

Early in the CECANF workings, Commissioner Susan Dreyfus posited the need for a comprehensive and historical assessment of recommendations made to address CAN fatalities and child maltreatment in general. This would assist CECANF with perspective and insight to better analyze where the most attention should be directed in its mission to develop effective policy recommendations. With the Chairman's approval, such a compendium was provided to CECANF in the form of *Moving the Marker Forward*[1].

[1] http://www.daltondaley.com/Moving_the_Marker-Final.pdf

Throughout the life of CECANF, the Chairman was careful to allow Commissioners to engage at a pace which signaled a collective effort of the body. The goal of this strategy was to achieve a broad, if not unanimous, consensus on the most pressing issues related to CAN fatalities. Notwithstanding, the Chairman placed the highest value on extensive discussion and exploration of all facets of the subject matter to allow for salient accord and disagreement in achieving policy strategies to eliminate CAN deaths.

Stakeholder outreach was primarily geared towards the organization of the public meetings. However, the Chairman expressed a recognition of the need for a more robust, directed, and expert lead approach to outreach. An initial evaluation of key Congressional, Administration, state, local, and community stakeholders suggested that awareness of CECANF had not reached the cursory level. This indicated that a systematic and dedicated outreach be immediately commenced and continued throughout the life of CECANF by experienced parties with intimate knowledge of congressional stakeholders, congressional culture and protocols, and the nuances of relationships between congressional members and their staffs. Accordingly, efforts commensurate with this philosophy of comprehensive engagement were implemented.

CECANF's efforts in producing a legislatively and administratively actionable report for the President and Congress began with the internal workings of CECANF and ended with the production of the final report *Within Our Reach*[2] and *The Dissenting Report of The Honorable Judge Patricia M. Martin, CECANF Commissioner (The Dissent)*[3] (The

[2] http://www.daltondaley.com/CECANF-final-report.pdf
[3] http://www.daltondaley.com/Dissenting_Report_of_Judge_Patricia_Martin.pdf

Reports). It must be noted that *Within Our Reach* houses *The Minority Report of Commissioner Cassie Bevan (The Minority Report)* in its Appendix K. Nevertheless, The Minority Report is in strong accord with The Dissent. Still, the intersecting recommendations of The Reports represent the perfect starting point for the Administration and Congress to act in preventing CAN deaths.

Work To Be Done

Since the sunset of CECANF, much discussion has been had regarding next steps. Stakeholders and policymakers continue to grapple with the issue of eliminating CAN fatalities as well as child maltreatment in general. Reconciling the information learned from the numerous recommendations made by CECANF has been a challenge in the current political climate. However, our nation can ill afford to sit idly by as another eight children die each day from abuse and neglect.

CECANF's results give the President and Congress a thorough accounting of informed and expertly developed recommendations that should effectively work to eliminate CAN fatalities and serve as a platform to reduce child maltreatment in our country.

Hence, the purpose of this report is to crosswalk the common and most effective recommendations stemming from the official reports produced through the labor of CECANF. The Reports present a consensus of recommendations that are both practical and actionable. We can and we must protect our children.

Comparing The Reports

The Reports are harmonious in their respective attempts to present a comprehensive 21st Century national plan to eliminate CAN fatalities. Fortunately, the conflicts between the Reports can be reduced to basic philosophical differences concerning areas that are indeed important in the policy discussion. However, these discussions should not impact the ability of the President and Congress to immediately take supportive action of CECANF's work. In fact, these discussions make the perfect backdrop for truly effective action to be taken by the Congress and the Administration. Moreover, such a platform is a true indication that the intersections presented in this report have been fully explored by the Commission and are therefore a basis of decisions that can be acted upon with confidence. The contrast in the Reports highlight:

1. Funding and Program Effectiveness Differences – Both dissents represent bipartisan agreement that one billion dollars ($1 Billion) in spending on the

signature recommendation of the main report (Recommendation 2.1) is inappropriate and irresponsible.

   a. The Minority Report of Commissioner Cassie Bevan (R) questions the veracity of the majority's claim of the effectiveness of its recommendation and the corresponding funding of one billion dollars.[4]
   b. The Dissent of the Honorable Judge Patricia M. Martin (D) argues in addition to the points raised in the Minority Report that such an approach increases reliance on foster care, has failed in the states of Wyoming and Oklahoma and, accordingly, should not be funded. She further posits that Congress, with advice from CBO, should be the final arbiter of funding questions.[5]

2. Process/Focus Differences – The Dissent cites as problematic, CECANF's lack of focus on children ages 6-18.
3. Ethical Differences - Simply stated, The Dissent took issue with *Within Our Reach* naming organizations as models. Commissioner Martin emphasized that in her position as a sitting judge presiding over child welfare issues, she could not appear to endorse any organization in the child welfare arena.[6]

Nonetheless, the intersection between The Reports is a reflection of a commitment to including grassroots perspective in the policy discussions to eliminate CAN fatalities. It is readily discernible that the intersecting recommendations do not simply ask for more federal funding; rather, they focus on sound policy, programs, logistics, and practice. Therefore, we have deliberately avoided funding discussions in this presentation except to mention that the funding implications of the intersecting recommendations are modest and in some cases nonexistent. Nonetheless, while not precisely the same, both reports generally recommend a national strategy that highlights:

1. The need for universal definitions of child abuse and child neglect to achieve proper measurement of CAN fatalities
   a. The correlation between child maltreatment, near fatalities and CAN fatalities
   b. The importance of data sharing
2. Examining and enhancing Protective Factors while identifying Risk Factors to

[4] Minority Report, Appendix K – Within Our Reach
[5] The Dissent, page 2
[6] Within Our Reach, Appendix L, page 165, The Dissent, page 5

move the current Child Welfare System, esp., Child Protective Services to a proactive preventive model
3. Multidisciplinary Coordination
4. Poverty reduction
5. Special Circumstances for Native American/Alaska Native Children
6. Disproportionality

Measurement

"Accurate counting of fatalities is important, as is review of child fatalities to identify potential missed opportunities for prevention. But the only way to actually decrease fatalities is ***to implement changes****."*

Dr. Randall Alexander
Statewide Medical Director
of the Florida Child Protection Teams[7]

"Add near fatal injuries because they're basically a death that a kid's been kept alive with…"

Dr. David Rubin
CECANF Commissioner[8]

In a country as great as the United States and with as much rhetoric as is spoken regarding our nation's commitment to its children, one might consider it beyond comprehension that there is no accurate assessment of how many of children die due to child abuse and neglect. The Reports are clear that this lack of knowledge is directly attributable to a lack of uniform definitions for reporting across jurisdictions and a lack of accountability to report CAN deaths by states and territories. In creating CECANF, Congress and the President placed a high priority on developing a method to accurately count CAN deaths.

[7] Testimony provided at the Tampa Meeting:
https://eliminatechildabusefatalities.sites.usa.gov/files/2014/05/Transcript-Tampa-FINAL.pdf
[8] Statement during witness inquiry at the Tampa Meeting:
https://eliminatechildabusefatalities.sites.usa.gov/files/2014/05/Transcript-Tampa-FINAL.pdf

The Child Abuse Prevention and Treatment Act (CAPTA), first authorized in 1974 (P.L. 93-247) is the only federal legislation exclusively dedicated to the prevention, assessment, identification, and treatment of child abuse and neglect—the continuum of child maltreatment services and supports. However, by all accounts, CAPTA is desperately underfunded to have the impact for which it was designed. Furthermore, despite the desire to combat child maltreatment, CAPTA has no mandatory uniform definition(s) nor assessment methodologies to be applied by jurisdictions in determining what is or is not child abuse and/or child neglect. Accordingly, there is no uniform definition (s) nor assessment methodology for determining CAN deaths. As a result, states and jurisdictions vary in their interpretation of what is and is not a CAN death; thereby, rendering an accurate count of CAN deaths nearly impossible.

CAPTA also was the catalyst for the establishment of The National Child Abuse and Neglect Data System (NCANDS) which is a voluntary data collection system that gathers information from all 50 states, the District of Columbia, and Puerto Rico about reports of child abuse and neglect. So, although the funding to states through CAPTA is small, that funding does not come with the requirement for states to report CAN deaths to NCANDS. Hence, in 2014, only 29 states reported to NCANDS. The result is that there is currently no accurate count on child abuse and neglect, much less CAN deaths.

Equally alarming in the data collection crisis is the problem of data sharing. Since 1991, child welfare experts have warned of the criticality for efficient data sharing in child protection efforts. In several federally mandated reporting efforts, e.g., *Understanding Child Abuse and Neglect* (The National Research Council (1993)), *A Nation's Shame* (The Federal Advisory Committee (1995)), *GAO Study* (Government Accounting Office (2011)), and *New Directions in Child Abuse and Neglect Research* (Institute of Medicine and the National Research Council entitled (2014))[9] , proper data collection and sharing across systems has been significantly advocated.

The Reports indicate that such a state of affairs is simply untenable. To ignore the proper quantification and sharing of child abuse and neglect data and CAN deaths, robs our children of safety. To not know the true data is a surrender to child maltreatment and a resolution not to know clearly the facts that lead to child abuse and neglect and CAN deaths. Thus, the present state of being suggests an acquiescence to allowing our children to be destroyed. In essence, to ignore and not act on the

[9] Moving the Marker Forward, Table 1

concentric recommendations of the Reports would be an admission by the Administration and the Congress that they simply do not care about and/or do not have the will to promote the well-being of our children. This claim was heard repeatedly in public outcry and testimony around this country during CECANF meetings.

Protective Factors and Risk Factors

"Do workers know what constitutes a strength that can act as a protective factor for a child?"

Emily M. Douglas, Ph.D.
Bridgewater State University[10]

"We're building it for ourselves. We know that it's possible. We know other jurisdictions where this is done. We want to encourage to build at and not just focus on the services that are being provided and kind of case management, but we want to build on protective factors into the longevity of the well-being of these children… While we have the authority through an agency, to set that child and family up with the protective factors that will sustain them after we're gone."

Hannah Smith
Attorney General
Eastern Band of Cherokee Indians[11]

Testimony throughout the life of CECANF clearly demonstrated a system designed to protect children which was one dimensional. The Reports concluded that the centerpiece of Child Welfare, Child Protective Services (CPS), is broken. The major flaw is its reactive nature to incidents that have already occurred and its contemplation of future events

[10] Presentation slide during Burlington, Vermont Meeting
https://eliminatechildabusefatalities.sites.usa.gov/files/2014/08/CECANF-VT-Mtg_Presentations_-10-23-and-10-24-14.pdf
[11] Statement during testimony at the Scottsdale AZ Meeting
https://eliminatechildabusefatalities.sites.usa.gov/files/2014/11/Arizona_Meeting_Transcript_3.25.15-3.26.151.pdf

primarily based upon risk factors.

Still, it is unrealistic to completely dismantle the current CPS system of child protection. However, it is necessary to make it proactive in its duties. However, moving CPS into a proactive approach requires operational changes within the Child Welfare System at large. These changes can be generally summarized in several practical steps:

1. Redress data collection and sharing to ensure that those at highest risk of child abuse and neglect are identified at the earliest point prior to an incident occurring.
2. Educate and train Child Welfare professionals (judges, social workers, police officers, ministers, teachers, probation officers, CPS professionals, etc.) on the identification and use of protective factors in child protection.
3. Implement a multi-disciplinary approach to child protection that includes home visiting. Professionals entrusted to protect our children should all be deliberately and systematically working together to proactively identify strategies to assist families in providing proper social constructs for the well-being of children.
4. Reduce Poverty by broadening the perspective of what poverty is. Recognize that poverty is more about providing quality services than income. While income levels will always suggest economic or income disadvantage, the ability to provide targeted quality services to all demographics is more than attainable.

Unfortunately, the preemptive aspect of protective factors is rarely the focus of those charged with protecting children. In fact, the average social worker, mandatory reporter, and/or medical professional may have difficulty in identifying what is meant by a protective factor. Fortunately, experts provided testimony that provided the backdrop for discussions on protective factors. Dr. Celeste Philip shared "the framework called Strengthening Families or the Five Protective Factors".

1. Parental Resilience
2. Social Connections
3. Concrete Support In Times of Need
4. Knowledge of Parenting and Child Development
5. Social and Emotional Competence of Children

There are home visiting models that have implemented an approach which promotes

utilizing protective factors so that children can grow up healthy, safe, nurtured, free from abuse and neglect, and ready to succeed in school and life. For example, in Hillsborough County, Florida, this approach has aided in saving children's lives. Yomika McCalpine (a Healthy Families support worker) shared that their messaging and education focuses on increasing protective factors to achieve their goal of keeping children safe. Again, Tina Saunooke of the Eastern Band of Cherokee Indians shared that "We have to continually look at the ten top protective factors that reduce the risk for children in the child welfare system…"

Multidisciplinary Coordination

Throughout the life of the Commission, no better example of a universally translatable multidisciplinary model of child protection was given than that of the Eastern Band of Cherokees. Utilizing the current constructs of federal funding, the Cherokees have been able to leverage the power of community commitment and strong leadership to implement effective child protection.

The Reports hail their example as one where the highest levels of government within their nation deliberately responded to the need for effective child protection. Specifically, leadership of the Cherokee nation ardently worked to procure the cooperation of state government in data sharing and prosecutions of child abuse and neglect, leveraged federal dollars, and enlisted the participation of the private sector child well-being community to augment the efforts of the standard CPS approach. As well, quality and culturally appropriate home visiting was implemented. This paradigm was combined with an activation of community commitment to address child well-being. The result has been a significant reduction in child maltreatment.

Home visiting rose above all other disciplines to be included as a part of the multi-disciplinary approach throughout the life of the Commission testimony and the

Reports. The strength of voluntary early childhood home visiting has been enabled through the federal Maternal, Infant, and Early Childhood Home Visitation (MIECHV) program. Through evidence-based models such as Parents As Teachers, Healthy Families America, Nurse Family Partnerships, Home Instruction for Parents of Preschool Youngsters, Child First and SafeCare, great strides have been made in providing families with support in the overall well-being of their children. As well, state programs such as the Kentucky Health Access Nurturing Development Services have shown great promise in helping to keep our children out of harm's way.

Poverty Reduction

The strength of the CECANF discussions regarding poverty is that the focus was not solely relegated to dollars and cents. Rather, commissioners dared to expand the discussion and frame poverty in terms of the availability of quality resources regardless of the income bracket experienced by families. The difference between social poverty and economic poverty was explored by witnesses and CECANF alike. The bottom line to whether or not poverty exists was measured by access to quality services. Perhaps one of the most telling citations from the Reports best captures this notion:

"*Because poverty is a condition of neighborhoods, quality of services provided, accessibility to services, quality of infrastructure, health equity, educational equity, and equal opportunity to earn livable income, it is essential that these issues be examined. Poverty first happens to a community and is then manifested in an individual. Poverty therefore is a lack of resources translated into a lack of quality social services, products, and opportunities*."

The Dissenting Report of The Honorable
Judge Patricia M. Martin
CECANF Commissioner
page 20

That it is necessary to initiate a concerted effort to reduce poverty in our communities is obvious. Perhaps the impact that poverty is having on our children will drive policymakers and advocates alike to finally take the steps necessary to provide quality services to all children in all segments of our society. Only when the dollars designated for children's services are assigned and distributed with equity, can true progress be made in reducing child maltreatment. Essentially, through ensuring that multidisciplinary services are efficiently provided in all communities, more attention can be focused on the well-being of our children.

Native American/Alaska Native Children

The Reports honor the expertise of tribal communities by including non-academicians' recommendations. The testimony received from experts from Indian Country, particularly during the Scottsdale, Arizona meeting which was dedicated to Native American/Alaska Native perspective, was compelling and sobering. Thus, the recommendations put forth reflect the day to day implementation challenges of Indian Country. While increased funding is critical to making progress in combating child abuse and neglect in tribal lands, practical steps that are reflective and considerate of Native American sovereignty is essential.

The bulk of discussion regarding CAN deaths of children over 5 years, occurred in the context of exploring tribal issues. As well, tribal issues guided CECANF towards an understanding of the importance of cultural competency when implementing any plan to reduce CAN fatalities. Moreover, while complex in nature, the subjects of jurisdiction and data collection found some direct, effective and simple solutions that would be incredibly helpful from a prevention perspective.

Disproportionality

CECANF and the Reports should be praised for their direct addressing of the issue of disproportionality. Through this discussion, the Reports explicitly direct the observer to the notion that disproportionality is a problem for all populations. Practices and policies that lead to disparate treatment of any one population base has the real potential of aiding in the harm of the general population.

One example of this inadvertent fall out from disparate treatment of African-American

children was linked to the way head trauma is managed. The impact of implicit bias was captured by a 2010 study conducted by Commissioner David Rubin where it was conclusive that that when an African American child is seen for a head injury in the emergency room, a CT scan is the protocol at a much higher rate than for a Caucasian child presenting the same symptomology[12]. Thus, corresponding data would suggest a need to overcompensate intervention and prevention efforts when observing African American children and undercompensate when observing Caucasian children; thereby, potentially leaving Caucasian children with an improperly treated life-long health impacting head trauma.

Not only are the protocols disproportionately implemented, but an earlier study supporting the Reports perspective on disproportionality suggests that minorities are more likely to be evaluated and reported for suspected abuse suggesting that racial differences do exist in the evaluation and reporting of pediatric fractures for child abuse particularly in toddlers with accidental injuries.[13]

Critical Insights and Observations

Throughout the life of CECANF, some statistics and concepts continued to surface that seem to be critical to potentially revamping a child welfare system with proactive child protective services. The Reports capture these figure and premises as a basis for recommending several interventions. Implied, however, in their recitations are several concepts that should be explored.

1. The Reports cite statistics that show, in 29 reporting states, that only 12.2 % of the CAN fatalities were known to CPS in the prior 5 years immediately preceding the deaths. That would suggest that 88.8% of those CAN deaths were of children never reported to CPS.

   SUGGESTION: The fact that there are only 29 states reporting to NCANDS is inadequate. While definitions of child abuse, child neglect, etc. vary from state to state, measurement would be more effective if the states submitted what

[12] Pediatrics September 2010, VOLUME 126 / ISSUE 3 Disparities in the Evaluation and Diagnosis of Abuse Among Infants With Traumatic Brain Injury Joanne N. Wood, Matthew Hall, Samantha Schilling, Ron Keren, Nandita Mitra, David M. Rubin

[13] Racial Differences in the Evaluation of Pediatric Fractures for Physical Abuse, JAMA October 2, 2002-Volume 288, No. 13, Wendyt G. Lane, MD, MPH, David M. Rubin, MD, Ragin Monteith, MD, Cindy W. Christian, MD

numbers they recorded despite the varying definitions. Furthermore, not to diminish the inefficiency of a reactive CPS, but 88% of reported CAN deaths are from families having never been known to CPS suggests that the larger child welfare issue is that non-CPS child maltreatment efforts are critically insufficient.

2. The Reports reveal that evidence from the use of birth match found that 30% of the matches were previously unknown to the system and led to open cases, which suggests that a birth match process can identify infants at risk.

   SUGGESTION: This may suggest that the use of birth matching would reduce the number of child maltreatment cases by 30%. One could further speculate that inasmuch as birth matching typically is paired at some point with home visiting, further reductions in child maltreatment could be achieved.

3. Home visiting repeatedly has been determined to be an effective prevention and intervention tool. Over the last 25 years of child maltreatment studies, universal home visiting has been the foremost recommendation. The Reports joined in repeating their predecessors' recommendation. Furthermore, the Reports show that in states and territories where Medicaid and IV-E are used together to finance child welfare, success in preventing and reducing CAN deaths has been the result.

   SUGGESTION: Evidenced based home visiting programs should continue to be supported and promoted with increased funding streams including Medicaid and programmatic innovations.

What we then learn from these implications is that without question, moving towards eliminating CAN fatalities is attainable. An extrapolation of the facts and figures may reveal some actionable steps that could significantly reduce child maltreatment and the deaths associated with it. At a minimum, the following steps should be taken:

Step 1. Develop uniform child maltreatment related definitions to be utilized by all states and territories in accordance with Item 1 of Table 1 below.

Step 2. Require comprehensive reporting (recording and sharing) of CAN fatalities in all states and territories to NCANDS as suggested in accordance with Items 2-7, of Table 1 below.

Step 3. In accordance with Item 3, establish federal guidelines for and require the use of birth matching by all states. Ensure that data is shared on an interstate basis.

Step 4. As a part of a multi-disciplinary approach, expand the use of home visiting as a prevention strategy in accordance with Items 11 and 18-20 of Table 1 below.

Step 5. In accordance with Items 11 and 18 in Table 1 below, adopt the use of flexible and braided funding (including Medicaid) for child welfare services particularly those services appropriate for child safety and protection.

Table 1. The Intersecting Recommendations

Item	Subject(s)	Within Our Reach Citation	Dissent Citation
1	Definitions	**6.2a:** Rapidly design and validate a national standardized classification system to include uniform definitions for counting CAN fatalities and life-threatening injuries.	**Recommendation 1.1:** Congress, in partnership with the Administration and State Child Welfare Directors, should develop a more thorough and universally agreed upon definition(s) of child abuse and child neglect to be included in the next CAPTA reauthorization.
2	Measurement	**6.2g:** Amend CAPTA to improve the data on fatalities and life-threatening injuries that states are required to collect and submit to NCANDS…. Building on current policy in CAPTA, all states should be required to collect CAN fatality data from all sources (state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners) and submit consolidated data to NCANDS	**Recommendation 2.1:** Congress should require that all states report CAN deaths to NCANDS.
3	Data Sharing	**Appendix K:** Minority Report "I fully endorse ...utilizing Birth Match to enhance child safety…" **Examples of Enhanced Surveillance pg. 112:** Public health departments (birth match). Several states have "birth match" programs that require hospitals to alert CPS to the births of children born to parents who have previously had a termination of parental rights…A detailed description of the implementation of birth match in three jurisdictions (New York City, Maryland, and Michigan) describes birth match as a "timely, low-cost, intervention squarely based on current legal premises to increase the protection of newborns and very young children."…	**Recommendation 3.1:** Congress, in consultation with the Administration and State Child Welfare Directors should develop a universally agreed upon data sharing plan that would allow real time risk and protective factor assessment of children beginning at birth to be included in the next CAPTA reauthorization.
4	Measurement, Native American	**3.1a:** Mandate that the Bureau of Indian Affairs (BIA) immediately implement the practice of distinguishing child and adult homicide victims when reporting fatalities in Indian Country.	**Recommendation 4.1:** Congress and the Administration should mandate that the Bureau of Indian Affairs (BIA), at a minimum, immediately implement the practice of distinguishing child and adult homicide victims when reporting fatalities in Indian Country.
5	Data Reporting,	**3.1b:** Mandate that the FBI identify key data that	**Recommendation 5.1:** Congress and the Executive

Item	Subject(s)	Within Our Reach Citation	Dissent Citation
	Measurement, Native American	tribes could track and that the BIA could collect. At a minimum, the FBI should ask BIA to use the National Incident-Based Reporting System (NIBRS) or request that BIA provide more detailed child-specific information. BIA and FBI data collection about AI/AN children and child fatalities should be coordinated to be complementary and comprehensive.	Branch should require the FBI to identify key data that tribes could track and that the BIA could collect. At a minimum, the FBI should ask BIA to use the National Incident-Based Reporting System (NIBRS) or request that BIA provide more detailed child-specific information. BIA and FBI data collection about AI/AN children and child fatalities should be coordinated to be complementary and comprehensive.
6	Data Sharing, Native American	**Appendix G:** Increase reporting upfront to the Bureau of Indian Affairs (BIA) on tribal and state child welfare cases involving American Indian/Alaska Native (AI/AN) children	**Recommendation 6.1:** Increase reporting upfront to the Bureau of Indian Affairs (BIA) on tribal and state child welfare cases involving AI/AN children.
7	Native American	**Appendix G:** Congress should mandate the provision of training and technical assistance for tribes around collecting data and building data systems.	**Recommendation 7.1:** Congress should mandate the provision of training and technical assistance for tribes around collecting data and building data systems.
8	Native American	**Appendix G:** Federal policy should provide incentives for states and tribes to increase participation and deputation agreements and other recognition agreements between state and federal law enforcement agencies.	**Recommendation 8.1:** Federal policy should provide incentives for states and tribes to increase participation and deputation agreements and other recognition agreements between state and federal law enforcement agencies.
9	Native American	**Appendix G:** Coordination between and among jurisdictions should be mandated, facilitated, and incentivized.	**Recommendation 9.1:** Coordination between and among jurisdictions should be mandated, facilitated, and incentivized.
10	Native American	**Appendix G:** The federal government should mandate the recognition of tribal criminal jurisdiction in Indian Country in cases of child abuse and neglect, regardless of the perpetrator's race.	**Recommendation 10.1:** The federal government should mandate the recognition of tribal criminal jurisdiction in Indian Country in cases of child abuse and neglect, regardless of the perpetrator's race.
11	Home Visiting, Mental Health, Medicaid, Funding, Native American	**3.3d:** Work to provide for the delivery of mental health services through Medicaid and Title IV-B. In addition, tribes should be able to access case management, case monitoring, and supports necessary to maintain children within the home, beyond the standard work day hours of 9:00 a.m. to 5:00 p.m.	**Recommendation 11.1:** Congress and the Administration should address the ability within tribes to support child/family/tribal access to needed services, supports, early literacy services, home visiting, and education by, at a minimum, promoting access to services, supports and education outside of the standard 9 a.m. to 5 p.m. service hours.
12	Education, Native American	**7.1d:** Mandate the development and implementation of educational curricula connecting youth to their cultural traditions, particularly around native language renewal and positively presented Native American history, to be used at all levels of pre-collegiate education.	**Recommendation 12.1:** Congress and the Administration should mandate the development and implementation of educational curricula connecting youth to their cultural traditions, particularly around native language renewal and positively presented Native American history, to be used at all levels of pre- collegiate education.
13	Native American, Foster Care	**7.3b:** Mandate the implementation of service approaches that prioritize keeping AI/AN children within their tribes as a primary alternative to out-of-home placement.	**Recommendation 13.1:** Congress and the Administration should mandate the implementation of service approaches that prioritize keeping children within their tribes as a primary alternative to out-of-home placement.

Item	Subject(s)	Within Our Reach Citation	Dissent Citation
14	Native American, Teen Suicide, Ages 5-18 CAN deaths	**6.2e:** Conduct longitudinal research about the leading factors related to CAN fatalities of AI/AN children, 18 and under. It may be possible to integrate a longitudinal research component in the Tiwahe Initiative (a partnership between HHS and the Departments of Justice and Interior) currently being piloted in four tribes.	**Recommendation 14.1:** Conduct longitudinal research about the leading factors related to CAN fatalities of AI/AN children, 18 and under. It may be possible to integrate a longitudinal research component in the Tiwahe Initiative (a partnership between HHS, DOJ, and DOI) currently being piloted in four tribes.
15	Native American	**7.1g** Promote and facilitate peer-to-peer connections around examples of well-formed efforts focused on AI/AN children and families	**Recommendation 15.1:** The federal government should promote and facilitate peer-to-peer connections around examples of well-formed efforts focused on AI/AN children and families.
16	Mandatory Reporting	**7.2d:** Demand greater accountability from mandatory reporters. Federal legislation should be amended to include a "minimum standard" designating which professionals should be mandatory reporters, and training of these reporters should be an allowable expense under title IV-E administration, so long as the training model is approved by HHS. For mandatory reporters who need to maintain licenses in their fields, training and competency should be a condition for licensure, with responsibility on the licensees and their licensing entity to make sure they refresh competencies over time.	**Recommendation 16.1:** Congress should mandate that all organizations receiving federal funding or benefits have at least one responsible party who is registered in a federal registry, and that said party be trained in the nuances of mandatory reporting of child abuse and neglect. In said situations, clergy shall have the ability to report under the shield of anonymity.
17	Family Preservation, Foster Care	**Appendix G:** Congress should mandate that all CPS cases consider the total well-being (physical, mental, and emotional) of (1) the child, and (2) the nuclear family and shall proceed with the presumption of preserving the holistic health of the family in anticipation of reunification and/or kinship care where practicable.	**Recommendation 17.1:** Congress and the Administration should promote the standard that all CPS cases consider the total well-being (physical, mental, and emotional) of (1) the child, and (2) the nuclear family and shall proceed with the presumption of preserving the holistic health of the family in anticipation of reunification and/or kinship care where practicable.
18	Teen Pregnancy, Disproportionality Home Visiting, Foster Care, Funding	**Page 75:**…agencies that manage the following federal programs, all of which play a role in communities' ability to support families and protect children from fatalities: **Child welfare programs** (titles IV-B and IV-E of the Social Security Act, the Child Abuse Prevention and Treatment Act [CAPTA]) **Public health programs** (title V, the Substance Abuse and Mental Health Services Administration, Maternal, Infant and Early Childhood Home Visiting [MIECHV], the Teen Pregnancy Prevention program) **Appendix G:** Congress should encourage	**Recommendation 18.1:** Congress should encourage increased emphasis on teen pregnancy prevention, especially for young men and women in high poverty areas and those in foster care. There needs to be more attention given to young men in the development of effective teen pregnancy programs.

Item	Subject(s)	Within Our Reach Citation	Dissent Citation
		increased emphasis on teen pregnancy prevention, especially for young women in high poverty areas and those in foster care.	
19	Multidisciplinary Teams	**Appendix G:** Congress should mandate that no person, having been convicted and/or incarcerated for violent crimes or sexual assault crimes, be assigned probation or parole to cohabitate in a dwelling where any resident is presently the subject of a CPS or domestic violence investigation, temporary placement and/or adjudicated case. Congress should further mandate that receipt of any such person shall result in a CPS investigation and home study to determine the safety of all children within said dwelling. This cohabitation restriction shall terminate upon completion of probation or parole.	**Recommendation 19.1:** The Administration should bolster efforts to involve probation officers and parole officers in the multi-disciplinary outreach to monitor the safety of children where parolees and those on probation reside.
20	Disproportionality Multidisciplinary Teams	**4.1a:** Congress should incentivize the establishment of Intact Family Court demonstration projects that feature a multidisciplinary team approach in order to promote healthy families and communities where there is a disproportionate incidence of child abuse and neglect and CAN fatalities. This approach should not be limited to support through federal funds but could be implemented through public/private partnerships.	**Recommendation 20.1:** Congress should incentivize the establishment of Family Preservation Court or Intact Family Court[14] demonstration projects that feature a multi-disciplinary team approach in order to promote the survival of healthy families and communities otherwise decimated by disproportionate incidence of child abuse and neglect and CAN fatalities. This approach should not be limited to federal funds, but could be implemented through public/private partnerships.[15]

[14] **Intact Family Court – Through public/private partnerships develop place-based pilots focused on communities with disproportionate child abuse and neglect fatalities to address the needs of young children (5 years old and under) where there is a substantial risk of abuse or neglect. Elements of the Intact Family Court would include:**

- **Referrals from medical workers, law enforcement, clergy, or social workers**
- **Voluntary process for family to engage in**
- **Initial intake would include a physical for every child**
- **Guardian ad litem needed, instead of a lawyer for the child**
- **No lawyers engaged**
- **Assessment to provide focused coaching and supportive services to family**
- **Confidential process**
- **Social worker drives the Intact Family Court process and can still pursue more formal dependency process if necessary**
- **Court's role is expanded to be a resource both in the Intact Family Court, as well as in their current role in more formal dependency proceedings**

[15] The Intact Family Court will evaluate protective factors and provide pre-emptive supports to prevent child abuse and neglect fatalities. The process could have similarities among the pilots, but not be too prescriptive to address the unique needs in a specific community and provide targeted supports to families.

Conclusion

The Reports are a stark reminder to policymakers that the Child Welfare System must be reformed and that Child Protective Services (CPS) is broken. Unapologetically, the Reports demonstrate that the current Child Welfare System relying upon the current CPS paradigm is not designed to prevent child abuse and neglect nor CAN deaths. Instead, the system is designed to react to incidents of suspected child maltreatment which too often are manifested in the death of a child from abuse and/or neglect. Child Welfare and CPS must receive an overhaul to become the proactive system needed to effectively protect our children.

Two years of dedicated work by CECANF saw visits to children's advocacy centers (CACs), research roundtables, an abundance of meetings with stakeholders, and over 200[16] witnesses in the name of preventing CAN deaths. The dedication shown in these efforts deserves a corresponding response by the Congress and the President on behalf of our children.

In this crosswalk lies the bridge that brings eliminating CAN deaths closer into reach. It is our hope that a clear path can be realized by policymakers to take action to preserve the lives of our children. Ready, practical, and actionable solutions are clearly presented herein allowing the reader to experience a thoroughly vetted, bipartisan approach to saving children.

[16] CRS Insight, http://www.fas.org/sgp/crs/misc/IN10465.pdf