



COMMISSION TO ELIMINATE
CHILD ABUSE AND NEGLECT FATALITIES

NEW YORK PUBLIC MEETING HIGHLIGHTS—AUGUST 6-7, 2015

The Commission to Eliminate Child Abuse and Neglect Fatalities held a public meeting at the Administration for Children's Services' Children's Center Auditorium, New York, New York, on August 6-7, 2015. Approximately 139 people attended in person, and 88 attended via teleconference. This brief provides highlights from the meeting, which explored key research, policy, and practices in the state of New York and in New York City related to addressing and preventing child abuse and neglect fatalities.

Officials from New York state and from New York City child welfare services appeared before the Commission. **Laura Velez**, the deputy commissioner in the Division of Child Welfare Services, New York State Office of Children and Family Services (OCFS), opened Day 1. She provided statistics on the state-supervised, locally administered child welfare system, including information on the budget, investigative process, fatalities, and prevention efforts. Velez explained that all reports of possible child maltreatment come through a state register and are moved to the counties for investigation. The annual number of child fatalities has varied little during the past five years. Unsafe sleep is the state's leading cause of death in infants and is often related to an infant sleeping in an adult bed while the parent is under the influence of alcohol or drugs. Velez noted that the state has a number of preventive programs in place, including evidence-based home visiting.

Gladys Carrión, who is the New York City commissioner at the Administration for Children's Services (ACS), provided an overview of child welfare, including child fatalities, in New York City. She discussed some of the preventive measures that have been put into place since Mayor de Blasio took office and since her own appointment in January 2014. Reforms include a significant number of new hires, a reduction in caseloads, reduction in the number of children in foster care, and the integration of parent advocates into ACS. ACS also employs more than 100 investigative consultants, who are retired law enforcement officers. Prevention providers in 59 community-based organizations throughout the city provide not only family support services, but also domestic violence, education, and mental health services, among others. Finally, Carrión described the mayor's Children's Cabinet, which brings together many agencies to focus on the well-being of New York City's children.

Other presentations by panels and individuals covered the following topics:

- A dual-generation approach to preventing maltreatment fatalities
- New York City's Children's Cabinet
- Universal evidence-based maternal home visiting
- New York City's Safe Sleep initiative
- New York City's Instant Response Teams and the role of clinical consultation in child welfare practice

- Child deaths: A perspective from the field
- Disproportionality, associated factors, and promising practices
- Leveraging advances in aviation and patient safety to eliminate child abuse and neglect fatalities

For the remainder of the meeting, Commissioners engaged in deliberations.

A full transcript and meeting minutes will be available on the Commission’s website at <https://eliminatechildabusefatalities.sites.usa.gov/event/new-york-public-meeting>.

A DUAL-GENERATION APPROACH TO PREVENTING MALTREATMENT FATALITIES

Two panelists presented on the topic of preventing child maltreatment by identifying and helping mothers who might be at risk. **Dr. Rahil Briggs**, an associate professor and director of Pediatric Health Services at the Albert Einstein College of Medicine and Healthy Steps at Montefiore, discussed ways to use the primary health care setting to identify children at risk. She described the Healthy Steps program in the Bronx, which routinely screens parents for depression, other mental health concerns, and adverse childhood events (ACEs) as part of pediatric care. Screening helps the program identify which families might most benefit from Healthy Steps intensive services. Dr. Briggs had the following policy recommendations for the Commission:

- Payment reform must go beyond screening and include dyadic work, prevention, etc.
- Redefine medical necessity to reflect, for example, the risk of being born to a mother with depression.
- Provide a capitated payment rate to reimburse for practices with behavioral health staffing.

Dr. Angela Diaz, a professor of pediatrics at the Icahn School of Medicine at Mount Sinai, also serves as director of the Mount Sinai Adolescent Mental Health Center. She presented on the topic of intervening in adolescence to prevent child maltreatment fatalities. She noted that adolescent girls with a history of maltreatment are more likely to become teen mothers than their peers, and the children of adolescent mothers are 11 times more likely to die during childhood than children born to adult mothers. While adolescents may not seek regular health care, they do seek treatment related to reproductive health, and this setting is a place to provide services and support to young mothers and their children. Dr. Diaz offered the following policy recommendations:

- Screen adolescents, including pregnant and parenting teens, for a history of child maltreatment, depression, and substance use; connect them to interventions, and ensure access to services.
- Integrate primary care with services for sexual and reproductive health, mental health, and substance abuse prevention/treatment.
- Ensure that all services for adolescents are trauma informed.
- Ensure that adolescents have access to health education, including comprehensive sexuality education in schools and during health care, and to reliable family planning methods.
- Make sure adolescents who are having a baby get timely prenatal care and have access to reliable contraception after delivery.
- Invest in early childhood development services and prevention services at every stage.

NEW YORK CITY’S CHILDREN’S CABINET

Richard Buery, New York City’s deputy mayor for strategic policy initiatives, spoke about the city’s

Children's Cabinet. The mayor was inspired to create the Children's Cabinet in April 2014 after the widely publicized death of 4-year-old Myls Dobson. Establishment of the Cabinet, which comprises 24 city agencies, was designed to increase interagency communication and promote shared responsibility for children's safety and well-being. The Cabinet has three focus areas: (1) aligning policy and practice to reduce service barriers and provide a consistent message to families, (2) integrating data and promoting data-sharing agreements among agencies, and (3) developing programs, such as the new Talk to Your Baby campaign.

UNIVERSAL EVIDENCE-BASED MATERNAL HOME VISITING

Senator Daniel Squadron, who represents the 26th District (primarily New York City) in the state senate, spoke about the importance of maternal home visiting programs. There are currently three evidence-based home visiting programs in New York: Nurse-Family Partnership, Healthy Families New York, and Parents as Teachers. Senator Squadron stated that there is a need for universal home visiting, meaning that every expectant high-risk mother would be offered a program at her first prenatal visit. The senator then discussed possible ways to finance such programs, noting that they would result in significant taxpayer savings by reducing future costs associated with child maltreatment, poor health, and academic failure. He described the social impact bond model, in which private investors provide program costs and are repaid only if the program meets benchmarks.

NEW YORK CITY'S SAFE SLEEP INITIATIVE

Panelists from three New York City agencies presented on the city's Safe Sleep initiative. Dr. Oxiris Barbot, deputy commissioner in the Department of Health and Mental Hygiene, presented statistics on infant mortality. Although infant mortality has been trending downward in the state, unsafe sleep remains a significant problem, and disparities between black and white babies' mortality rates are getting worse. Babies born to African-American mothers are three times more likely than Latino babies and five times more likely than white babies to die of sleep-related causes. City agencies are collaborating to present a consistent public health message and services to parents across the city.

Dr. Jacqueline McKnight, executive deputy commissioner of Child Welfare Programs at ACS, described some of the measures that ACS has undertaken to address child deaths due to unsafe sleep. ACS is forming a Safe Sleep unit of seven workers who will focus solely on planning, managing, and implementing safe sleep strategies. The city's Safe Sleep campaign targets specific neighborhoods with high rates of unsafe sleeping conditions. Agencies have partnered to promote a consistent message to the public and have produced public media materials, targeted outreach to new parents, trained staff, and devised a plan for collecting data.

Lorraine Stephens, deputy commissioner in the city's Department of Homeless Services, testified about the development of a risk assessment instrument to increase child safety among homeless families with ACS involvement. Every homeless family with a child under age 5 involved with ACS also receives a weekly visit from a social worker. These visits include safe sleep instruction. In addition, a special team of social workers was hired to visit each of the 2,500 families in shelters. To ensure safety at homeless shelters, incoming families view a video on safe sleep, and shelter staff are trained in recognizing child abuse and in safe sleep procedures.

NEW YORK CITY'S INSTANT RESPONSE TEAMS AND THE ROLE OF CLINICAL CONSULTATION IN CHILD WELFARE PRACTICE

A panel of three presenters described different partnerships among New York City agencies that enhance the safety of children and youth. The first two presenters described the work of the city's

Instant Response Teams (IRTs), a partnership between ACS and the New York City Police Department (NYPD). **Susan Morley**, senior advisor for investigations, ACS, relayed the history of the IRTs. Currently, about 4-6 percent of ACS cases call for an IRT, including all cases involving fatalities, severe physical abuse, sexual offenses, and any other cases that would benefit from a multidisciplinary approach. Since 2006, ACS has used investigative consultants, former detectives who work with child protective services (CPS) staff on difficult cases. An IRT database shares information among agencies, collects data, and produces reports. Investigators now have direct access to criminal and domestic violence databases.

Michael Osgood, the deputy chief and commander of the NYPD Special Victims Division, provided some recommendations stemming from his work and from the IRTs:

- Dedicate funding to further knowledge of the physical evidence of abuse and neglect.
- Train investigators and police in recognizing child abuse and neglect.
- Train and certify emergency room physicians to recognize and report child abuse and neglect.
- Support and embrace the key role of child advocacy centers.

The third panelist, **Andrea Goetz**, is assistant commissioner, Clinical Practice and Support, ACS. She presented on a clinical consultation program launched in 2002 to increase the capacity of ACS staff by offering expertise in four areas: medicine, mental health, domestic violence, and substance abuse. The consultants are co-located with ACS. A CPS worker can request a consultation with a specialist, who can help the worker identify any red flags that might impact child safety.

CHILD DEATHS: A PERSPECTIVE FROM THE FIELD

Dr. John Mattingly, a former child welfare commissioner at ACS, focused on decision-making in child welfare. Unlike some fields, child welfare does not have standard protocols or criteria for making consistent decisions. Dr. Mattingly suggested that the field needs to consider carefully what kinds of knowledge and competencies decision makers should have. He made the following recommendations:

- We must do what it takes to overhaul our process, and there are a lot of people fighting it.
- Families, relatives, parent advocates, and experienced facilitators need to be in the room when decisions are made that affect a family.
- Leaders need to know what the real culture is on the front lines of their organizations.

DISPROPORTIONALITY, ASSOCIATED FACTORS, AND PROMISING PRACTICES

Four presenters discussed child welfare disproportionality and its impact on child deaths. **Dr. Rita Cameron Wedding**, chair of the Department of Women's Studies at California State University, Sacramento, led off the presentation by describing her research on implicit bias (IB). Everyone has IB to some extent, and it reveals itself in language, decisions, and interactions. In the child welfare system, IB is responsible for some of the disproportionate number of black children in foster care and for the possible underreporting of white families in incidents related to abusive head trauma. Dr. Cameron Wedding made the following recommendations to the Commission:

- Conduct research on how IB in individuals and agencies impacts service delivery.
- Explore whether disparities in child welfare outcomes—such as black children being removed more often—are actually related to IB rather than to objective decision-making.
- Discuss whether a mandatory standardized risk assessment should be used in all deliberations about indicated child abuse and neglect in order to reduce IB.

The second presenter, **Dr. Paul Elam**, president at Public Policy Associates, discussed his work in reducing racial disproportionality in child welfare and juvenile justice in Michigan. The Michigan Race Equity Coalition was created in 2009 and charged with (1) identifying key decision points that contribute to disproportionality and (2) developing plans to address it. Research showed that minorities were more likely to be investigated, removed, age out, and die in the system than white children. The reduction strategy focused on dissemination of findings on disproportionality, cultural competency training, training for law enforcement, and community outreach programs.

Chet Hewitt, president and CEO of the Sierra Health Foundation, presented by phone on efforts to reduce the greater number of African-American children dying in Sacramento compared to white children. Six neighborhoods account for the vast majority of disparities, and a newly funded strategic plan is set to go into effect. Hewitt made the following recommendations to the Commission:

- Place a stronger focus on early intervention and move upstream to address community and parent engagement, as well as family support.
- Increase the focus on family development.
- Strengthen data collection and the independent review of child fatalities
- Enact the broad use of validated assessment/screening tools to decrease subjective, biased reports and decisions.
- Build a sense of self-efficacy.

Dr. Renee Canady, CEO of the Michigan Public Health Institute, focused on a public health view of disproportionality in child welfare. She suggested the culture needs to be changed and the questions reframed so that institutional processes and practices that hurt minority families are identified and changed. Dr. Canady shared four recommendations:

- Consider the shared model of responsibility. Figure out what is working, and replicate that.
- Change the narrative. If we talk about vulnerable mothers, we will continue to see them that way. Instead of “problemizing” individuals, we need to ask about the deficient environment.
- See poverty as a condition, not a character flaw.
- Enact standards and share replicable norms.

LEVERAGING ADVANCES IN AVIATION AND PATIENT SAFETY, AND PUBLIC-PRIVATE PARTNERSHIPS TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES

Two employees of the MITRE Corporation presented on the topic of using public-private partnerships to help eliminate child fatalities. **Dr. Mark Thomas**, a senior principal at MITRE’s Center for Transforming Health, led off the presentation by providing background information on the unique status of MITRE, which is a private, independent, not-for-profit organization that manages federally funded research and development centers (FFRDCs). **Edward Walsh**, associate department head for aviation safety analysis at MITRE, described how MITRE manages an FFRDC that includes the federal government partnered with 45 airlines, researchers, and other stakeholders. Partners share data in order to advance research into airline safety. Decision-making is collaborative, and funding comes from the government. MITRE is the trusted third partner that collects and stores all the aviation data and performs data mining and analysis, sharing results on a secure portal.

Dr. Thomas discussed strategies to prevent deaths and injuries to patients at three pediatric hospitals. Aggregated data allow partners to develop benchmarks and compare themselves to others in their group. Dr. Thomas suggested that a similar type of study might be used to help prevent child abuse and neglect fatalities. Data would come from law enforcement, courts, schools, health, and other systems. The FFRDC partnership would carry out research on different topics, such as

predictive risk modeling, and monitoring and reporting. Such a partnership would give jurisdictions and agencies an incentive to contribute data.

COMMISSIONER DELIBERATIONS

The Military

Deliberations began with the Military Subcommittee findings. The subcommittee worked with the Family Advocacy Program (FAP), which provides all of the military's child welfare and domestic violence services. The subcommittee distributed a survey through the FAP, which showed that the program's number one challenge is information sharing with civilian CPS offices. Lack of information sharing by local CPS offices results in military families missing out on prevention and intervention services available to them through the FAP. Also, the military is unable to compile any reliable statistics on child maltreatment. The military asked the Commission for assistance with this issue.

CECANF Recommendations: Qualitative Review Overview

Commissioners then discussed a qualitative review of all of the recommendations made by invited speakers through May 2015. Forty-three themes fell into two main categories. The top themes under each category are listed below:

- Mechanism themes
 - Funding
 - Federal issues/recommendations/legislation
- Content themes
 - Information sharing
 - Coordinated approach/reducing silos
 - Prevention
 - Record keeping/data systems

Topics of discussion included the following: the need to include Alaska Native/American Indian families and the sovereignty of tribes, whether staff summaries of recommendations rather than the raw recommendations were acceptable to Commissioners, whether every stakeholder voice was represented, and further content needed for the Commission's final report.

Disproportionality

On Day 2, Commissioners briefly reviewed recommendations from the prior day's disproportionality presentation. There was discussion about the importance of including the topic of disproportionality in the final report, and there was one suggestion to recommend the use of a tool similar to a bench card that would help workers make unbiased decisions.

The Final Report

Commissioners then discussed several options for a final report framework and structure. There was consensus on not just voting on individual recommendations but, instead, focusing on an overarching theme. This will be developed further by staff and shared before the Commission's next call.