



COMMISSION TO ELIMINATE
CHILD ABUSE AND NEGLECT FATALITIES

FLORIDA PUBLIC MEETING HIGHLIGHTS—JULY 10, 2014

The Commission to Eliminate Child Abuse and Neglect Fatalities held a state public meeting in Tampa, Florida on July 10, 2014, from 8:00 a.m. to 4:30 p.m. at the Children’s Board of Hillsborough County. The meeting was for Commissioners to gather national and state-specific information regarding child abuse and neglect fatalities. More than 200 people joined by phone or in person. This brief provides data highlights from the meeting, including key presentation points on the following:

- The **use of data** to understand risk and enhance prevention efforts
- Balancing **confidentiality** with the need for transparency and accountability
- **Florida strategies** that are working well and opportunities for further improvement

A summary of the meeting will be available on the Commission’s website at <https://eliminatechildabusefatalities.sites.usa.gov/>

USE OF DATA

Commissioners heard from Drs. Emily Putnam-Hornstein and Richard Barth, nationally recognized researchers in the field of child abuse and neglect, on strategies for using data to better understand risk factors for child abuse and neglect fatalities. Citing a population-level study based on multiple sources of data from California, Dr. Putnam-Hornstein provided an overview of the risk factors for fatal child maltreatment. Key findings included the following:

- A previous report to child protective services (CPS), regardless of disposition, significantly elevated the risk of death during a child’s first five years of life.
- A previous report to CPS was significantly associated with a child’s risk of both unintentional and intentional death.

Dr. Putnam-Hornstein also discussed specific barriers to obtaining a more accurate count of child abuse and neglect-related fatalities and the need to link multiple sources of data to enhance surveillance, front-end decision-making, and cost-effective research and evaluation. She proposed predictive risk modeling as a way that child welfare agencies might use the vast amounts of data now available to supplement clinical judgment and improve decision-making about child safety and service provision.

Dr. Barth spoke on the use of birth match in three states, and on issues related to deaths of children who were in foster care or who had been adopted. Birth match programs use an automated data system to alert CPS to births of children to parents who have previously had a termination of parental rights or who have been previously convicted of killing a child. Birth match is used in

Maryland, Michigan, and Minnesota to identify and provide timely intervention in cases of newborns at high risk of maltreatment. Although all states have the option to share birth records with child welfare agencies, very few currently exercise this option.

Dr. Barth also talked about children who have died while in foster care or after being adopted. He indicated a lack of procedures to systematically collect information on the deaths of these children, a process that is critically important for understanding how the number of fatalities can be reduced. He made a number of recommendations, including adding a requirement to the Child Abuse Prevention and Treatment Act (CAPTA) for states to report on these fatalities and creating a standardized home study for foster and adoptive parents that reflects known risk factors for maltreatment and filicide.

CONFIDENTIALITY

Howard Davidson, J.D., director of the American Bar Association's Center on Children and the Law, presented on the federal framework governing access to CPS records and other relevant data in the case of child maltreatment fatalities. He informed Commissioners that CAPTA provisions have evolved from the law's original (1974) focus on confidentiality to a broader mandate for information sharing beginning with the 1996 reauthorization; however, this mandate has yet to be fully spelled out in U.S. Department of Health and Human Services policy. Davidson then made specific recommendations for improving state laws on permissible and mandatory disclosures. He also discussed the legal issues related to information sharing among social service agencies for ensuring child safety and preventing child abuse and neglect fatalities.

Commissioners then heard a panel discussion on Confidentiality, Transparency, Accountability, and the Media. Panelists included Florida Rep. Gayle Harrell, who listed steps that Florida has taken to strike an appropriate balance between transparency and confidentiality, including the establishment of child death review teams and a state website that reports to the public on child deaths. Other panelists included representatives from the Florida judiciary, DCF, and the media. Panelists spoke about ways that transparency regarding child deaths may help support prevention efforts. A discussion between Commissioners and panelists touched on the following:

- Ways to further interagency collaboration while respecting the need for confidentiality
- Who is actually protected by confidentiality provisions—children and families or the system
- The role of immunity in creating greater transparency

FLORIDA STRATEGIES

A panel of representatives from Florida discussed how predictive analytics is being employed in the state through a process called Rapid Safety Feedback (RSF). RSF is designed to flag key risk factors that could gravely impact a child's safety in open child welfare cases. Key risk factors identified included children who are 3 years old or younger receiving in-home services, and the presence of a paramour in the home. Other risk factors RSF identifies include the following:

- Young parents
- Intergenerational abuse
- Substance abuse
- Mental illness

- Domestic violence history

Since RSF was implemented in Hillsborough County, there have been no child fatalities due to child abuse and neglect in the county. Florida DCF has now implemented RSF statewide.

Other notable features of the Florida child welfare system that presenters identified as promising or effective practices include the following:

- Appointment of a statewide child fatality specialist
- A coordinated system of child protection and child abuse death review teams (multidisciplinary, community-based, medically directed)
- Close collaboration between state and tribal child welfare systems (Seminole tribe)
- A community-based system that promotes a high level of collaboration at a local level
- Close relationships between child protective services and law enforcement (including six counties where the sheriff's office is the contractor providing child protective investigations)
- Enhanced laws and community training to increase reporting
- Community education and free devices (e.g., door alarms, smoke detectors) to help prevent common causes of death, including unsafe sleep and drowning
- Co-location of domestic violence specialists within child protection units

Challenges or areas for further improvement identified by presenters included the following:

- Retaining/recruiting adequate medical staff and assessing children's long-term health needs
- Need for safety planning with adults in the home other than parents (e.g., paramours) who may pose a risk to children
- Lack of uniform investigation procedures
- Primary focus on keeping families together rather than on child safety

One of the final speakers was a woman from Florida Youth SHINE who entered foster care at age 12 with her younger brother. She aged out of foster care at the age of 18 after living in at least 10 group homes and one foster home. She was separated from her brother and not allowed to contact him after he was adopted from foster care. She spoke to Commissioners about the impact of being separated from her sibling and the lack of family stability on her ability to form and maintain healthy relationships, handle life's difficulties, and become a loving parent. She indicated that many of the child abuse and neglect deaths in Florida involved young parents who had themselves been in foster care, suggesting that a critical prevention strategy is to provide safe, stable, and nurturing relationships for children in foster care.