



COMMISSION TO ELIMINATE
CHILD ABUSE AND NEGLECT FATALITIES

SHORT-TERM AND LONG-TERM RECOMMENDATIONS

CONGRESS: SHORT-TERM RECOMMENDATIONS

Aligned Leadership

- C1. Through legislation, Congress should direct states to develop and implement a coordinated, integrated, and comprehensive state plan to prevent child maltreatment fatalities. This requirement should be included as a title IV-E state plan requirement and as a requirement in key health, public health, and justice programs (including title V, Maternal and Child Health Block Grant) to ensure the full and meaningful implementation of this action.
- C2. Congress should undertake a broad review of federal legislation, including title IV-E, title IV-B, title V, title XX, title XIX (Medicaid), programs authorized by the Public Health Services Act, and others to ensure that national policy in title IV-E and other relevant programs has clear and consistent goals around the national goal of preventing child abuse and neglect fatalities. Federal funds should align with best practices identified by the Commission. Where necessary, policies should be amended to address barriers to data sharing and program coordination. Examples of policies to examine include those that address:
- Increased accountability in titles IV-E and IV-B, CAPTA, and title V specifically. Consider a legislative tie between titles IV-E, IV-B, and CAPTA for the purposes of enforcement so that IV-E and IV-B money is on the table for states if they don't fulfill certain provisions in CAPTA that prevent fatalities and near fatalities.
 - Data collection and sharing.
 - Confidentiality laws.
 - Programmatic goals for maltreatment prevention.
- C3. Clarify language in CAPTA related to public disclosure of child abuse fatalities and near fatalities to define what information can and cannot be disclosed following a fatality. Provide adequate funding to states so that they can meaningfully execute public disclosure requirements.
- C4. Amend CAPTA to substantially increase CPS resources so that all suspected cases of abuse and neglect are adequately investigated and assessed.

Decisions Grounded in Stronger Data

C5. Enhance the ability of local systems to share data in real time.

- Working with the Executive Branch and its data experts, Congress should enact legislation to remove barriers to collaboration and sharing of information across agencies (law enforcement, courts, medicine, and behavioral health) by amending FERPA and HIPAA to allow access to information in the investigative phase of a child welfare case and amending the Substance Abuse and Confidentiality federal regulations (42 CFR Part 2) to allow sharing of critical information about substance use by parents, caregivers, or children. Also consider opportunities to inform state legislatures about the ability to develop legislation allowing the sharing of information across systems.
- Support use of data standards (such as the National Information Exchange Model, NIEM) to enhance the ability to make data systems interoperable in all programs with a role in child protection.
- Clarify federal legislation that allows child protective services (CPS) agencies access to National Crime Information Center criminal background information.
- Require states to share CPS information across states, allowing CPS and law enforcement to check CPS records in other states when assessing a child's safety.

C6. Congress should amend CAPTA to improve the data on fatalities that are collected and submitted to NCANDS.

- Require states to report aggregated child fatality data or explain why they do not.
- Add a fatality file that includes additional data elements to better understand the circumstances of fatalities to inform practice and policy, including redefining the data element that requires the "number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of a child" [CAPTA Sec 106(d)(11)] to include the number of all children reported to CPS, regardless of acceptance or substantiation, who later died from abuse or neglect.
- Add a near fatality file.
- All deaths of children while in foster care or after being adopted from the child welfare system should be captured.

Multidisciplinary Response

C7. Congress should authorize funding to support a multidisciplinary initial CPS response to child abuse and neglect reports for young children ages 0-3, in which a nurse, substance abuse specialist, or mental health professional accompanies the CPS responder as may be indicated by the content of the report to the CPS agency. Consider the possibility of co-locating this expertise with CPS, as demonstrated by New York City's model. Consider opportunities for Medicaid to reimburse providers.

EXECUTIVE BRANCH: SHORT-TERM RECOMMENDATIONS

Aligned Leadership

- E1. Elevate the issue of child abuse and neglect fatalities within the federal government. *Several options have been proposed by Commissioners and staff for accomplishing this recommendation. They are listed below for Commissioners' consideration:*
- **Establish the Children's Bureau as a Cabinet-level department.** The Commission recommends establishing the Children's Bureau as a Cabinet-level department that addresses issues of child welfare, a key component of which would be child protection with a national goal of preventing fatalities and near fatalities due to abuse or neglect. The newly configured Children's Bureau would include responsibility for maternal and child health by bringing the Maternal and Child Health Bureau (MCHB) under the Children's Bureau. *(Staff comment: This recommendation does not seem politically feasible. Given the focus on reducing government, calling for an entire new agency may prove difficult. Commissioner Cramer also cautioned about creating a Cabinet-level bureaucracy.)*
 - **Elevate responsibility for preventing fatalities from the Children's Bureau to the Administration on Children, Youth and Families.** This would bring the issue one step closer to the Assistant Secretary for the Administration for Children and Families within HHS.
 - **Create an Office of Child Safety within the Office of the Secretary of HHS.** The Office of Child Safety would be led by an Assistant Secretary of the Children's Bureau and would be a direct report to the Secretary of HHS.
 - **Create a position responsible for child safety within the Domestic Policy Council or the Office of Management and Budget (OMB).**
 - **Promote the importance of preventing child abuse and neglect fatalities through the Office of the Surgeon General.** Injury and Violence Free Living is one of the Surgeon General's seven top priorities in the National Prevention Strategy.
- E2. Require the [agency identified above in E1] to lead the development and oversight of a comprehensive national plan that articulates federal goals and specific roles for all federal agencies involved in preventing child abuse and neglect fatalities.
- E3. Under the Government Performance and Results Act (GPRA), the executive branch should establish performance goals specific to the reduction of child abuse and neglect fatalities.
- E4. The Children's Bureau should add measures specific to child abuse and neglect fatalities to its Child and Family Services Reviews (CFSRs), including prevalence of parental substance use disorders.
- E5. Establish national standards for supervisory and case management workload commensurate with the child safety requirements.

- The Administration for Children and Families (ACF) and states should work together to identify standards for case supervisory and management oversight of practices critical to child safety.
- Caseloads and workloads should be designed to support the level of contact with families necessary to assess the current status of a child’s safety and a caregiver’s progress, with intensive contacts when children remain at home or have been reunited with parents.

Decisions Grounded in Stronger Data

E6. Enhance the ability of local systems to share data in real time.

- The Executive Branch should lead a multi-agency effort to identify barriers to states sharing data across systems. This should include data systems funded by title IV, title V, CDC (birth/death), Medicaid (injury), as well as other data sets.
- Require agencies charged with protecting children and serving at-risk families to share data to inform practice decisions using data standards (such as NIEM) for exchanging information.
- Require states to use interstate exchange systems for sharing CPS data securely and preserving confidentiality, such as the National Electronic Interstate Compact Enterprise system.

Multidisciplinary Response

E7. Develop new pediatric quality measures for family risk assessment, failure to thrive, and early childhood injuries.

E8. Develop clinical guidelines for specific injury situations (e.g., infant with a bruise and a fracture, child with a burn) in order to decrease missed cases of abuse in which the child goes on to have more severe injuries.

EXECUTIVE BRANCH: LONG-TERM RECOMMENDATIONS

Aligned Leadership

E9. Apply principles from safety science to improve child protection.

- The federal government should require state CPS agencies to have proactive safety management programs, similar to those required in aviation and hospitals.
- Provide research and development funding to facilitate adaptation and incorporation of lessons from safety science into CPS agencies.
- Apply stronger research methods to the development of safety assessment criteria and adapt safety assessment methods to the changing context of CPS agency involvement throughout the life of a case. Consider the possibility that all states should have a “threat of harm” provision in legislation and that federal guidance could be developed to ensure that parental rights are upheld and cultural biases are addressed.

Decisions Grounded in Stronger Data

- E10. **Develop a national child abuse and neglect fatalities data tracking system.** This could be done by reconciling and building upon existing federally funded data collection systems, similar to how data are currently reconciled across individual data systems by the airline and hospital industries. Multiple existing systems define child abuse and neglect fatalities differently, collect different types of data about each fatality, are not linked, and, therefore, cannot share data. Improving the quality and standardization of data and requiring that data be submitted to each of these federal databases would be key to the success of this approach.
- E11. **Develop a standardized operational definition and multidisciplinary process for identifying child abuse and neglect fatalities.** STAFF NOTE: This might be unnecessary if the Commission recommends a data-mining system similar to the one developed for the airline industry, described in Recommendation E10.
- E12. **Establish a Multidisciplinary Center for Research on Child Abuse and Neglect Fatalities and Near Fatalities.** The center would encourage public and private collaborations to fund research and an overall focus on linking research to changes in policy and practice. Research on brain development and the impact of trauma on the brain should be used to drive practice. States should be incubators of innovation in addressing new modalities for fatality prevention. This should be supported through federal innovation dollars and collaboration with public-private partners.

STATE: SHORT-TERM RECOMMENDATIONS

Aligned Leadership

- S1. **Each governor should designate an interagency state task force for the development and implementation of the integrated state plan to prevent child abuse and neglect fatalities required by Congress (see recommendation C1).** The governor and legislature of each state should convene a biannual public-private stakeholder summit to raise awareness and identify a strategy for supporting the state plan to eliminate child abuse and neglect fatalities. A report should be produced in off years to inform updates to strategies.

Decisions Grounded in Stronger Data

- S2. **Share data in real time between CPS agencies and other important partners.**
- Require cross-notification of all allegations of child abuse and neglect between law enforcement and CPS agencies. Consider including in NCANDS data a report on how many CPS referrals were reported to law enforcement in the prior year. Also consider reports from law enforcement on their referrals to CPS.
 - Implement electronic cross-reporting with law enforcement similar to the Electronic Suspected Child Abuse Reporting System (ESCARS) in Los Angeles.

- Ensure that health information exchanges facilitate access to injury and health service histories of children at the point of care, especially for children presenting with injuries in the emergency department.

S3. Use predictive analytics and retrospective reviews to learn what puts a family at risk for a child abuse or neglect fatality.

- Collect comprehensive data about the circumstances that precede a fatality in addition to data about the circumstances of the fatality itself.
- Collect information on near fatalities for the purposes of counting, classification, and development of prevention programs.
- Retain all referrals/reports for at least 5 years to better inform policy and practice.
- Track the characteristics of the families in which children die to identify how to better address their needs.
- Explore promising approaches for better understanding risk and targeting services and supports, such as predictive analytics and geographic information system (GIS) mapping.
- Conduct a review of all open-in home cases involving children ages 0-3 to identify families in which potential safety concerns have been overlooked or misinterpreted. Consider involving retired judges and social workers in this review. Use Florida's Rapid Safety Feedback work as a guide.
- Review cases that were screened out by hotline staff.
- Develop and implement secondary review protocols for children judged not to be in present danger to better recognize families in which threats of harm still may be present or parents' protective capacities may be weak. These conditions may not be presently endangering the child but may constitute a high probability that serious harm will occur absent an effective intervention.

Multidisciplinary Response

S4. As a matter of national and state policy, improve screening and the provision of prevention and early intervention services to children and families most at risk of child abuse and neglect fatalities.

- *Youngest Children*
 - All referrals to CPS agencies involving children ages 0-3 should result in a different approach to investigation, including a safety assessment within 2-4 hours, regardless of whether there is a specific allegation of maltreatment.
 - All referrals to CPS agencies for physical abuse involving children ages 0-3 should result in a medical evaluation that includes an examination of any prior history of suspicious injuries.
 - Expedited access to home visiting services should be available for all families with children ages 0-3 who receive a referral from the CPS agency or a pediatrician.

- *Priority Services*
 - Ensure that CPS-involved children and families at the greatest risk have priority access to effective mission-critical services, especially as they relate to adult mental health, substance abuse, insufficient caregiver protective capacities, and domestic and interpersonal violence.
 - Test and develop the ability of home visiting to reduce child abuse and neglect fatalities. Utilize the research infrastructure through the national Home Visiting Research Network to support this effort.
 - Prioritize prevention and support services to prevent and address abuse and neglect by young parents in the child welfare and juvenile justice systems. These young parents have many risk factors, and government systems are responsible for them and already have access to them.
 - Develop policies that address sources of stress in parents and caregivers, and provide tools and training to parents for dealing with toxic stress to help diffuse potential child maltreatment before it happens. Integrate strategies that build child and adult caregiving capacities to succeed within complementary policies that collectively lower the burden of stress on families.
- *Screening*
 - Expand birth match programs as currently operated in Michigan and other states.
 - Expand the screening of caregivers for elevated risk (e.g., Oregon's well-being screen or Montefiore's Adverse Childhood Experiences [ACEs] screen), and provide early connections to services.
 - Develop evidence-based screening tools for ACEs.
 - Support postpartum depression screening and treatment for the prevention of child maltreatment.
 - Ensure that all children eligible for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit within Medicaid are receiving the necessary pediatric services.

S5. Develop supportive and flexible funding strategies that recognize activities necessary to protecting children from a child abuse or neglect fatality.

- Expand Medicaid coverage for home visiting services for families most at risk of child abuse and neglect fatalities.
- Utilize title IV-E funding to support child abuse workforce development.
- Identify new payment strategies that might reimburse family-based services (e.g., parental mental health services) in meeting the responsibilities of EPSDT and/or Plan of Safe Care requirements for a child at risk of a fatality from abuse or neglect.
- Capitalize on state and payer investment in primary care medical homes and health homes to increase access to trauma-informed programs (for both parents

and children), home visiting services, and other family-based social services within primary care settings.

- Expand efforts to shift reimbursement to reflect both the whole family as a system of health and the health care delivery team as a whole system.
- Permit physician reimbursement under Medicaid for participation in child abuse and neglect multidisciplinary team activities.

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