



COMMISSION TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES

HERNDON, VIRGINIA PUBLIC MEETING TRANSCRIPT

December 7-8, 2015

Speakers in Attendance:

- Chairman David Sanders
- Commissioner Amy Ayoub
- Commissioner Bud Cramer
- Commissioner Teri Covington
- Commissioner Susan Dreyfus
- Commissioner Patricia Martin
- Commissioner Michael Petit
- Commissioner Jennifer Rodriguez
- Commissioner David Rubin
- Commissioner Wade Horn
- Commissioner Cassie Statuto Bevan
- Amy Templeman, CECANF Acting Executive Director
- Patricia Brincefield, CECANF Communications Director
- Christina Crayton, American Public Human Services Association
- William Estrada, Home School Legal Defense Association
- Amy Harfeld, Children's Advocacy Institute
- John Sciamanna, Child Welfare League of America

DECEMBER 7, 2015

CHAIRMAN SANDERS: Good morning. We're going to get started. We have a day and a half for discussion of the recommendations that have been put together from the subcommittees. This will be our first opportunity to go through our recommendations in detail and to take a position on which of them we support as a Commission and want to move forward.

So I'm going to just provide a short context for today and then we'll jump into discussion of the introduction in Chapter 1.

So our work I think has become quite focused as we've read stories every day of children dying due to child abuse and neglect. If history repeats itself, 6 to 12 children will die due to abuse or neglect during our day and a half of deliberation, and that's an unfortunate fact.

It's also a fact that the President and Congress have appointed the 11 of us to try and stop it from happening. If they had wanted our opinions, they could have asked 2 years ago and could have met individually with us and asked us to share our ideas, told us to get into a room together and hash it out and bring forward a proposal. If they wanted only an ideological or partisan perspective, they could have asked any number of pundits their opinion. If they had wanted a research view, there are plenty of university professors prepared to summarize the literature and present the evidence base.

The President and Congress were clear, they appointed a diverse group because they wanted a number of perspectives. They gave us 2 years because our investigation was to be comprehensive. This isn't so much about what we brought to the table 2 years ago, but the opportunity for us to hear what's happened across the country, what the latest research is, and what policies seem to be effective and which aren't.

If one or more of us knew the answers when we started, we should have or could have been applying it in the public, private, or not-for-profit sector. We were given 2 years to learn everything we could, then collectively, through the filters that each of us bring, come up with the best set of recommendations possible to first and foremost develop a national strategy to eliminate child abuse and neglect fatalities.

So our work today is to have that conversation and it will require compromise. Nobody is going to get everything they believe should be in this, but everyone's expertise should be reflected in it. It must be bipartisan in order for divided Executive and Legislative Branches to take action and for all 50 states to be compelled to act.

But first and foremost, we have to make recommendations that will reduce or eliminate fatalities. That should be the filter that everything that we discuss today is seen through: Will it reduce or eliminate child abuse and neglect fatalities?

So for the conversation, we will start with Chapter 1. We have the Introduction in Chapter 1, and then we have the set of recommendations that we're hoping to cover.

Chapter 1 is what really frames the remainder of the report, and if we get Chapter 1 right, then the remainder of the report is much easier to discuss, and we have not yet had the full Commission discussion about the content of Chapter 1. The idea there is urgency, and I think that's been a conversation we have had as a full Commission, and Chapter 1 now attempts to reflect the kind of urgency that I believe all of us feel is necessary. We are obligated to address that urgency.

At the same time, we have abundant evidence that our current approach cannot achieve the goal of zero fatalities, so Chapter 1 also includes the long-term vision that we've talked about and tries to capture the three components of that vision and lays out what the remainder of the report will look like. So Chapter 1 is attempting to balance the urgency, what can we do now, and the long-term vision.

And I would just close by saying that the emphasis has been on a limited set of immediate strategies that can impact children and families tomorrow. The 6 to 12 children that will die before noon tomorrow, what could we do to address that? And that's what Chapter 1 is attempting to do with the five different specific strategies.

And so the question is: Have we captured that sense of urgency? Have we actually -- will the five strategies make a difference in eliminating fatalities? And do we have a long-term vision that will create the kind of structure that assures that we have a chance of achieving the goal of zero fatalities?

So with Chapter 1, I believe we have had comments from Rubin, Petit, Horn, and Dreyfus, and the ideas that we're going to take the document, go through the comments, make amendments to the document, and see if we end up with a document that we're all able to live with.

So I know that Dr. Rubin has to leave before the morning is out, so perhaps we can start with the Chapter 1 that I believe all of us have had now for at least a week and a half and the amendments that Dr. Rubin would propose to Chapter 1, and then we'll go through the others who have made comments already, and then make sure that everybody has an opportunity to respond to Chapter 1, and we'll make decisions about what to add and what to take out and what to change.

Dr. Rubin, are you there?

COMMISSIONER PETIT: David, can you tell us who's on the phone, the other Commissioners? Maybe you already did that.

CHAIRMAN SANDERS: We have Dr. Rubin, we have Amy Ayoub, and Dr. Horn.

COMMISSIONER PETIT: So we're missing Bud Cramer?

UNIDENTIFIED FEMALE SPEAKER: I think he's coming.

CHAIRMAN SANDERS: He is to be here.

COMMISSIONER PETIT: Okay.

CHAIRMAN SANDERS: Jennifer Rodriguez will only be in on Tuesday.

COMMISSIONER MARTIN: Mr. Chairman, before Dr. Rubin speaks, I wanted to know -- I think we all got copies of their amendments, but there are some other comments that some of us may have. Are we going to wait until Dr. Rubin finishes and then go through those?

CHAIRMAN SANDERS: Yeah. So what I was thinking was we start with the ones that have already been made and decide, do we want to change the document to include those? And then actually we'll go through everybody. So everybody will be asked to go through their comments. And if we've already addressed it, great; if we haven't, then it will come up in --

COMMISSIONER MARTIN: Thank you.

CHAIRMAN SANDERS: Does that --

COMMISSIONER MARTIN: The only point I was going to make was that if in fact some of our comments go to global issues, I would like to hear Rubin's comments about those as well because he has to leave, too. You see what I'm saying? But either way is fine.

CHAIRMAN SANDERS: He has till noon, so - -

COMMISSIONER MARTIN: Oh, okay.

CHAIRMAN SANDERS: So hopefully we'll get through much of it. If we don't, then --

COMMISSIONER MARTIN: Great. Thank you.

CHAIRMAN SANDERS: Go ahead, Dr. Rubin.

COMMISSIONER RUBIN: Hi, everyone. Good morning, everyone. I think this is -- I'm really looking forward to the outcome (microphone feedback). Can you guys hear me?

UNIDENTIFIED FEMALE SPEAKER: No.

CHAIRMAN SANDERS: No, we can't hear you now.

COMMISSIONER RUBIN: Hello? Hello? Can you hear me? (Microphone feedback.)

CHAIRMAN SANDERS: I think he is saying for you to keep talking, he is trying to adjust the sound.

COMMISSIONER RUBIN: Yeah. Hello? Check one, two, three. (Microphone feedback.) Check, check, check, check.

CHAIRMAN SANDERS: Dr. Rubin, they're making adjustments to the speaker. Can you say a few things?

COMMISSIONER RUBIN: Check, check, check. Can you hear me now? (Microphone feedback.) Can you hear me?

CHAIRMAN SANDERS: Yes, it appears we can.

COMMISSIONER RUBIN: All right. Hopefully I won't get too much feedback on my end. But interrupt me if it comes in and out.

I'm just looking forward to hearing what everyone has to say today. Hopefully, we will achieve some level of consensus the best that we can. I think my (microphone feedback) -- I think my overall (microphone feedback) -- are we still there?

CHAIRMAN SANDERS: Yeah.

COMMISSIONER RUBIN: I think my overall comments for the group today are focused on a couple things. I think number one, I think that I do like the urgency that we're creating. I think there are other ways that we can create even more urgency around the state plans that we're talking about and actually elevating a couple of the things that we talked about, whether it's innovation money to support state innovation that was brought up at earlier deliberations in meetings similar to what CMMI sort of provides or elevating the state plans themselves. And I sort of brought up in my correspondence the last couple weeks the issue of drawing a comparison to the way our country handled pandemic flu a couple years back, and this was suggested in a conversation with Trust for America's Health over the last couple of weeks that an MOU had to be signed with all the governors' offices in the country around their pandemic flu planning, and I like the sense of urgency that was created by pandemic flu and our issue in trying to draw some analogies between the two.

So there are a couple things I wanted to elevate into that first chapter to create some more urgency and also to recognize that if states develop innovation and evaluate innovation, that there will be some support to do that.

I will also note that I'm a little bit -- you know, I think we can fix this -- I'm a little bit concerned in drawing a contrast that there is an urgent set of recommendations and then this long-term vision. I know what we're trying to achieve, but all the urgency doesn't just rest on CPS, there is urgency around collective accountability, and I think we need to ensure that that urgency, while there is a long-term vision, that the urgency isn't sort of siloed into any one system or the other. I think some of the recommendations I make in subsequent chapters are really around adding specificity to things we could do around accountability right now so that folks in other systems can actually capture more kids or identify kids before serious risk happens to them.

And so those are my main ideas. I think that says why they had a kind of separate call, a follow-up call, with Medicaid that actually allows us to take some of the specific recommendations I made specifically around Medicaid and around public health and make me feel that they're probably in the right direction. And some of them may not be on the Executive side, they may actually be in the state or local side, but some of the pay-for-performance measures and some of the ways we can actually create greater accountability on the health side were included in subsequent chapters.

So those are my main comments.

CHAIRMAN SANDERS: Dr. Rubin, I just want to ask about the three things that I heard you mention: innovation dollars, the state plans, and the comparison with pandemic flu. And I believe that there are some general comments about direction. Are there specifics that you would identify for either one of those, for any one of those, that are not currently included in the draft report? So, for example, do you have a specific mechanism that includes language related to innovation dollars, or is that yet to emerge?

COMMISSIONER RUBIN: I think that was included in the chapter I sent back that was subsequently developed later on, but I think that there are two opportunities around innovation funds. I think there is an opportunity specifically to set up a unique innovation fund. If our call for accountability includes state plans that are endorsed at the governor's office in every state in this country, and then we provide -- we could sort of mirror in some ways an understanding that in a situation where there's uncertainty about what exactly will work to support demonstration and evaluation for a period of time, I think we could set up a separate innovation fund that sort of operates like a block grant over a period of time, versus you could also, or in addition, take advantage of current existing opportunities.

So our conversation with Trust for America's Health pointed out that CMMI, the Centers for Medicaid and Medicare Innovation, are currently developing funding announcements related to accountable communities, and we could provide guidance to that effort and actually try to prioritize the reduction of early childhood mortality, and principally child abuse and neglect fatalities, as a priority issue for their accountable communities portfolio.

And so that's an existing opportunity, but I do think eventually -- you know, ultimately CMMI has multiple priorities, and I think a separate innovation fund to support these state plans would be important. And I think the bigger issue for me around the state plans is that I feel

like they belong in Chapter 1. I think we have to create a sense of urgency and accountability that the governors' offices are going to need to convene and put together a group that acts almost like what we saw across the country, these sort of children's cabinets that are actually aligning their budgets and actually trying to develop the kind of cross-system communication that will be necessary to prevent kids from slipping through the cracks.

CHAIRMAN SANDERS: Commissioner Martin?

COMMISSIONER MARTIN: So this is one of my general concerns. I love the idea of the state plans. I think we need to work around them, make certain they're bipartisan. We need to think about whether it's only the Executive Branch that should have the authority to develop these committees, but one of my major concerns is we are to direct the federal government, not state governments, and so what is the vehicle we're using from the federal government to get the state government to do these plans? Do you understand my question?

UNIDENTIFIED FEMALE SPEAKER: Mm-hmm.

COMMISSIONER MARTIN: So I just want to make certain that we're thinking about -- and, again, I love the idea, I think it's a great idea. I think the work does have to be at the local level, but we still -- our charge is to change federal government and recommend to federal government changes. And so I just want us to be mindful of that and make certain all of our recommendations, as Chairman Dave had said, talk about deaths, but also we're getting to the end and we have to start including what vehicles we're using that the feds have to get to wherever we're going.

CHAIRMAN SANDERS: Commissioner Dreyfus?

COMMISSIONER DREYFUS: I think it's a great question. So I was thinking about that, too, and I know that as a state administrator, I was responsible for creating a IV-E plan, a CAPTA plan, and what I don't know is if in that CAPTA -- I assume it would have been under CAPTA, and maybe our great colleagues here in the room know, but are states required for CAPTA plans for a plan to eliminate fatalities of children from abuse and neglect? I just don't remember what was required by the feds or if something would have to be amended into that state plan requirement.

CHAIRMAN SANDERS: Commissioner Bevan?

COMMISSIONER BEVAN: State plan is not IV-E, first of all. State plan requirement under CAPTA is another section, it can't be IV-E.

COMMISSIONER DREYFUS: No, I'm saying there were multiple plans I had to put together across all of federal funding, which is the (off microphone) that Commissioner Martin (off microphone).

COMMISSIONER BEVAN: Right. But, first of all, I do not believe that our mandate is only federal. That's not in the --

CHAIRMAN SANDERS: Yeah. No, our mandate is broader. It is at actually all levels. It speaks specifically to state, local, and federal. Yes.

COMMISSIONER BEVAN: Right. Okay. So that (off microphone) not federal. The second --

CHAIRMAN SANDERS: Oh, Dr. Bevan, every time I turn this on, it turns yours off. It's true of everybody.

COMMISSIONER BEVAN: Oh. How convenient.

CHAIRMAN SANDERS: Well, the same happens to yours. Every time you push yours, mine goes off, too, so --

(Laughter.)

COMMISSIONER BEVAN: Really? You have a lot of power today.

(Laughter.)

COMMISSIONER BEVAN: It's just like Jeopardy.

Okay. So let me get to David, Dr. Rubin, about state plans. State plan requirements are conditions upon which the state has to meet in order to get federal funds. So when you talk about state plans, I don't think it's the same as what I think about the state plans and I don't think what Susan was thinking about state plans. We are thinking about the conditions for which federal reimbursement is allowable, is not just allowable but is required, because the federal government requires states to have a state plan in order to get -- that meets the IV-E, mostly for us IV-E and IV-B requirements, and then the state will get the money.

So I don't know exactly what, Dr. Rubin, I guess it works differently in Medicaid or -- I'm not sure what you meant by state plans.

COMMISSIONER RUBIN: Actually, that's helpful, Commissioner Bevan. I'm thinking we wanted to tie in many ways to creation of these state plans, I'm calling them plans, but I think that I need help from those that have a little more experience in terms of how the federal government can mandate this, looking for precedent, you know. I believe the states had to develop state plans when they had to draw down the MIECHV funding through the ACA or for the Maternal Child Health Block, that I'll sort of defer to others in terms of how that was created, but I think we need a mechanism to elevate whether it's a state plan or a memorandum of understanding or accountability at the state level.

And then I would ask others who have more experience on how you could do this with respect to the financing for whether it's CAPTA, whether it's IV- E, Medicaid, et cetera, that this is about creating real teeth in accountability and having every state really work together at a governor's level. That's what the vision is, at a governor's level, to create an improved system of accountability around protecting children.

CHAIRMAN SANDERS: Commissioner Petit?

COMMISSIONER PETIT: I think the specific apparatus is not one that we should try and frame from here. The first hurdle that we have to overcome is the fact that they think that they need to do something about it. And the national point that Commissioner Martin raised about the states, I think one of the things that's quite evident right now is that the states are largely self-directed on this. They do need to meet certain requirements and do certain things, but overall there's a tremendous amount of freelancing that is happening within the states precisely because the federal government hasn't clearly defined what its expectations are at the state.

But my experience with all of this is that the federal government in the end trumps. And we were asked to develop a national strategy, not I think just what the federal role should be, but what the federal, state, and local role should be.

So we could spend a lot of time on what the exact vehicle is for this thing, but we in the end are not going to have the final say on this. I think the important point is that there needs to be strong federal leadership on this and going into the states, I agree with David, that the governors should play a stronger role. And one of the recommendations at least that I've made, I don't know that it's fully embedded within here yet, is that there should be a state convening in every single state, the governor could host it, bringing together a cross-section of people, all of whom we've identified in this report, to look at it and discuss and debate the report that we're making, that we're recommending.

So I think there is plenty of room here for the states. We just need to get everybody on board in terms of addressing it. And so this governance question that we're talking about, I think other than noting that there needs to be a strong presence -- I mean, we've spent a lot of time trying to define that, and I don't think we're going to have the last word on it. I think that the Executive Branch and Congress, and all we've done is serve up some options, but I don't know that we can say this is the one we've closed on.

The one thing that I did add in my own comments is that there be somebody who is designated to lead this effort within the federal level at a highly appointed political position so that this all comes someplace within this.

The last thing I would mention, David, on the state intervention, state accountability, which I don't know if this is where that fits in, we've heard a lot of testimony as to how weak the federal government has been in its oversight, but I do think that we need to discuss this. And one of the issues -- and maybe Amy can tell me or someone who has been working on the document -- is whether or not the provision that we raised about the Department of Justice, some kind of a model like that, that would allow the government to go into a state if a state was simply failing to keep up with what needed to be done on the presumption that these are children that belong to everybody and not just in a particular state.

So the kind of thing that we see now with DOJ on shooting of minorities where the feds can go in and take a look at a situation, I'm hoping we would support something like that here as well.

CHAIRMAN SANDERS: So let me go back because we have a draft report in front of us, and it's quite comprehensive, it includes language that gives us an opportunity to make specific comments about. We have ideas that we can talk about, but at this point, it's not as helpful as having something specific that we can say, "This goes here, replacing this," or, "I don't like this in here at all." And so to the extent we can get to the latter, that's my goal.

So part of the reason why I wanted to hear a little more about the question as to the state plan is that it seems what specific might come out of this, and this is a question for Dr. Rubin because he may want to make a specific proposal, but that we add a how-to section in Chapter 1 that includes the development of something, it doesn't sound like it's a state plan, but maybe there are -- maybe it is an MOU, but something specific that seems to reflect what happened with the pandemic flu that commits a state to using -- and the second piece then

would be using the innovation fund, the innovation dollars, in this way to achieve these goals, and there would be a federal lead appointed.

Those are the things that I heard specifically, but I'm not -- that's what I'm trying to get a sense of. What is it that we want in the report that would be different than what's here now?

AV TECHNICIAN: We have Commissioner Horn.

CHAIRMAN SANDERS: Commissioner Horn?

COMMISSIONER HORN: Hello? (Microphone feedback.) Hello? (Microphone feedback.) I'm hoping you can hear me.

CHAIRMAN SANDERS: Yes.

COMMISSIONER HORN: Okay. So I have a couple of (microphone feedback) -- I did submit comments on the draft, some general comments, and so forth, but I do have a couple of specific recommendations for modifications. First of all (microphone feedback). Can you hear me, David? Hello?

CHAIRMAN SANDERS: Yes. I think he's making adjustments as you speak, so go ahead.

COMMISSIONER HORN: Hello?

COMMISSIONER RUBIN: I can hear you.

CHAIRMAN SANDERS: Go ahead.

COMMISSIONER HORN: So anybody else?

CHAIRMAN SANDERS: No, we can hear you.

COMMISSIONER HORN: I can hear you if you can hear me.

COMMISSIONER RUBIN: This is Dave.

COMMISSIONER HORN: Yeah, I can hear you, but I'm not sure --

COMMISSIONER RUBIN: Me and you can have a side conversation.

(Laughter.)

CHAIRMAN SANDERS: Can you hear me, Wade? Can you hear me? Wade, can you hear us?

(No audible response.)

CHAIRMAN SANDERS: No. Neither Wade nor David can hear us. They're not coming in.

COMMISSIONER PETIT: David, while we're waiting for them to come in, may I offer a comment?

AV TECHNICIAN: David, if you could go ahead. David, we can hear you just fine, if you could continue on.

CHAIRMAN SANDERS: Wade was the one who - -

AV TECHNICIAN: Or Wade. Wade or David, if you guys could hear us? We're still connected.

COMMISSIONER PETIT: David, can I just raise a process question while we're waiting to plug in here? As soon as they come on, I'll get off. In terms of how you described what the morning would look like, what we would act on, et cetera, some of us did give specific comments. So we'll have an opportunity to discuss those; right?

And then beyond that specific, in my particular case, I've gone through this chapter page- by- page, and what I would like to be able to do is if people are going to talk specific to that, fine, but at some point, just in terms of the coherence so it will flow of it, that we do this page looks right, this page looks right, this page, comment on whatever the specific elements are within it.

CHAIRMAN SANDERS: (Off microphone.)

COMMISSIONER PETIT: What?

CHAIRMAN SANDERS: (Off microphone) 50 pages?

COMMISSIONER PETIT: I think, no, no, definitely not for 50 pages. For what we think are the four or five or six or eight or nine most important things, and a bunch of these things are going to be at the end of all of this, but there are some that are more urgent, more compelling, that we need some work on. And --

CHAIRMAN SANDERS: If it rises to that level, yes.

COMMISSIONER PETIT: (Off microphone) would draw your attention.

CHAIRMAN SANDERS: Yeah. Yeah. If it rises to that level, yes. So the comments from Dr. Rubin are not yet in a form that are specific enough to include in the report.

COMMISSIONER PETIT: Right.

CHAIRMAN SANDERS: And so I think that's really the goal, is to get those things in front of us so we can have a discussion about that.

COMMISSIONER PETIT: I agree. For the moment, we're on the health, public health, model and not the more immediate issue of children in the CPS system right now. So I understand why you leapfrogged that to go first, but I'm hoping we're going to have enough time to develop all that. Yeah.

CHAIRMAN SANDERS: Hopefully we'll hear from everybody.

COMMISSIONER MARTIN: So I have another comment about the process. For me, and maybe not everyone else, but when staff adjusts a draft, if they could put in the margin where the new part is, that would be helpful; right? Because then we can direct -- because I keep flipping trying to find where we're putting in the new things, and so, you know, when you read it just straight through, it flows, but when we start dissecting, it's difficult for me to find that.

And then when we make recommendations, so if Pat wants to make a specific recommendation, if you could tell the rest of the body where you suggest that recommendation goes, that would be helpful because then we can kind of put it in context, for me at least.

CHAIRMAN SANDERS: And I think that's exactly where we should get to. We haven't been for this item in part because we don't have something specific yet.

I think, Commissioner Petit, you have some specific things, I know Commissioner Dreyfus does, that will hopefully get at that, and then the rest of the conversation will be more of that, along those lines.

Commissioner Covington?

COMMISSIONER COVINGTON: I mean, I guess I'm kind of confused about how we're -- this process on the review. Is there a chance to just talk about the basic structure of the report in terms of Chapter 1 or rather than going into individual recommendations?

You do have control.

(Laughter.)

CHAIRMAN SANDERS: Yeah. And actually there was a comment from Commissioner Bevan when we were on our phone call that it should be specific, though. So it could be rethink the way that this is laid out, and that's the proposal, absolutely.

COMMISSIONER COVINGTON: We should probably wait until they get back on the call.

COMMISSIONER PETIT: David, if I could make one --

COMMISSIONER BEVAN: I'm sorry. I just wondered if (off microphone).

COMMISSIONER PETIT: What?

COMMISSIONER BEVAN: I just wanted to answer Susan's question about the state plan and the child fatalities under CAPTA. And there is nothing that requires anything on -- there's a homeless section, which we could really model after the homeless section, that requires priorities on children who are homeless, but we don't have anything on fatalities except for the fatality reviews, and disclosure issues, but not what you were talking about.

COMMISSIONER DREYFUS: Here's the thing on the state plan. I don't think David can hear, but --

AV TECHNICIAN: David can hear. David can hear. In fact, he would actually like to come back in and talk when you're finished.

COMMISSIONER DREYFUS: Oh.

CHAIRMAN SANDERS: Go ahead. Yeah, it was Commissioner Horn that was speaking.

COMMISSIONER HORN: (Microphone feedback.) Can you hear me now? Hello?

COMMISSIONER RUBIN: I can hear you.

(Laughter.)

COMMISSIONER HORN: You and I can hear each other. And I can hear them, but they can't hear us.

AV TECHNICIAN: We can hear you. We can hear you guys just fine. I'm trying to avoid a feedback loop, and so just like we're talking one at a time --

COMMISSIONER HORN: So you can hear us.

AV TECHNICIAN: Yeah.

COMMISSIONER HORN: Okay. So I'm just going to start talking and then if people talk over me, I'll assume it's because you stopped being able to hear me.

So, David, I think what you've been asking for, specific comments about the specific recommendations. So I'm just going to -- and I also unfortunately can only attend this morning's session as well as tomorrow morning's session, so if some of it is a little out of order, that's the reason.

So regarding Recommendation 1.1, what to do about children who are already under CPS agencies, number one, I would recommend that we include here Commissioner Petit's recommendation for a search for those children who are already known in the CPS agencies, particularly for those who are in-home.

Secondly, the recommendation, the first recommendation or bulleted recommendation under Recommendation 1.1, leads with the Rapid Safety Feedback model developed in Hillsborough. I do not think that we know enough about that model to say that's the model that should be replicated nationally. As far as I'm aware, there has not been an independent third party evaluation of that model in terms of its effectiveness in reducing child abuse and neglect fatalities. It may be a wonderful model and certainly seems promising, but I think that the emphasis here should be on the need to give financial resources through CAPTA to state and local agencies so that they can better respond to reports of abuse and neglect and are better able to monitor children who are at risk. And one possible model could be highlighted as Hillsborough, but I don't think we should lead essentially saying that should be the model that should be replicated nationally. I don't think we know enough yet.

In terms of Recommendation 1.3, the first bulleted strategy says investigate all CPS hotline calls for children under age 5. I do not believe we should restrict that by age. I think that we can talk about the necessity to respond very quickly. I think somewhere there is a recommendation about responding within 2 or 3 or 4 hours, whatever that is, which is fine, but I don't think we should be giving the impression that if you're over the age of 5, we are deprioritizing the investigation of an allegation of abuse and neglect, and so I would want to modify that requirement.

Under Recommendation 1.4, it says require pediatric screening for all risk -- it says requiring children who are known to CPS to require pediatric screening for risk of fatalities. I think this is probably, while an interesting idea, I would -- my guess is it's somewhat impractical, expensive, and I'm not sure of the overall effectiveness that would be -- so those are my specific amendments or suggested amendments to those recommendations.

CHAIRMAN SANDERS: Commissioner Horn, just to be clear on the recommendation related to screening, you would recommend eliminating that?

COMMISSIONER HORN: I would recommend that I think we should investigate all -- I mean, one of the reasons why not all CPS calls are investigated is because CPS is under-resourced and --

CHAIRMAN SANDERS: No, not the calls, the screening recommendation, the pediatric screening. You had said that it was likely impractical. Are you suggesting eliminating that recommendation?

COMMISSIONER HORN: Yes. I think that if we want a recommendation that says there should be increased training for pediatricians so that screening for risk of fatalities is something that is in their repertoire, that's fine, but requiring it for every single pediatric screening I think is probably impractical, expensive, and unlikely to be targeted enough to have much of an effect.

CHAIRMAN SANDERS: So let me just ask, and with Dr. Rubin on it, I would like to get his response, but I thought the feedback we got from Medicaid suggested that this is potentially either is part of or should be part of EPSDT screening.

COMMISSIONER COVINGTON: That is different than the pediatrician, though.

COMMISSIONER RUBIN: Do I support --

COMMISSIONER COVINGTON: Yeah, I support that, but I think that's different than during a pediatric visit. That's a very different type of screening. So my thought would be to build a child abuse risk into EPSDT or do something around that. That's what Medicaid said they could -- they thought they could make happen.

CHAIRMAN SANDERS: Commissioner Rubin?

COMMISSIONER RUBIN: Do I have the floor?

CHAIRMAN SANDERS: Commissioner Rubin?

COMMISSIONER RUBIN: Yeah. You know, I actually don't disagree with Commissioner Horn. You can't require every pediatrician with penalty to do anything. What I provided, the way it works in pediatrics is by, you know, the Pediatric Quality Measures program, they require the developed HEDIS measures around screening for psychosocial risk within families, particularly in the infant age group. What happens is, is the measures get created and then state Medicaid and managed care organizations start to incentivize that to practices and to health systems. That's not a requirement. What it does is it rapidly advances the innovation in the area because speaking from the perspective as a health system provider and someone who works on this all the time, it's a soft push, but it's an important one because you get a tremendous amount of innovation where people rapidly start scaling because, you know, it's linked to your contracts, and it doesn't mean that if you don't do it, you don't get paid, it's that there is an incentive there for you to do it.

So to me, I love the -- you know, it was confirmed that that's the kind of mechanism you can do in health care without going too far. Just so you guys know, there are already kind of recommendations now that on every visit we're supposed to screen for child abuse and neglect. It's not very effective. Most folks just check that there is no child abuse and neglect issues going on, so it's not -- it's a well-intended sort of EPSDT requirement, but it's not

enforceable and it's sort of treated ad hoc by health systems. I do think that with true quality measures, you can get there.

The only other thing I'll say about the state plans or whatever you want to call the state accountability, I want to be careful that folks understand that I'm not talking simply about a public health accountability approach. The way we had talked about it retrospectively was that whatever that accountability is or that memorandum of understanding, that our recommendations both on the CPS side as well as the sort of cross-systemwide, we would advocate to explain how they were meeting those requests. So, for example, if there were a surge, explain to us exactly how you plan to use those surge dollars. If there was a requirement around screening in all calls under 3 years for certain types of professionals who call in, explain how you're going to do that.

And so to me, this is about how we actualize and operationalize and ensure that the states are really treating these things seriously. And the question is, how do we raise that to some level of incentives or penalties if they don't?

CHAIRMAN SANDERS: Okay, so I'm going to -- we have some specific things in front of us, and I will ask for discussion and a decision on each one of them.

The first is this issue of the pediatric screening. So there were several people that spoke at the time, so I'm not clear.

Dr. Horn, were you proposing to eliminate pediatric screening from the recommendation? Because then that would be the starting point for the rest of it. Or are you suggesting to modify the recommendation?

COMMISSIONER HORN: I think that I would certainly entertain modifications. I just think that as currently written, it is not likely to be very effective for some of the reasons that had just been pointed out.

CHAIRMAN SANDERS: Commissioner Petit.

COMMISSIONER PETIT: Yeah. I think a modified version is appropriate in terms of pulling the health care system into this, and pediatricians being another set of eyes on this thing. But, you know, one could be making the cases strongly for obstetrical personnel be involved, who see the child in utero way in advance of pediatricians. And we know that in many places in the country there is very poor prenatal care or no prenatal care or late prenatal care and --

CHAIRMAN SANDERS: So do you have a proposal?

COMMISSIONER PETIT: Yeah. I think what we should do is recommend that the health profession as a whole, both -- starting with obstetricians and pediatricians should become more involved in this exercise as a process and they should be invited and asked and trained and everything else to -- and I've spoken to any number of pediatricians, including some very young ones who are just doing their internships now, and have asked, "What kind of training did you get on child abuse for the 6 years you've been doing this?" "None," is what I've gotten from some students.

So I think what we do is we open the door to expanding this, but we don't start out by saying 4 million babies born a year get a screening for child abuse and neglect through pediatricians.

I mean, I think that we make a down payment on it, but it's not an immediate first step on this thing because I don't think we know enough about what it would reveal. And there is work going on, and one of the things we should be doing -- and when I say "we," when the federal government takes over more responsibility for this area, if it does as it should, compiling information about programs that are working around the country already in place or that have been attempted, it would be a good thing for them to compile information on and distribute it and promote it and train it around the country.

COMMISSIONER COVINGTON: I don't know if you knew this --

CHAIRMAN SANDERS: Commissioner Covington.

COMMISSIONER COVINGTON: -- I'm getting e-mails from people that are trying to hear in, and apparently the public can't hear us yet (off microphone), and I'm wondering if we need to just take a break until the public can hear what -- I mean, it just seems like we're not (off microphone) people can't hear. I don't know where we're at, but I think it's a problem.

COMMISSIONER BEVAN: I really think we need to move on.

COMMISSIONER PETIT: I echo that sentiment unless you add the time to the end of this thing. As it is, we've only got a day and a half, and we have a ton of material to go through.

COMMISSIONER COVINGTON: But it's supposed to be an open meeting. It's supposed to be an open meeting, and if people aren't hearing (off microphone).

COMMISSIONER PETIT: Well, we're working on it; right? You said we're working on it?

COMMISSIONER BEVAN: My suggestion would be take a 5-, 10-minute break and see if they can get it fixed while we're --

UNIDENTIFIED FEMALE SPEAKER: Yeah, we can call in and test it right now. I'm hearing that people are on.

UNIDENTIFIED MALE SPEAKER: Yeah.

UNIDENTIFIED FEMALE SPEAKER: I haven't heard any people on.

AV TECHNICIAN: I'm sorry. Wait, wait. What issue are we talking about?

COMMISSIONER COVINGTON: The public that called into the line said they can't hear.

AV TECHNICIAN: Okay. And that's not working right now, and I'm trying to fix that problem. I can't say when it will be fixed. I might need to replace a piece of equipment.

CHAIRMAN SANDERS: Yeah. I'm going to suggest that we just -- we have a compressed period of time. Let's keep going, and we'll have to make sure we're capturing what's been said, and we can either repeat it or figure out some way to make sure the audience knows where we are as soon as they get back on.

COMMISSIONER BEVAN: Yes. Given my approach, which is to first review current law, as I've been saying all along, I'm hoping that, you know, as a policy committee, we wanted to establish political feasibility, we wanted to look at effectiveness, but we wanted to look at current law. We can't put another layer on top of current law.

So in current law in CAPTA what is already in the research grant, I don't know if they funded this particular research grant, but under 104A, the research topics that the Secretary shall consult with, one of them has to do with identification and treatment, cultural and socioeconomic distinctions is one. Another one that's particularly related to this is looking at practices and programs to improve activities and to identify screening, medical diagnosis, forensic diagnosis, health evaluations and services, including activities that promote collaboration between the child protective services and the medical community, including providers of mental health.

So it seems like that either we want -- maybe we want to elevate the current research agenda that is in 104 rather than -- and since there are so many items in 104 that apparently can be chosen from, I think that maybe what we want to do is take a look at that and shift the priority and say let's -- you know, that these kinds of research topics must be considered rather than --

COMMISSIONER DREYFUS: Considered for practice or research?

COMMISSIONER BEVAN: I don't know what's come out of this already, but it doesn't seem like it's been brought to our attention, therefore, I would assume that not much has come out of it or we would have heard about it by now.

COMMISSIONER COVINGTON: What it seems like we've heard from anybody that's a researcher is there is so little research being funded, and I don't -- is it being funded with CAPTA dollars? I didn't know that it was. That surprises me.

COMMISSIONER BEVAN: Yeah, well --

CHAIRMAN SANDERS: So let me see if I can put this into something that we could make a decision on because it sounds like moving away from required screening also moves it off of this urgent priority list and that part of what we would look at is perhaps as part of the shared responsibility that we rewrite this to include a broader description of physicians' roles, look at what's in CAPTA currently, have it as part of research agenda, all of which can be done, but it seems like it no longer belongs in Chapter 1 as one of the priority short-term recommendations to immediately begin impacting (off microphone).

COMMISSIONER COVINGTON: Maybe, I guess. I'm thinking about that one, but I also think when we're talking about this that we really talk about health care providers and not just pediatricians because a lot of kids don't get seen by pediatricians, they get seen by family docs, they get seen by nurse practitioners or family nurses. I think that -- I mean, my one concern is that that's really limiting our only concept of a pediatrician.

But I'm wondering, you know, I was looking at the comments that we just got from CMS about EPSDT, and they seem to think -- there was actually some urgency in the way they described that. I wonder if we visit that and see if that could still stay in this kind of urgent we can do this now (off microphone).

CHAIRMAN SANDERS: So do you have -- is there something then language-wise that should go there?

COMMISSIONER COVINGTON: I've got to go read that again.

CHAIRMAN SANDERS: Because it sounds like, Commissioner Horn, you're open to that. If it still fits in here, then let's look at language that's consistent with what CMS wrote. If it doesn't, then let's move on, let's take this out of Chapter 1 as one of the priorities and move on if that's the sense.

Commissioner Petit?

COMMISSIONER PETIT: Yes, I would support that.

COMMISSIONER CRAMER: Support taking it out?

COMMISSIONER PETIT: Support taking it out as a first tier level what we can do now to stop child abuse and neglect fatalities. I think there is more work that needs to be done in this area. EPSDT has a long history. There is language in there that, as Cassie has pointed out, that is meant to address this, and there are some other pieces that were described earlier about pediatricians examining every child and what they find and who would that get reported to, and is it mandatory? I mean, there's a whole series of operational questions that I would have about it, but I don't think it's clear enough yet to launch it to the top of the table.

CHAIRMAN SANDERS: Commissioner Dreyfus?

COMMISSIONER DREYFUS: Okay. I'm really having a tough time with the sequential language that we've started to use in this Commission about what immediately needs to happen in CPS and then this larger public health frame. What I find interesting is we talk about -- like now we're talking about the pandemic flu, and the bottom line is when our country has had to take an immediate action because of pandemic flu or whatever, it is a public health approach that's taken. I am really struggling with this notion that this isn't concurrent, but it's somehow sequential.

The other thing I want to remind us again is that most of these kids who will be killed are not known to the child protection system, but they are known to someone, and that has got to be part of this immediacy of this issue. That's what they realized in Hillsborough, and I disagree with Commissioner Horn about what happened with Rapid Safety Feedback in Hillsborough. I think there is absolutely -- whether or not there has been evaluation of it, I'm sorry, I don't think we have found a whole lot in any of our work over the last couple of years that has shown us anything has been evaluated. That's why we're all here to do this.

So on this one, with specificity; right? No, I don't see it as immediate, long-term; I see it as both. And the idea that pediatricians should be trained on quality EPSDT required to do comprehensive EPSDT including risk to children is absolutely something that should happen, it should happen right away, they should be required to do it. Obstetricians, absolutely. Look what Marc Cherna is doing in Allegheny County where obstetricians are identifying women at risk and they're putting home visiting in those homes immediately prior to the birth of these kids. I see that as immediate. I don't see that as some longer term thing.

So I'm happy to help with language, but where I'm struggling is this report getting put into two distinct buckets, like there's urgent and it only has to do with CPS, and then there is long-term, and it's this nice-to-do, public health, longer term approach. They're concurrent; it's both.

And I'm just struggling with how we're bucketing this thing, and I would like fellow Commissioners to help me out, but it's perplexing me that there is some of this immediate CPS agency focus and then everything else, and yet we know this issue is more complex than just the CPS agency alone.

COMMISSIONER RUBIN: Hello?

CHAIRMAN SANDERS: David, Commissioner Rubin. Then Commissioner Covington.

COMMISSIONER RUBIN: Yeah. Yeah. I just want to -- my feeling is, you know -- and maybe I'm getting confused because to me Chapter 1 is the broader strokes. Right? And so I'm thinking like, why are we getting caught up in exactly how the pediatric responsibility and the obstetric responsibility would be? I think suffice it to say I think there is an acknowledgement -- the compromise to me is that Chapter 1 really acknowledges that there are a substantial number of particularly young infants who CPS will never be granted the responsibility to save, and in that case, the only way we're going to prevent their deaths is if we have a higher level of engagement of the other systems that interact with these families when those infants are young, and that includes health care, it includes early intervention, it includes home visiting programs. Right? It includes the fabric of early childhood supports and systems that are out there.

And so to me, I think that's the acknowledgement in Chapter 1, is that we need to increase accountability of those folks if we are truly going to deliver on trying to capture more kids before they die. Right?

The comment about how to do that -- and, you know, we're intended about providing specificity and not platitudes, but in Chapter 2 or 3, wherever that approach is articulated, not in Chapter 1. You know, to me, the issue of quality measures is the effective way that you do this.

When CMS developed quality measures and when state Medicaid programs developed quality measures about routine screening for early childhood development, well, health systems responded by creating ways to do that effectively using evidence-based screening tools. And so there's no requirement there. There was no like enforcement or penalty. They did it because it was enforced as part of their contract and it was a sort of market-based approach, and that's just the way health care works.

But I think that is really in the weeds for Chapter 1, and really those kind of things that we're kind of working at with CMS and those very specific ideas are really meant for the later chapter. I think we need to agree -- decide whether we agree that we need to have a higher level of accountability, and that's what we're proposing in Chapter 1.

CHAIRMAN SANDERS: So let me suggest something along these lines because I think you have alluded to that before. And this doesn't have to be exact in terms of wordsmithing, but let's see if this gets to what you're saying, and if we can develop some agreement or decide that we need to vote on this and move on.

So something along replace the current Recommendation 1.4 with something along the lines of increase accountability of health care professionals to identify, in a sense, child abuse and neglect and risk-related fatality.

COMMISSIONER COVINGTON: I think if we're going to do that, I think we need to have more specifics there. I mean, that's such a general recommendation, just to increase accountability among health care professionals. I think we need -- I mean, I was looking at, for example, what CMS replied about EPSDT, and they said regular screenings is -- well, they basically said this is what we do, this is our reason for living in terms of anticipating harm through mandatory screenings, but they said it's not always happening, and we're aware of the implementation shortcomings, as identified by the GAO report. Maybe we need to go into that report and see what the recommendations were to kind of put some teeth in that in terms of mandatory screening that's happening through EPSDT and put a stronger recommendation in around that.

CHAIRMAN SANDERS: So say what (off microphone).

COMMISSIONER COVINGTON: What CMS replied, with our recommendation to anticipate harm through mandatory screening, this is what we do, this is CMS reason for living. Regular screenings, as we articulate in our recommendations, is what EPSDT is for. However, CMS said it knows that that is not always happening and it is aware of the implementation shortcomings as identified in the GAO report. So if there are shortcomings around mandatory screenings for harm, maybe we should address that specifically in terms of (off microphone).

CHAIRMAN SANDERS: I'm sorry. I apologize.

So is that the language that you would propose in that? It's consistent with Commissioner Bevan's comment, that we address the shortcomings to current policy?

COMMISSIONER COVINGTON: Yeah, and I would just explicitly state EPSDT is one of those. Address the shortcomings to EPSDT mandatory screenings and put in place -- you know, and look -- maybe -- I haven't seen that GAO report. Maybe we need to look at that and see what they're specifically recommending.

CHAIRMAN SANDERS: Commissioner Petit?

COMMISSIONER PETIT: Yeah. I would just note that EPSDT is potentially a very powerful instrument in getting at what we're concerned about, but I would just remind us all that it does not cover all children. And as many children who are not covered, in this particular case, they're Medicaid eligible, they're overwhelmingly low income children, which is where much of the problem does happen to lie, but it's not limited to that certainly, and it needs to go beyond it.

So I think whatever we say about EPSDT, we have a parenthetical choice that says, "And, oh, by the way, this specific model for everybody else as well." Right? Something like that.

AV TECHNICIAN: David Rubin is indicating he would like to speak. Dave, go ahead.

CHAIRMAN SANDERS: Commissioner Rubin.

COMMISSIONER RUBIN: Yeah. Commissioner Petit, you have a good comment. You know, EPSDT is important because it does reach 40 to 50 percent of the kids in the country right now, but I just want -- just knowing the health system like I do, is don't underestimate the power of those HEDIS measures, of those quality measures themselves, because that gets enforced not just in Medicaid contracts, but the commercial market and our CHIP market,

they tend to embrace nationally endorsed quality measures as sort of the basis for how they contracted pediatrics and adult medicine. And so there are very, very powerful mechanisms by which to incentivize system level reform in terms of capturing kids earlier.

Right now, there are no quality measures that are required or even sort of labeled as national quality measures around the assessment of psychosocial risk, and so this would address any health care provider -- right? -- whether it's an OB -- you know, you can draw them in that way, and to me it's also the basis by which you actually take advantage of the market and the way health care is actually played out in terms of its contracts, which I think -- I believe over the course of my career is even stronger than EPSDT is, a sort of an implementation response.

CHAIRMAN SANDERS: So let me try this again because it's helpful to have general conversation, but I'm trying to get something specific here. And I would suggest that we look at building off of something specific.

So given what you said, Commissioner Covington, and also the comments earlier from Commissioner Bevan about looking at current policy, and what I'm hearing you say should be the goal, Commissioner Rubin, would be something along the lines of increase accountability of health care professionals, that can be broadened or narrowed, to identify, assess, and intervene with child abuse and neglect and fatalities and addressing the shortcomings in current policy.

COMMISSIONER RUBIN: That's great, but I would also include early intervention providers, too. I mean, they see young families, and when kids have a developmental disability, and they get encountered, they should be screened there as well, too.

COMMISSIONER COVINGTON: Yeah, if it were me, I would explicitly state those rather than make it as general as you had just stated it. I would state, you know, among health care providers, EPSDT, and other early intervention providers, and state it up front.

COMMISSIONER BEVAN: In the infant care, infant plans of safe care current law, there is a requirement that these children, infants, that are born addicted or with substances in their system, that they be referred to Part C IDEA. Now, they also should be referred to EPDST (sic), and that's an amendment to current law, but it would be strengthening that current law.

CHAIRMAN SANDERS: So it does fit with current --

COMMISSIONER BEVAN: Yes, it would fit -- if we included EPDST (sic) to the infant care -- since the infant care of state plans at the hospitals is supposed to be happening -- it's not really happening -- but if it was happening and they're supposed to be referring to Part C IDEA, you know, special education, then we also would want them to be getting services here because remember these are the babies that become disabled or are disabled from birth.

CHAIRMAN SANDERS: So I'm not hearing opposition. So let me go through again what I'm hearing as a proposal. Increase accountability of health care and early childhood and other professionals, EPSDT, those conducting EPSDT assessments, to identify, assess, and intervene with child abuse and neglect and child abuse and neglect fatalities and address shortcomings in current policy.

COMMISSIONER PETIT: David, I think on this one we have to differentiate between mandatory participation by physicians rather than holding them accountable when it's not mandatory participation, it's really engaging them or enlisting them in this thing. Right?

But, for example, I think in every state -- and somebody knows this -- I think in every state physicians, pediatricians, are mandated reporters. In some states there are much higher reporting levels than others by pediatricians, obstetricians, and the rest of the health care system. So enforcement of the law doesn't take place in a lot of places. There is not much action by CPS or state attorneys general in bringing actions against people who fail to report. So it doesn't take much of that to all of a sudden have people reporting.

So part of this is reporting. But what else is it that's covered now that we're discussing in which physicians are mandated? Are we talking about items, Teri, when you mentioned some of the pieces? What besides mandatory reporting, Cassie, do pediatricians, obstetricians, doctors, have to do under these laws? And I'm saying that because the term "accountability" is a little different than engaging them in doing it. I mean, if they're resistant to it --

COMMISSIONER BEVAN: Under current law, the plans of safe care under CAPTA, the hospital personnel does not -- in the state that was made in that section was that it didn't clearly state who was supposed to make the referral to child protective services. It does not become a child abuse investigative report, it becomes a -- it's a service. So it's referred so that there will be a home visit or somebody will follow up. The point is a doctor as well as other physicians should be making that referral, and it's not happening, and so somebody has to be designated, either a social worker there or somebody has to be designated as making that referral.

CHAIRMAN SANDERS: And my understanding is the intent is to increase accountability, not that there is current accountability, but to increase it, was my understanding from the initial changes that Dr. Rubin was proposing.

COMMISSIONER PETIT: You have to hold people accountable to something, so what is it that you're holding them accountable to? If there is mandatory reporting, I can hold you accountable for not reporting, but if you go just -- that's what I'm asking, what is there beyond that right now? Maybe we need to say there should be mandatory something for which they can be held accountable, whether that be -- you know, I don't want to get off on a tangent on that, I mean, but I think that's an important part of this thing, is, what is it that they're being asked to be held accountable to? I know on the mandatory reporting, and we just heard Cassie say what's problematic there, but I don't want to belabor this, I mean, I'm just saying that that is an issue and you have to have them held accountable against a standard.

AV TECHNICIAN: Commissioner Rubin, you can speak at any time.

CHAIRMAN SANDERS: Go ahead.

COMMISSIONER RUBIN: Yeah, guys. I'm not touching mandatory reporting here because I feel like those responsibilities are well articulated now in the law. What I'm talking -- and I'm also a little uncomfortable saying this is accountability around these professionals and child abuse and neglect fatalities, it's really around the assessment of psychosocial risk to the family. If you do those assessments and some of the -- you know, if you assess sort of the risk to that

family, whether it's domestic violence or however it's defined, some kids will get reported because of mandatory reporting, but other folks you'll intervene with in terms of trying to protect that family, that mother, that child, or whoever. So to me, there is no such thing as mandatory requirements around screening for fatalities. I think the language is a little bit off.

CHAIRMAN SANDERS: So let me go back. The language that I'm hearing is increase accountability of health care professionals and others who could be named specifically and certainly including early childhood to identify, assess, and intervene with child abuse and neglect and --

COMMISSIONER RUBIN: It's not child abuse and neglect. It's psychosocial risk --

CHAIRMAN SANDERS: Let me finish. Let me finish. And address shortcomings in current policy. So say specifically what should change in that. Go ahead, Doctor.

COMMISSIONER RUBIN: It's not child abuse. It's not about -- child abuse and neglect is the outcome of that assessment, it's not -- you know, what you're addressing is psychosocial risk, and you're appraising as whether you're an early intervention person whether you think this family is at risk. In a lot of those assessments, you might say, oh, I'm just going to make a referral out because I think the risk is low to medium, you know, of something happening and endangering the child. Other folks will screen negative.

So it's not specifically child abuse and neglect, it's really -- it's assessing for the risk factors that are associated with child abuse and neglect fatalities: the issues of serious emotional disturbance; the issue of potential domestic violence the average child experiences, however it's defined in the adults so that you could either make a referral --

CHAIRMAN SANDERS: I'm fine with that language in there. I'm fine with that, psychosocial risk. So --

COMMISSIONER RUBIN: And that's the engagement that you're asking for, which doesn't systematically happen because you're trying to avert risk, or if it rises to that level, you know, fulfill your mandatory reporting responsibilities.

CHAIRMAN SANDERS: Commissioner Dreyfus.

COMMISSIONER DREYFUS: Yeah. So, Dr. Rubin, I just want to touch on this issue of mandatory reporters and their accountability, and it seems to me that mandatory reporters, especially those that are licensed by someone, they are licensed at the state level, and that specifically talk about pediatricians, teachers, people that hold licenses; right?

I served on a state legislative study committee in Wisconsin a couple years back on this issue of mandated reporters, and one of the things that was quite striking is that how many of them never receive any training on their mandatory reporter responsibilities, have no requirement to keep that training and that expertise current and up to date over time, and it is not a condition for licensure.

So I don't want to lose this accountability piece on mandated reporters. To be trained, to be competent, I actually think -- and that's what they were doing in Wisconsin -- it should be made a condition of keeping your license that you keep your training up just like my husband has to do to be a lawyer.

So this mandated reporter thing, I just don't want to soft pedal it as if just do these nice screenings and we hope you call in. Mandated reporters should be accountable to be trained, competent, and to make those calls, and to participate in those CPS assessments and investigations.

COMMISSIONER RUBIN: I'm not disagreeing with you, Commissioner Dreyfus, I just think that, you know, I think -- I'm just wondering whether we -- we already have very strong requirements for mandatory reporting to the degree -- I'm not sure we heard we need additional training requirements. If that's the case, that's fine, and what I'm saying is that the most -- that I believe that what we want is a higher level of engagement as a matter of helping families to try and avert risk and where needed, actually reporting families. So I just want -- you know, I worry about both mandatory requirements, and agree with Commissioner Horn, they sound great, but they're really not the way -- they're not the best way to change behavior in the health care system and they often -- you have to interpret them in the context of 20 million other mandatory requirements that end up just becoming boxes that get checked as opposed to really incentivizing folks to rethink the behavior around helping families and avert risk.

CHAIRMAN SANDERS: So let me just suggest -- let me suggest that my belief is that the current language addresses both of those.

So, Commissioner Martin, is there something about the language that you would change?

COMMISSIONER MARTIN: The only thing about the language I would change is to ask a question that kind of comes before that, which is, are the assessment tools that are currently available for assessing psychosocial needs among early childhood and among the medical community, are they stringent and good enough to make this work or do we actually need to add a piece to that recommendation that talks about improving the development of tools?

UNIDENTIFIED FEMALE SPEAKER: (Off microphone) for their deaths (off microphone).

CHAIRMAN SANDERS: But aren't those assumed as part of increasing the accountability and assessing that one has (off microphone)?

COMMISSIONER COVINGTON: No, I don't think so. I think if you're talking about I'm holding you more accountable for doing assessment, if the assessment tools don't exist for those people, how do you hold them accountable?

CHAIRMAN SANDERS: Let me restate. We have language here that I am proposing from what's been heard. This is literally a one-sentence recommendation. Are you suggesting adding to this?

COMMISSIONER COVINGTON: I would add a sentence or a phrase before that, which is assess the effectiveness of screening tools -- or improve the effectiveness of screening tools to identify social -- psychosocial risk for maltreatment and fatalities and then hold, you know, everybody accountable, and then continue with your recommendation. That's all I would do, is add a piece before that.

COMMISSIONER RUBIN: I like that, Teri.

CHAIRMAN SANDERS: Could you restate that, what you said, Teri?

COMMISSIONER COVINGTON: Assess the effectiveness of -- oh, I don't have -- I kept thinking I had to hold it down the whole time.

Assess the effectiveness of screening tools - - of tools to screen for psychosocial risk for maltreatment and maltreatment fatalities, improve upon those tools, and then move into yours in terms of holding people accountable.

COMMISSIONER PETIT: David, on this, we can't back away from the mandatory reporting piece. And if in fact it's true that a lot of children -- and I think it's less than 50 percent, but let's say it's close to 50 percent -- are not known to CPS and they are known to somebody else, why aren't they reporting? And if you take a look at the reporting right now, the health profession is actually a small source of referrals compared to teachers, for example, and other places. And one of the issues here is the evaluation tools, but it's also you must report these kinds of things, and the standard isn't if you believe they exist, it's if you suspect these things happen. And in terms of getting them to actually comply, the formula that we use was to prosecute a pediatrician, and it was a Class D offense, it was a \$1,000 fine, and all of a sudden we had many, many (off microphone) and other physicians reporting.

COMMISSIONER RUBIN: What you were just talking about, Commissioner, enforcement of mandatory reporting requirements.

COMMISSIONER PETIT: That's right. Enforce the current law.

CHAIRMAN SANDERS: So let me back up. We're trying to capture the general direction that says these are things we can do right now, and it sounds like we're close and we're spending a lot of time getting to perfection when we're probably not going to do it in the room, but we have enough of a sense of what we're trying to accomplish. So let me --

And, Commissioner Bevan, (off microphone).

COMMISSIONER BEVAN: Yes, I do, but I'm hoping that we're not assuming that there is any consensus on 1.1 or 1.2. I mean, I haven't gotten to say anything about these. We're focusing on 1.4.

CHAIRMAN SANDERS: We're trying to get through one of the five recommendations, and so this is the one right now that we're working on. But we have things on the table for some of the others that Commissioner Horn put on, so, yes, we will -- so, Commissioner.

COMMISSIONER COVINGTON: The idea of mandatory screening, we don't have a recommendation here, and I think that that's a separate recommendation. If we want to say something about enforcement around mandatory screening, I mean mandatory reporting, I think that's a recommendation that I don't think it belongs in this one about screening. So if we want to go there, I think we need a separate recommendation that should stand on its own.

COMMISSIONER MARTIN: To give it the teeth that we're asking for, it does have to be separate in my opinion.

COMMISSIONER CRAMER: I agree with that (off microphone).

CHAIRMAN SANDERS: So the language here would be something along the lines of -- I'm -- the language you've put in, Teri, I think changes this because the emphasis, from what I heard

from Commissioner Rubin, who talked about the accountability of health care or engaging health care professionals, and you were adding language that suggests that the tools are the most important piece of this. Is that --

COMMISSIONER COVINGTON: Not the most important, but you have to have tools that you know work if you're going to ask people to do these screenings.

COMMISSIONER RUBIN: The way that plays out is usually there's -- you know, CMS has its own quality measures program that can actually -- they actually provide some funding announcements to actually develop quality measures and evaluate them and try to open-source them so that these health care systems can more routinely use them in the conduct of assessing risk, and what you want to make sure is that these instruments capture risk -- right? -- and that they're valuable.

Some systems will respond by developing their own sort of like two or three questions they might require their clinicians to ask, you know, a straightforward question about assessing domestic violence risk or postpartum depression or et cetera, but I think that Commissioner Covington is sort of recognizing that's sort of the way measures are developed particularly for standardization quality.

CHAIRMAN SANDERS: Okay. So something along the lines of assess the current effectiveness of tools available to determine psychosocial risk and increase accountability of health care professionals and others to identify, assess, and intervene with psychosocial risk and address shortcomings in current policy. Are those the components?

COMMISSIONER DREYFUS: But if you broadened beyond (off microphone).

CHAIRMAN SANDERS: Right. Yeah. Yeah. That's -- it's that and -- I just didn't include the language. I'm sorry.

COMMISSIONER DREYFUS: Okay. All right.

CHAIRMAN SANDERS: Health care professionals and there are a number of others who would be saving.

COMMISSIONER DREYFUS: The only thing I would just say is not there is training, competency. You know, that's always something I always found true. We go out and we do these trainings. Okay, fine, we send them a tool, we tell them they're accountable to do it. It's also a question of competency and maintaining those competencies.

COMMISSIONER BEVAN: I agree with Susan, I agreed with you before, we have to tie accountability to something real, so it's either the hospital accreditation or it's a license or it's early childhood, these licensees, but you have to tie it to something, we can't just say we want to improve it without some hammer.

CHAIRMAN SANDERS: So it sounds like we have enough agreement on the language that people could live with this as a amended -- but a recommendation that we want to make.

COMMISSIONER BEVAN: (Off microphone.)

CHAIRMAN SANDERS: Okay.

UNIDENTIFIED FEMALE SPEAKER: (Off microphone.)

CHAIRMAN SANDERS: Okay. Why don't we do that during the break and then come back? So we'll take a break for 10 minutes. We will come back with the next one on the list that was raised as we were going through it, and that is --

UNIDENTIFIED FEMALE SPEAKER: The first one.

COMMISSIONER BEVAN: But we didn't get to 1.1 --

CHAIRMAN SANDERS: No.

COMMISSIONER PETIT: When are we going to do 1.1, 1.2 --

CHAIRMAN SANDERS: That's what I'm talking about now. So we will come back and deal with -- well, we can deal with the surge if you want to.

COMMISSIONER COVINGTON: David, did we hear all of Wade's comments that he had for Chapter 1?

CHAIRMAN SANDERS: Yes. Yes. Yeah. And so that's what I was going through, was the ones that he had commented on, which included the surge, it included the going out on all calls.

UNIDENTIFIED FEMALE SPEAKER: (Off microphone.)

CHAIRMAN SANDERS: Right. And --

UNIDENTIFIED FEMALE SPEAKER: (Off microphone.)

CHAIRMAN SANDERS: Yeah. So those are the ones that we're going through right now. Okay. So we'll take a break for 10 minutes and then we'll reconvene with one of these next ones.

(Break.)

CHAIRMAN SANDERS: So I want to respect your time and the time of Dr. Rubin. You had two other areas. One was on the calls, responding to calls and a proposal to not limit it by age, so change of response to all calls for children under age 5 to all children and youth. And then the other was on the surge and recommended that the emphasis should be dollars to respond to abuse and neglect.

Do you have a preference given your limited time of which one you would prefer to have -- come discuss further at this point?

COMMISSIONER HORN: So let me add some clarification to what you said. So I'm not -- my -- sorry, there's feedback on the line. In terms of call, I believe that all calls should be responded to by CPS. The reason that they're not currently being responded to is because CPS is grossly under-resourced and understaffed.

If you want to add that children who are under five are at higher risk of being a victim of a child abuse or neglect fatality, that they should be responded to in a quicker timeframe, within three hours or four hours of a call or something like that, that's fine. So I'm not suggesting that it just become completely a generic recommendation. I think that you ought to recognize the fact that children under five are at heightened risk for being a fatality of abuse or neglect, but as the recommendation currently stands suggests that it would be okay

by us if -- and I know that's not what we intend -- but as currently drafted, it suggests that it would be okay by this Commission if we didn't respond to all of the reports of abuse and neglect if a child happened to be older than the age of five.

In terms of the first recommendation, I just want to clarify I am not saying that the Hillsborough model is not a worthy model. The emphasis, it seems to me, is wrong. Rather than leading with the model and implying that therefore that model should be implemented all around the country, my recommendation would be that we flip it so that we talk about the need for increased resources in CPS, and I would be very specific about what that means. We would need to indicate what the current funding under CAPTA is We would need to indicate in the report the degree to which that is grossly underfunding of CPS agency which is primarily charged with ensuring the safety of children and that with the increased resources, states would then have the ability to do things like respond to all calls. And if they wanted to, they certainly could entertain implementing a model like what we saw in Hillsborough.

Given that we don't have any third-party independent evaluations of that model, the way the recommendation is currently drafted suggests that the one thing we recommend everybody do around the country is implement that specific model which I think is just premature. Nothing to take away from the model and anyone would be, with increase of resources, able to implement it if they so chose and we can certainly highlight it, but I would just flip that recommendation.

And then the third one, because there's actually a third one, is really related to something that's not there. And what's not there is Commissioner Petit's idea of this surge. So I don't care what order those are in for discussion, but those would be the three remaining recommendations that I would have about the recommendations.

CHAIRMAN SANDERS: So I'm going to suggest that we start -- hopefully, because it, I think, might be the quickest -- is the calls, not limiting by age. So --

CHAIRMAN SANDERS: Yes.

COMMISSIONER DREYFUS: 0:04:19(Inaudible/off mic). Commissioner Horn, this is Susan. Answer a question for me? On this issue of children the age of five, kids that don't have other eyes on them, which is typical of kids under the age of five not to have other eyes in the community on them as much as other children, and some have talked about when teachers or pediatricians call in, that there is an automatic response regardless of age; are you -- help me understand in what you're saying how does that impact the screening decisions? Every -- what you just said assumed that those calls get screened in. And part of what I think we're trying to get at is how many of these calls are being screened out. So when you talked about doing away with the age limits but having more things like, you know, more rapid response based upon age of the children, like, you know, quicker response, that is assuming that the call got screened in at intake, correct?

COMMISSIONER HORN: What I don't like is I mean except for situations where someone calls and says, gee, where do I go to get food stamps or how do I get a Medicaid card, which sometimes those kinds of calls come into a CPS hotline, I mean it's perfectly fine not to send out a CPS worker because somebody called in mistakenly on a CPS hotline and asked where they could go apply for benefits like SNAP or Medicaid; perfectly fine to screen those out.

I think the issue here and the statistic which is cited several times in the report is that 40 percent of the calls that are coming to CPS are never investigated period. And so allowing for some screen-outs for clearly inappropriate calls, it seems to me if someone picks up the phone and calls and says, gee, I think so and so and here's the reason why I think so and so is, you know, in danger of abuse or neglect, I think all of those calls should be investigated. And so -- and I've talked with CPS agencies around the country and they would like to do that. Some, in fact, do do that, come close to doing that. So I'm not sure, other than screening out the sort of inappropriate calls, who would you be screening out and on what basis?

COMMISSIONER DREYFUS: So one of things in Washington State when we were looking at our CPS policies and how to align them with the neurosciences, what we were learning about with the Harvard Center on the Developing Child, we did two things. We did screen in all calls of children under the age of two, and the second thing was we screened in all calls from pediatricians. I would add to that teachers as they've done in Omaha, Nebraska where any call from a pediatrician or teacher, those children are seen through the Child Advocacy Center in their community. But I just -- I'm okay with the idea of rethinking the under five but it's got to be backed up with something else. I think about the really young kids that we know who are the highest risk of fatality. I think about these screen-out decisions and whether or not we should be screening out decisions from pediatricians and teachers as two groups. So I'm not sure how to go to a level of specificity, Chairman Sanders, on this but what I wouldn't support is just doing away with this without something else in its place that makes it tighter because I do think Commissioner Horn is making some good points.

COMMISSIONER HORN: Yes. I just want to be clear, Commissioner Dreyfus. I'm not suggesting that more kids be screened out. I'm suggesting that they all be screened in except for inappropriate calls. So I'm actually being more expansive than that recommendation. I'm saying that if a call comes -- of course, unless the pediatrician calls and says, gee, you know, who is this person applied for a Medicaid card, certainly screen that kind of a call out. But my feeling is that we want to be more expansive in terms of the response of CPS to calls and not limit it by age.

CHAIRMAN SANDERS: Commissioner Martin and then Commissioner Petit.

COMMISSIONER MARTIN: So a couple of things. My understanding is that the kids we're talking about who are not known to the system are not limited to just kids who are screened out; is that correct? If that is a correct assumption -- because I think there are a lot of kids that have never been a DCP investigation so I think we can't forget about those kids when we talk about kids not known to the system.

My second thing is although I agree not restricting it to under five, I think though we need to be mindful of what our literature suggests, that the majority of the kids we're talking about are under the age of three and so I think in order to make certain we have the biggest impact or the biggest bang for our buck, if you will, we have to -- we should consider leaving the language "under five." I think we need to focus on the group -- or "three and under" but we need to focus on our biggest population of our kids who are dying.

And my last point on this is I hope that we continue to be mindful of the fact, and I'm going directly to Commissioner Wade's (Horn) statement about "I want to screen all those kids in,"

there still has to be a decision made even at the level of the pediatricians about when it's appropriate to screen in. Not all these kids should be screened in.

CHAIRMAN SANDERS: Commissioner Petit.

COMMISSIONER PETIT: I don't think they should all be screened in. I think they should all be investigated. So -- and the investigation, do I think 2-year-olds get investigated before 6-year-olds? Sure, if triaging is a problem. If money is a problem, then you have to do exactly that. You have to say who is most at risk. On the other hand, all of us who know 6-year-olds and love them, we know how vulnerable they are as well.

So I think -- and this is nothing contrary to what you're talking about -- I'm talking in favor of what Wade Horn is purposing, which is every child should be seen by somebody and then a determination is made as to who goes out, when they go out, and what it is that they carry with them.

One of the things that we haven't done, I don't think, over the last two years that I wish had gotten more attention was exactly how this differential response thing has been working out across the country from jurisdiction after jurisdiction; in some places, it's got a bad name; in some places, it's got a good name. But for me, the response is proportionate to the problem that's presenting itself so, you know, if somebody's calling and saying, gee, this 3-year-old came into my daycare center, his socks don't match; well, that's not what we go right out on. But if she calls in and says, you know, something else, then we send somebody right out on it, right?

And I think Wade has acknowledged for all of us and what the country needs to hear is that we are ill-equipped to deal with the magnitude of the problem that's coming at us. The reason why we don't go out on 6-year-olds or 5-year-olds or 3-year-olds is not because we don't want to go out on them; it's because we don't have the resource committed to do that particular piece, right.

So I think that's what we're saying here is we go out on all calls. I've been involved with studies that took a look at everybody that's screened in and everybody that's screened out. And when you do, what are their needs: substance abuse, housing, sexual violence, etcetera, indistinguishable between one group of people and another people, screened-in/ screened-out, they were making all their decisions based strictly on their ability to respond.

And I'll just close on this one, this piece, is the model that we should be looking at is the Fire Department. The Fire Department comes out on all cases and I've had them at my house this week because

-- I mean this winter, somebody's smoke alarm went off and all of a sudden, I've got three fire trucks in front of the house and they said to me what they've always said to me in situations like this: We'd rather be wrong -- I mean we'd rather be right than be wrong on this thing and if it means we come out, we come out because the consequences are so severe. Same thing with this thing with the kids,

COMMISSIONER MARTIN: I just wanted to respond. The problem -- the difference with the fire department is they don't go and then you punish people because they did a response and there was no fire. The problem with child protection is they go in, make an investigation

and then they come to my court. And so my point is that we have to still put in a decision level and not just assume every investigation, we're bringing a kid in, and that's my problem, Mike.

COMMISSIONER PETIT: But hey listen, you just have this exchange because I think this is a critical particular point. I understand what you're saying about taking children in who may not -- who shouldn't be taken in and we really ought to be going with supporting all families as much as possible. We are in a situation with an irreducible number of children who are going to have to leave their homes. I think what Wade's talking about, what I'm talking about is not screening them in for the purposes of taking them in but going to see what the situation is. That's the piece that we don't even have a capacity to do right now. It's just going to see and we'd agree, I think, that as much as we want to strengthen the family, we don't want kids killed. So at some point, the only way you do it is not over the phone, is you have to go out and actually see it and I think that's what we're proposing here.

COMMISSIONER MARTIN: I'm not going to belabor the point, but that's my problem. The system is designed currently, and until we change the paradigm about incentivizing and keeping family preservation at the forefront, what happens is when we go in, we find - - if you came to my house, I don't even have biological children, you'd find kids to take today. And the point is that we, as a system --

COMMISSIONER PETIT: Not me. I'm wouldn't go there.

(Laughter.)

COMMISSIONER MARTIN: -- when we go in someone's home and they have issues going on, we find ways to get that kid. And so what I'm saying is in addition to this language, we always have to be careful to make certain we're not putting in language that penalizes people. What we want is people to come and get the help they need to better parent their kids. That's what we want and we want to incentivize that without penalizing people for doing that. And until we get language that says that, I have difficulties but I'm not going to belabor it. I'm done with it.

CHAIRMAN SANDERS: Commissioner Bevin.

COMMISSIONER BEVAN: What number are we on right now?

CHAIRMAN SANDERS: 9.3, the first draft.

COMMISSIONER BEVAN: Everything sounds the same after a while. Oh, okay, number one, no, absolutely, I believe that what our task has been, and we're still working on it, is to narrow down the focus of who's killed. That's the task here and that means we speak to children under five. It's one of the few things we know so let's stick with the kids who are under five. I don't think somebody needs to see the child. I think somebody important needs to see the child, either a caseworker or a judge or somebody needs to see this child.

And I think that the tension that we're too often focusing on here is this tension between child services and family treatment. Children's safety has to be paramount in this report and it's not. It's every -- throughout this whole report, all we see is family treatment. If we knew that family treatment worked, I'd be there. I'd be all in. But it doesn't work and because it doesn't work, we have to focus on the federal law which now says, "child safety must be paramount."

So my specific recommendation is that we have to make a priority for children under five, CPS, or a caseworker, or somebody particular needs to see this infant right away and that there should be a priority for home visiting, again, after that's identified through either a care of safe plan or identified in some particular way. That's it. That's my thinking.

COMMISSIONER HORN: Can I ask Commissioner Bevan a question?

CHAIRMAN SANDERS: Let me just add a piece. I think that the -- we have the resource that points to screened out children under age five and under age one being at the highest -- as high a level of risk for later fatality as those who are screened in. I don't believe we've seen any research for 6, 7, 8, 9, and 10-year-olds and to me, we would be expanding beyond what we have heard -- say there should be a response to all calls. I think what heard was the level of risk for children five and under and I believe that that's an area for us to focus on. Commissioner Petit.

COMMISSIONER PETIT: Can you hear me? I think the all calls is appropriate to the extent that we have resources to do it. We're asking -- I'm recommending -- I hope we're all recommending that there be a significant sum of new money and the person that goes out -- in response to Commissioner Martin's concern -- the first person that goes out, depending on what's being presented, is not necessarily a CPS worker. It can be a public health nurse. It can be a social services aide. It can be any number of people. They don't need to go armed to the teeth in terms of moving children, especially if they're hearing something that's a more low-grade kind of case. But it does deserve going out on and I think there are 6, 7, and 8-year-old kids that are in harm's way and again, I think it's what the presenting issue is. If they say that the 8-year-old is involved with sexual intercourse with a mother's boyfriend, we go out. We don't say, well, you're eight, we're not going out because you're not young enough. I mean again, it's, I think, what the presenting issue is and the question again is having enough arrows in the quiver to go out on those cases that need to go out on.

COMMISSIONER MARTIN: No one is saying don't go out on that 8-year-old.

COMMISSIONER PETIT: Great. Good, then we're going out on all the cases that somebody's recommending and you do it in order of importance. To the extent that you can identify who's most at risk, fine. I mean there will still be some triaging going on.

COMMISSIONER MARTIN: Today I would venture to say that just about every hotline call that came in that an 8-year-old is having sex with the mother's boyfriend, they would get a DCP investigation today. So we're not saying don't go out on that 8-year-old. What we're trying to do is recommend where we spend the biggest focus and put the bank for our buck.

CHAIRMAN SANDERS: So any other comments on this? Commissioner Covington.

COMMISSIONER COVINGTON: For recommendation 1.3, I concur with Cassie. This -- I think we need to reword the second on which is when the call is about an infant, the infant needs to be seen by someone. I think we need to just clean that up in terms of how that's worded. And then on "c," the requiring of children under certain circumstances, I think we need to be more explicit about what we mean there because that's way too generic for me. Is that children that are not brought into CPS, they should be prioritized for home visiting? I mean I just think we're not being specific enough. A lot of this, for me, is not specific enough. And it goes to what Commissioner Horn was saying earlier. I really think we need an explicit

recommendation on funding because a lot of this falls under CAPTA and I really do think we need an explicit recommendation about the increase in funding for CAPTA or wherever else we want to --

CHAIRMAN SANDERS: That -- the idea is because I think, Michael, your proposal under the surge as well as Commissioner Horn suggests starting with that, so that will be where we probably spend most of our time with that recommendation.

COMMISSIONER COVINGTON: The only other comment I have in terms of investigating all CPS outgoing calls for kids under age, some states have gone after this new approach, which is after two or three reports. I think Michigan does it after three reports for kids under five. It now requires that they open an investigation. I don't know that they -- they said that -- I heard from the State -- I know that they were going to do an assessment of that to see whether that actually was effective. So, you know, there might be a lesson that we can learn. Maybe if we can get in touch with folks there to see. They've been doing it, I think, for three years now to see if that even had an impact on whether they were finding more kids at harm. So I don't know if -- I mean that's obviously a step down then, investigating all calls that come in for kids under five but it's something some states have tried to do, which is at least require an investigation on kids that had multiple calls coming in. I don't know if that's a stage that we want -- and whether or not they feel those states that have been doing it feel that that's been an effective approach to finding kids at harm.

CHAIRMAN SANDERS: Commissioner Martin.

COMMISSIONER HORN: Can you hear me? So I'm puzzled about something.

MALE SPEAKER: Go ahead.

COMMISSIONER HORN: On what basis other than an inappropriate call asking someone for, you know, benefits, on what basis does a hotline worker have to say, ah, we're not going to investigate this? On what basis would they make that decision for a child who is 12?

COMMISSIONER COVINGTON: Don't they -- isn't it 50 percent of all calls coming in don't get --

CHAIRMAN SANDERS: It's 39 and it's based on state legislation generally and does the criteria for the call meet the state -- the assessment by the screener of the state definition of child abuse and neglect. I mean both Susan and Michael have seen it happen on the ground. That's what's ruled out generally.

COMMISSIONER DREYFUS: I think though, Commissioner Horn, again, a good question. My only experience is, I hate to say this, but an awful lot of it is just the inconsistency between intake worker, supervisory unit, and even those states that don't have centralized intake where you'll see where these calls would get screened in in this part of the state but over in this part of the state, they don't get screened in. So, Michael, I agree with you. I love the idea of CAPTA and we need additional money. I'm all over that but please don't think this is just about resources, that this is just about CPS not being adequately resourced. A lot of this are the policies that CPS is using, i.e., Minnesota thinking that they were not going to -- they were going to get underneath disproportionality by not looking at past CPS referrals on kids and making the decision today about a new referral on a kid, right. I mean -- and they -- that policy was set with a very good intention, was to rule out intended consequences.

And lastly, it's not just about that child. It's about calls within that household, not just the number of calls on a child but the number of calls within a household as well. A lot of times, we just don't have data systems that allow you to look at that constellation of issues around a single report that comes in.

CHAIRMAN SANDERS: Commissioner Martin.

COMMISSIONER MARTIN: So the other policy issue in Illinois, when the call comes in about a foster parent, it's a licensing issue and so they consider it a licensing issue as opposed to an abuse and neglect issue. So it really is about rules, regulations, and the Department's policy.

My second point is the other area of cases that I don't think we've focused on that I really honestly didn't think about until coming here on the plan, and that is my parenting team, so intergenerational. So if, in fact, we're going to say under five and then have some subcategories, like multiple responses, I would also ask to consider heightening my parenting teams and that doesn't mean that every parenting team in foster care, so a kid who's in foster care has a baby, that doesn't mean they should automatically have that baby come in but I think that's a heightened risk for substantial abuse and death for that minor, that infant.

CHAIRMAN SANDERS: Commissioner Cramer, then Commissioner Bevan.

COMMISSIONER CRAMER: I want to speak to the section we're on, which I believe is 1.3. I agree. Are we talking about under five or five and under? I mean just the language needs to be clear one way or the other.

COMMISSIONER MARTIN: It should be.

COMMISSIONER CRAMER: Then I agree with the comment about the second bullet point, somebody needs to see the infant. That needs to be clearer, definitional-wise, than what we have it.

With regard to CAPTA funding that we've gotten into before, the caution I would have, I don't know where we might consider putting that recommendation if, in fact, we do put it in here. But Susan and I agree with you if we don't -- I'm not necessarily opposed to additional funding there, but I don't want to leave open an opportunity for the system to say we failed because we didn't get the funding that the Commission said we should get. And so I think this needs to be tied down. I love the -- have always loved it when we get into the 21st Century Child Welfare system, which we don't have, that we need to create a 21st Century Child Protective Service system. So if we're going to let ourselves be concerned, and it will be a significant recommendation of this Commission with that kind of funding recommendation, we need to be careful to carry that funding reference through some of the sections in here. And I don't know that I know how to do that but that's just a word of caution.

Back with Commissioner Horn -- and I'm jumping around on you -- recommendation 1.1, I do believe that the Hillsborough model should be -- could be referred to in an effective way to demonstrate this rapid safety feedback model but not necessarily as the first bullet point ion there.

CHAIRMAN SANDERS: Commissioner Bevan.

COMMISSIONER BEVAN: If we're going to increase anything in terms of CAPTA, I would ask, as I have asked before, that we identify all the funding streams that contribute to child abuse and neglect at the federal level. There are many topics of funding that we don't know about. There is CDC; there's MCH; there's NIH; you know, there is HHS. We need to identify -- DOJ -- we don't know much money is currently spent and, you know, we've been around this block for two years and we still don't know it, so we've never identified it.

And the second thing I have to say is that I think we should drop the home visiting. Again, we have a lot of home visiting going on right now. I don't see how that -- that that particular strategy gets us anywhere. I mean I don't think, again, we know how much home visiting is going on, how much is funded and once again, it's the panacea dejour. Everybody's into home visiting now. You know, we dropped differential response and now we're into home visiting. So, you know, this is what our field has always done and I don't want to do it again. So I think unless we know more about how much is spent on home visiting and who's getting it now, that we shouldn't have that requirement.

CHAIRMAN SANDERS: So I think -- let me go back to 1.3, the first strategy. That's what we have that Dr. Horn has proposed changing that to investigate all hotline calls, and we do not -- it appears that we do not have consensus on that. So the language in here now, "all hotline calls for children under five" -- so I would suggest that we hear a vote on that one to see where we are and make a decision. Go ahead.

COMMISSIONER MARTIN: I would like to say five and under so we're clear, so I would say -- I would just ask to make a friendly addendum or amendment to say "investigate all hotline calls for children five and under."

COMMISSIONER DREYFUS: And has it, with Commissioner Horn's comment, which is right, when the call comes in and it's because, you know, they need a Medicaid card, because those -- you know, you do get those calls. I mean when you say "every hotline call," --

COMMISSIONER MARTIN: So it doesn't say how to investigate.

COMMISSIONER MARTIN: No, which ones.

COMMISSIONER MARTIN: So what I'm saying is if we get a hotline call for a kid three and they want a Medicaid card, we can investigate that by saying this is not the proper place to call for a Medicaid card, call 1-800-MEDICAID.

COMMISSIONER DREYFUS: "Investigate" just has such a (inaudible) --

COMMISSIONER COVINGTON: But the other way we could do it would be say --

COMMISSIONER MARTIN: But just let me finish, okay. It doesn't now say how to investigate. That does not mean that you have to do a full-funds pledge of investigation, going out, sending in a multi-disciplinary team to every call. The investigation should be appropriate for that call. We've never said that we're sending a multi-disciplinary team for every kid at five or under. And so I think that is appropriate. We investigate. If you need a Medicaid card, we investigate that on the phone. You tell me -- it doesn't say you have to go out. We tell you what the 1-800 number is for Medicaid.

COMMISSIONER COVINGTON: Can I offer another way to reword that then, which would be screen in and investigate all CPS hotline calls alleging abuse or neglect for children ages five and under.

COMMISSIONER MARTIN: Substantial risk because we're talking about potential fatalities We're not talking about --

COMMISSIONER PETIT: Commissioner, the states are charged and all the agencies -- I don't know CPS agency that is working under something that says they're not supposed to investigate 6, 7, and 8- year- olds. We can say the priority needs to be five and under but to say that we're going to screen out children on the basis of their age irrespective of what it is that they're facing is not something that I think we should take a position on.

David, I've mentioned from the beginning this question that Susan has just raised about resources don't necessarily equal an appropriate intervention or --

COMMISSIONER MARTIN: It's not the only --

COMMISSIONER PETIT: -- yeah, it's not the only, so we all agree with that. One of the ways that you can see just how much difference there is among the states is the declining (inaudible) charts on removal rates, investigation rates, substantiation rates, etcetera, right, and the difference between the bottom states and the top states are multiples of 1,000 or 100 percent, 400 percent, 800 percent. And when we've done them within states, among counties, you see the same difference from the upstate county to the local county. When you do it within a CPS unit, you -- so there's a lot of freelancing that's going on and part of the problem is that there are not national standards that you can measure people to adhere to and then evaluate and take appropriate actions for corrective action. And it can't be look, most of the states do it right. Well, what about the states that don't do it right? Those kids aren't supposed to be getting less protection than other states.

So one of the issues here that we never really -- it's -- we've mentioned it but it's not like a highlighted item is this development of national standards that would say, Judge Martin, that would say things like in circumstances that look like this, you go out; in circumstances like this, you go out. I mean a group of people could put together what that plan is and not have each shift worker have a different perception as to what's going to be going on with this. And that's what is happening now in the absence of the kind of quality control across the country on this one.

CHAIRMAN SANDERS: Commissioner Rubin, you're able to speak at any time if you'd like.

COMMISSIONER RUBIN: Yeah, this is Dave. I've been listening to the conversation. Yeah, I do, in some regards, feel the need to link this to where we know the fatalities are occurring and certainly, age is part of that. But, you know, I'd remind folks that the younger children, it's not just, you know, that they're younger. It's that they're not seen. And so that's what -- so if you use that standard and think of which children at highest risk for fatality, they're kids that don't have multiple eyes on them. When kids are in school, they tend to have multiple eyes on them and so, in some ways, it's very hard for a kid to slip through the cracks excepting under certain circumstances. One criteria may be a certain volume of reports, that you're not allowed to screen out a kid who's had a certain number of reports or etcetera.

The other group we haven't talked a lot about and for which we've had fairly significant highly concerning fatalities has been the kid who is, quote, "been homeschooled," who has a report come in. And it's not that homeschooling itself is bad; it's that homeschooling has been used as an excuse by those folks who so choose to offend in this way for locking a kid in the closet and having horrendous child abuse cases with fatalities.

And so we might think about the bar being at kids who are really at risk for not being seen at all and encouraging CPS systems when a call comes in to have to make that link before they screen out a call, to identify whether that kid's at least in school or what the nature of that child's isolation might be in terms of determining whether they can screen it out.

COMMISSIONER HORN: May I? That's an extraordinary statement to make, a charge against homeschoolers and so I would really love to see empirical evidence of the increased risk of homeschoolers killing their kids --

COMMISSIONER RUBIN: No, no, no, that's not what I'm saying --

COMMISSIONER HORN: -- before we make that statement.

COMMISSIONER RUBIN: Yeah. No, that's not what I'm saying. Homeschoolers do -- I have family members who have homeschooled. Commissioner Horn, don't mistake -- yeah, that's not what I mean. I mean that in the situation when a report is made on a child who has been homeschooled, I don't think that a screen- in should be able to say, yeah, I'm going to screen out that call because what's unique about that circumstance is the kid is not seen by anyone except for their family and so there isn't -- you know, this is coming in from a community member most likely and all I'm saying is that when a report comes in in that situation, I believe there have been horrendous enough fatalities related to that specific circumstance that they shouldn't be able to screen out that call, not to say that we are going to handle homeschoolers differently in some ways or -- because you're right, the overwhelming majority of folks who home school their kids, they're not -- they're doing appropriate things. I just think it's a unique risk when a call actually comes in on a kid who's homeschooled.

COMMISSIONER HORN: This is the problem I have with making these kinds of distinctions between who gets investigated, who does not get investigated and the kind of stigma that is applied to homeschoolers if there is a policy that says, you know, if a call comes but the kids' in fifth grade in public school, we don't investigate but if he's homeschooled, you damn well better be sure we're going to be out there and investigating and we're going to get into that house, going to look in every nook and cranny, that is what's wrong with having these kinds of decisions as opposed to saying, look, you know, except for -- and Judge Martin is exactly correct, there are some investigations that can occur on the phone, like hey, look, you know, hey, you called the wrong number, or hey, look, you know, you called and you say that so you don't like so and so because they drive a Lincoln and you really like to drive, you know, Toyotas, that we're not going to investigate that because you think they're family's driving the wrong car. There is room for certain judgment but the idea -- I'm just going to say this as strongly as I possibly can -- the idea that this Commission would indicate that it is okay to screen out kids solely based on their age is, in my view, quite objectionable and I cannot say it any -- I can't have a stronger view than that.

CHAIRMAN SANDERS: Commissioner Bevan.

COMMISSIONER BEVAN: I'm matching you on stronger views, Wade. It's one thing we've learned is that children under five have to be a priority. We've also learned from Emily Putnam-Hornstein that re-reports are extremely important in terms of leading to fatalities. We learned these -- we didn't learn a lot; we learned something over the past two years and that's what we learned. And in terms of a surge, we need to put into play immediately what we know, so there's those two things.

CHAIRMAN SANDERS: David -- oh, I'm sorry.

COMMISSIONER BEVAN: So we need to investigate the way it's worded. We need to include the way Teri worded it on re-reports and we do need to be very careful about under age five.

CHAIRMAN SANDERS: Commissioner Petit.

COMMISSIONER PETIT: Look, this is an issue for everybody in terms of balancing the safety of the child with the needs of the family. And I think -- and the bottom line on it is you err on behalf of the child. That's it. I mean it's a public safety issue first and foremost and it's a family dynamic social issue, etcetera as a second measure. In the first instance, these kids need to be protected whatever their age. And I can understand triaging a process in which you predominantly invest in five and younger, but there's never a time when we say the inn is full, you can't come in. The issue has got to be all -- and legislatures all across the country including the federal government have said, "all children" -- defined as 17 years and 11 months -- "all children are entitled to protection" under this, so

COMMISSIONER DREYFUS: Recommendation to see if this works. I do think Commissioner Horn is making a good point but I also think there are a lot of other good points on the table about what starts raising risk, which is really what we're talking about here. And I don't know how many of you have spent time literally sitting at intake. I used to go and just sit and put headsets on and sit right next to those intake staff and listen to those calls come in. And it seems to me that what the field needs is a consistent set of quality standards for these screening decisions, and we want to know that those things that we know start elevating risk, right, start to lead to more consistency of decision-making of what's being screened in.

And so, you know, back to what Commissioner Petit said, maybe this recommendation, the bottom line is it's a bit knee-jerk and it's very -- it's kind of a reaction to just young kids only but we know that that, coupled with other things, risk starts to rise, right. So is the better recommendation for us not just -- not this, zeroing in just on this, but a set of standards under this re-envisioning of a 21st Century CAPTA, right, national standards for screening at intake that all states need to adhere to as part of getting their CAPTA funding.

MALE SPEAKER: Right.

COMMISSIONER DREYFUS: And it's about -- and it is about age. It is about re-reports. It's about isolation. Dr. Rubin is absolutely right. Kids that don't have a lot of eyes on them are at higher risk. So -- but I don't think it's just this one thing is all I'm saying. It's about a greater consistency of how we identify risk, the questions we ask about risk, and then how we put those pieces together to make a decision with your supervisor whether or not you're screening in or screening out and going out for an investigation.

COMMISSIONER MARTIN: So what's your recommendation?

COMMISSIONER DREYFUS: It would be a broader recommendation. I'm not sit here today and wordsmith. This is been going on all day. It's a broader recommendation beyond five. It would be inclusive of young (inaudible) but it would be more quality national standards for intake --

COURT REPORTER: Microphone.

COMMISSIONER DREYFUS: -- as part of a re- envisioning and broadening o CAPTA.

CHAIRMAN SANDERS: Let me just say we're going to, hopefully, have to wrap this up and it's clear we don't have agreement on what's on paper yet and so we'll need to make a decision about that.

I think the idea of these five recommendations is what will change for the six children today and tomorrow and the 3,000 children this year. And I believe we have at least some reason to believe that there is a group of children who are currently not being seen who somebody in the community has a concern about. I'm not sure we have evidence that that's true of 17-year-olds. It does appear we have evidence that that's true of 3-year-olds and I think that we're not saying don't screen in 17-year- olds but I think we are saying what will make a -- what we have reasonably will make a difference and I think that we can point to evidence for the younger kids. Commissioner Petit.

COMMISSIONER PETIT: Yeah. David, I think you're right and I think Susan was absolutely right and I think this issue is about national standards. And what we're not going to do as a Commission is write what those standards are and I think it would be a mistake for us to spend a lot of time on exactly what the risk factors are.

What we know is that there are a bunch of risk factors. Some children are more at risk than others and one of the things we're recommending basically is that the federal government, in consultation with the states and researchers and others, develop a set of a standards that the states are required to adhere to in exchange for federal money. Well, if not for receiving federal money, just because they're American citizens and here's how we want them dealt with from one state to the other. So I mean the Congress can prescribe what the states will do, this kind of thing.

But I don't think that we should spend more time on trying to figure out what the risk factors are for an 8-year-old, 17-year-old, or 2-year-old. I think we can say there needs to be a set of standards that states use in making these determinations. And some states do a great job and some states do a very poor job of it.

COMMISSIONER BEVAN: We cannot put language that calls for national standards that would require every state to change their law and policies and procedures. This will -- it won't work. We do have - - we did have MITRE and MITRE did tell us that they can do work for us without requiring standardized laws across the states. And I think when we get to that point, we should be looking at what MITRE had to offer.

CHAIRMAN SANDERS: Commissioner Rubin, speak in your mic.

COMMISSIONER RUBIN: Yeah. I'm here because, you know, I'm on the fence with this one but I hear what Commissioner Horn says. You know, I think that there is always an unintended consequence to decisions that are well-intended but then actually take away -- sort of

infringe, I think, on the personal privacy of the family. And that's -- and I understand that nature and so I'm on the fence, honestly.

CHAIRMAN SANDERS: Commissioner Martin.

COMMISSIONER MARTIN: I do agree with what Cassie just said. If we are going to make a recommendation that the feds set standards, this is not an immediate recommendation then because that means we're basically telling them to study it so let's be careful. If we think this is so urgent that it needs to be in the immediate status, that is not an immediate recommendation.

I think what we can do is combine, if you will, both of those recommendations. So we can say something to the -- nowhere in here are we saying not screen in a kid. But I think we can talk about we want to put a specific focus on kids under the age -- five and under and then we also want to develop, in addition to focusing on those children with heightened risk of fatalities, we then want to study what the specific additional risk factors are that we can add or include, because I don't want us to sit there and say we can't do something tomorrow on this.

COMMISSIONER PETIT: David, I agree with that and I think that the question of standards come second. The states now do have their own standards, for better or for worse, and there is a need for an infusion of resources for them to go out on this and they should not be screening out any of these young kids because they don't have the resources for it. So I think it's a two-step process in which you say infuse some money to the states right now and then take a look at the standards and the questions in the perspective you just had on it, Cassie.

David, look, before we leave, there's something I want to just raise with these numbers that I think we should just reach a position on, and that is we use throughout here 1,500 -- 3,000 kids but if you take a look at page two and three in this chapter one document, if you take a look at the footnote in page -- the very last sentence, "Or at least 3,000 per year," if you take a look on page three, they're saying it's 4,500 per year. That's a big difference. That's 1,500 more deaths and I think we need to incorporate that into the document that we're talking about as many as 12 a day, not 12 every other day, 12 a day. And so, for example, when you look at that number that was just used this week with -- that's gotten a lot of play across the country, 351 events where there were 4 or more victims in these shooting incidents. That's only 1,400 deaths -- only -- it's 1,400 deaths. It's one-third of what may be the high end of child fatalities which on page three is specifically cited by this researcher, who's estimated the deaths to be as high as three times the national reported amount. I think we need to use it's as high as that. So it's as low as what the federals say and it's as high as that, which is triple what the federals say and it's not consistent throughout the document. And I think we have it -- and research says that's what it is, as much as three times, we should use it.

AV TECHNICIAN: Commissioner Rubin.

CHAIRMAN SANDERS: Commissioner Rubin.

COMMISSIONER RUBIN: I'm just listening.

CHAIRMAN SANDERS: Okay. So we have Commissioner Horn's proposal and Commissioner Martin just suggested that maybe we could think of this as a two-phase process. So

Commissioner Horn, does that get at your proposal or do you -- would you prefer to put on the table the investigation all hotline calls, because then we should vote.

COMMISSIONER HORN: You keeping saying "all hotline calls" and that's never been my position because I've said that there are instances in which somebody calls that could easily be screened out. They called the wrong number, they want a Medicaid card and so and so forth. So I just want to be precise about what it is that my position is.

My position is that while it's perfectly reasonable for us to say there ought to be a greater urgency, and urgency when it comes to response, it is latency of response. That's usually what urgency means and perhaps even the magnitude of response. So if you want to say that for kids under five are at greater risk for fatalities and, therefore, there should be a special urgency both in terms of latency of response and perhaps magnitude of response or the multi-disciplinary team or something like that, I'm all for that. I have no problem with that.

What I have a problem with is the implication is that if the kid's 6, 7, or 8, that we don't have the same -- we don't have to really worry too much about those kids. And I just think that's not true. I know that there is a greater instance of fatalities for kids five or under, but that doesn't mean no kids that are older than five are getting killed because of abuse and neglect.

And so I just think -- I mean I actually thought this was the least controversial of all of my recommendations which is interesting because I do believe that CPS ought to be investigating all cases where an investigation is appropriate regardless of age. And if there is a special urgency required for kids under five, both in terms of latency and perhaps magnitude of response, fine, no problem with that. But I really have a problem with us giving a -- making a statement that suggests that we can ignore kids who are 6, 7, or 8 simply because they're not under a certain age threshold.

CHAIRMAN SANDERS: Nobody's suggesting ignoring kids who are 6, 7, and 8. Let me step back and try and lay out what I see as the distinction. Today every state defines abuse and neglect for themselves and then they determine who the process of reporting will work in that state. And that's the reason why a percentage of calls are screened out. States aren't saying we are -- there's an allegation of abuse or neglect and we're not going to investigate that allegation. They look at how it's defined in their state.

The distinction, to me, is that for children under a certain age, that we would be suggesting that even if the state has not identified a specific category of abuse or neglect, that when a call comes in that somebody would go out and see that child. That -- and so we're saying that there would be additional attention given to those kids who are under age three or I'm suggesting under age -- or five and under -- that would deserve attention because somebody has identified them and is calling, but they may or may not meet that state's definition of child abuse and neglect. And I think that, to me, is the distinction. For anybody who meets the definition of child abuse and neglect, unless Cassie says something different, it's my belief states are required to investigate a call where there's an allegation of child abuse or neglect. It's just that it seems for younger children, that even beyond those that are defined in that state as child abuse and neglect, that they are at risk for a later fatality and that we should make sure somebody is seeing them.

COMMISSIONER PETIT: And the recommendation would be in terms of paying for that, where do you see that coming in, in the discussion we're going to have after lunch on the dollars?

CHAIRMAN SANDERS: Yeah. I think that the whole thing around -- that we've talked about with funding, that has to be part of the entire package.

COMMISSIONER PETIT: Okay. Well, David, I think the point that you and Commissioner Martin and I don't know who else make on this question of we can't be on record as saying anyone who reports abuse and neglect is going to be screened out on the basis of their age. So that's not something we're going to say. We're going to say we want to see all kids and the priority is that group of five and under because they are more vulnerable.

CHAIRMAN SANDERS: So actually, maybe this is helpful in defining it, that every child, where there's an allegation of abuse or neglect, must be seen, period. That's every child --

COMMISSIONER MARTIN: Investigated.

CHAIRMAN SANDERS: -- must be investigated -- well, right, investigated -- must be investigated.

COMMISSIONER MARTIN: That's exactly it.

CHAIRMAN SANDERS: That's clearly the case.

COMMISSIONER MARTIN: That's correct.

CHAIRMAN SANDERS: For young children, if somebody expresses concern through a call to the child protection hotline, even if they don't meet the state's definition of abuse and neglect, they should be seen because it appears from the research that they are at higher risk.

COMMISSIONER PETIT: And not necessarily by CPS. and not necessarily by CPS. What concern was it? Somebody see them.

COMMISSIONER MARTIN: It's investigate.

COMMISSIONER PETIT: Investigate can mean -- investigate has a connotation of a formal CPS review. What we're saying is somebody should go out whether it's a public health nurse or a social worker but it doesn't necessarily have to be --

FEMALE SPEAKER: Well, it's already --

COMMISSIONER PETIT: -- or a child she's saying. It does not need to be the government.

MALE SPEAKER: Or even law enforcement.

COMMISSIONER PETIT: Right.

COMMISSIONER MARTIN: We can put that in our glossary what we mean by "investigate."

COMMISSIONER DREYFUS: Commissioner Sanders, back to Commissioner Horn. So he used the terms "urgency" and "magnitude" and Commissioner Bevan reminded us about Emily's research about re-reports. So I love the way you started that about, you know, any child where it's called in and there is an allegation of abuse or neglect should be seen. It's like the fire department doesn't decide we don't know if there's really a fire or not.

COMMISSIONER CRAMER: Must be seen.

COMMISSIONER DREYFUS: Must be seen, I like --

COMMISSIONER MARTIN: Must investigate.

COMMISSIONER DREYFUS: -- I like -- yeah, just remember though, Judge Martin, at least in my world, whenever you use the term "investigation," the assumption is a child protective services investigative worker is going out.

COMMISSIONER MARTIN: So (inaudible) --

COMMISSIONER DREYFUS: And I don't think -- and I think we need a little bit more flexibility than that but --

COMMISSIONER CRAMER: But wouldn't --

COMMISSIONER DREYFUS: -- well, let me finish -- but wouldn't -- Chairman Sanders, to that point, wouldn't we then outline not just age but re- reports, right, cumulative reports, not just re- reports on the child but the entire family? So -- because then I think that recommendation really is getting some good teeth in it beyond just an age distinction.

CHAIRMAN SANDERS: So if the language was something along the lines of every child where there's a call alleging abuse or neglect must be seen immediately across the country, period --

COMMISSIONER DREYFUS: Well, not immediately.

CHAIRMAN SANDERS: Well, I'm trying to state it strongly, but must be seen --

COMMISSIONER DREYFUS: Screened in, seen.

CHAIRMAN SANDERS: -- screened in and investigated. Let's not use the term "investigated" but --

COMMISSIONER DREYFUS: Screened in and seen --

CHAIRMAN SANDERS: -- be screened out and assessed but that for young children --

COMMISSIONER DREYFUS: Screened in and triaged for response.

CHAIRMAN SANDERS: -- for re-referrals regardless of the allegation, that they should be seen.

COMMISSIONER MARTIN: So I think we should take better advantage of our glossary because if, in fact, an investigation, we want that to include a child advocacy center, and I think we do, then we need to be clear that we're not saying they have to be seen. I think they need to be -- the call has to be investigated. We don't want them all screened in. We want them investigated and if after the investigation it warrants a screening in, yes. But we don't want to say that when you call in about a Medicaid card, you have to be seen or screened in.

COMMISSIONER PETIT: But what do you mean by that? Who is it that would go out and do this that you're talking about? There has to be some statutory authority. You can't just walk into people's home so when you say they're going to be investigated, what would you do, call them up? How would you know whether they needed anything without seeing them? You wouldn't do it without a series of questions, so person on the phone, right, how would you do it?

COMMISSIONER MARTIN: Please don't turn off my mic when I'm talking because I won't turn off yours when you're talking, so let's get that first. What I'm saying is that we investigate it and that means that if, in fact, it's determined that a child advocacy center can investigate, then that's who goes out and investigates. We are not making a determination of who's going to investigate from this table. The call will decide based on the facts that the call comes in who will investigate. All the calls go to CPS. All of them go to the hotline call and at that level and at that time, the determination will be if it's going to be child advocacy center or if it's the police. But when we use the term "investigate" in our glossary, "investigate" will include child advocacy center.

I also -- please don't turn off my mic yet, I'm not done -- I would also suggest that it not be that they have to be seen because just as we talked about, if someone needs a Medicaid card, we would direct them to the Medicaid office and not go out and see them.

And thirdly, I would suggest that we don't want them all screened in. We don't screen people in until we investigate and there's a determination made that they need to be screened. Now I'm done.

COMMISSIONER COVINGTON: Could a CPS person or someone with knowledge -- I thought screening in is what you have to do before the investigation? It's an intake --

COMMISSIONER DREYFUS: Screened in (inaudible) is when you actually investigate it in the home and made a determination.

COMMISSIONER PETIT: I would just say relative to CACs, and we love the CACs where, I think, on a track to recommend more spending on CACs but Pat, per your point about CACs, CACs collectively are tiny little private organizations for the most part that do not have the capacity to conduct child protection investigations. They can review cases in some extraordinary --

COMMISSIONER MARTIN: How about the police?

COMMISSIONER PETIT: Same thing, the police especially are, all over the country, not investigating child abuse and neglect cases. They are in some places; they are not in other places.

COMMISSIONER MARTIN: But that's the point; in some places, they are so when we say "investigate," we're not saying just CPS. Is that what you're saying because if that --

COMMISSIONER PETIT: No, of course not. I'd start at a much lower grade than that if the case didn't suggest a CPS or a law enforcement which is really an atomic bomb being dropped on a house, CPS as well as law enforcement going into a home. No. I'd start with public health nurses or social workers unless it's obvious that it should be a CPS person but CACs are not going to be a substitute for CPS with all these calls coming in.

COMMISSIONER MARTIN: So all I'm saying, just at this table, when I mentioned "investigate" and when I mentioned "screened in," we all have a different interpretation. My interpretation of screen in is when it's screened into the court. That's the importance of this glossary, folks. We at this table are not talking the same terms so let's make certain we're clear when we're talking about terms of art that we're all on the same page so when I talked about screening in, in my world, screening in is when it screens in and a petition is filed to come before me in

the court. And now I understand screened in for child protection, that the agency is talking about just getting an investigation. So let's be clear. And Mike, all I'm saying is unless CPS is the only one who can investigate.

COMMISSIONER PETIT: That is who investigates except law enforcement unless CPS designates that responsibility to somebody else. At that point, it wouldn't be considered a legal investigation. It would be sending a public health nurse in to look at what the circumstances are. The nurse comes back and says, "you need to get out there; there's something going on here that is abusive and neglectful," you could do it at that level.

COMMISSIONER MARTIN: So are we saying at this table "investigating" means only by CPS?

COMMISSIONER PETIT: No, no, but CPS is the coordinating authority. The police independently can do it.

COMMISSIONER CRAMER: Can I jump in on this --

COMMISSIONER MARTIN: Please.

COMMISSIONER CRAMER: -- or should I wait? I don't want to turn anybody's mic off before they've finished what they need to be saying.

COMMISSIONER MARTIN: Thank you.

COMMISSIONER CRAMER: However, I would like to -- a little -- I think this -- the term "investigate" is right where we're talking about it is extremely important to define, not necessarily in a glossary. I think it's so important the way we're using the word "investigate" here or the way I want us to use the word "investigate" here that we need to say right here what it's all about because I think -- I don't want to give any impression that our recommendations with regard to investigate or otherwise are mainly for the CPS system. It's for a broader system.

With regard to the children's advocacy centers, Mike, you know those children's centers well but in most of them, and that's hundreds of them now and that's still maybe not near enough, you have teams that are working side-by-side each other that include child protective services, that include law enforcement, that include even some center personnel that could respond to, quote, unquote, "an investigation" and should and hopefully are. So I don't want to see anything that would take away from that.

COMMISSIONER DREYFUS: It's about authority (inaudible).

CHAIRMAN SANDERS: So we have part of the recommended language on the board here for Amy and Wade. Dave Rubin had to get off and that is --

MALE SPEAKER: (Inaudible) a call about a recent neglect (inaudible) --

COMMISSIONER BEVAN: What happened to -- the focus of this Commission has got to be -- I'm going to say it again -- narrow. We have to be narrow in our focus. We have to be narrow on the focus on children who are likely to die. Eighty percent of the children are under three. We know that. Re-reports make it even higher. Why are we trying to universalize something when we know what we need to do? This is about reducing child abuse and neglect fatalities.

This is not about anything else. That's what we have to have a laser focus on and this recommendation doesn't do it.

COMMISSIONER DREYFUS: Commissioner Bevan, does it do it for you though consistent with Commissioner Horn's? I'm just trying to kind of pull this together. When he talked about magnitude and urgency of response, the magnitude of response, urgency of the response, every child, which there is a call alleging abuse and neglect must be seen, broad statement, but that there needs to be a specific magnitude and urgency of response for the following: children under the age of three, re-reports on a household, right? Can you nuance this and make it very targeted like you're saying when you start getting at the magnitude and the urgency within this broader bucket that gets at young kids and re-reports and the things that we learned have a high correlation to the 80 percent of the kids who are going to be killed?

CHAIRMAN SANDERS: So let me ask Commissioner Bevan. If I'm not mistaken, isn't this what is currently in CAPTA, that the allegation has to be investigated and so what -- and so you may be getting at something, Commissioner Dreyfus, that we could state what's already in the law but what we have learned is that there needs to be a focus on those who are at highest risk, and that is young children and those with re-reports, and then specify what needs to happen there. But this is just, I believe, restating CAPTA and emphasizing that we're not suggesting that anybody that there's an allegation of abuse or neglect not be seen. That's currently what's in --

COMMISSIONER PETIT: David, if tomorrow the law was enforced or put into practice, so nobody is saying the law already exists and that's right, CPS says that, the cost of going out on all cases would be very, very significant. And I'm not saying that's a reason not to do it. I'm saying that is reason -- the other population that we know that is really at risk that is not there, the population that is most at risk -- so I'm going to say most at risk are already with their parents right now. They're open CPS cases and we know from a variety of sources that hundreds of them, if not a thousand or more, who are in the protective custody of the state except they're assigned to their parents are going to be dead before the year is over, and that gets us back to the question of the surge thing that says take a look at that particular population. But that is probably the most narrowly defined, readily accessible to the rest of us group of children of those that are already at home in a CPS situation.

CHAIRMAN SANDERS: Commissioner Cramer.

COMMISSIONER CRAMER: I just want to make sure. Does CAPTA refer to seen? We're using "seen" and/or "investigated." Which?

CHAIRMAN SANDERS: In CAPTA, I think it says investigate.

COMMISSIONER CRAMER: Yeah. Let's be careful with the word "seen." I mean if you take that literally, that means they've got to go out and eyeball the kid and I don't know that I'm opposed to that, but I don't -- there could be -- over the Medicaid card, you certainly wouldn't want to be mandated to go see them when you determine pretty quickly by a quick investigation that it was not about any allegation.

CHAIRMAN SANDERS: So let me -- if we -- if, in fact -- and we'll find what's in CAPTA -- but I believe that it calls for an investigation of every call where there's an allegation of abuse or neglect, that meets the criteria of an allegation of abuse or neglect. We restate that to make

it clear we are not suggesting that allegations of abuse or neglect not be investigated by anybody for any age but that there is additional attention for those children who are at highest risk and we specify that population. Does that begin to get us closer --

COMMISSIONER DREYFUS: Yes, broader than age.

MALE SPEAKER: Yes.

FEMALE SPEAKER: Yes.

COMMISSIONER PETIT: Wade, did you hear that? Is he still on? Yeah, Wade, did you hear that? Wade?

COMMISSIONER HORN: Yeah, I did. Sorry. I'm in a hotel in Sacramento. I'm two hours behind you guys and room service for breakfast just arrived so I was dealing with that. So can you repeat it?

COMMISSIONER MARTIN: Are you sharing?

COMMISSIONER PETIT: Did you hear what David just said about possible language?

COMMISSIONER HORN: No, I did not.

COMMISSIONER PETIT: Okay.

CHAIRMAN SANDERS: So what I was suggesting, Wade, is that I believe the language in CAPTA accomplishes this, so we restate what's in CAPTA that every child for which there's an allegation of abuse or neglect -- every child which there's a call alleging abuse or neglect must be investigated and that we recommend additional attention to those at highest risk, and we can define that further but that would include age, that would include repeat reports.

COMMISSIONER HORN: Okay, sure. Absolutely. That's fine.

CHAIRMAN SANDERS: Next. All right. So we'll make sure --

COMMISSIONER BEVAN: I oppose.

CHAIRMAN SANDERS: Can you -- is that -- say --

COMMISSIONER BEVAN: I oppose.

CHAIRMAN SANDERS: Because the?

COMMISSIONER BEVAN: Because it's not narrow and I think we're leading off of something that you shouldn't be leading off of. I don't think that's -- you shouldn't be leading off with "every child." You should be leading off with what we know. We have a narrow focus. Let's keep it with the 80 percent of the children that we know. I don't think we need to be mixing it up with every child for which needs an investigation. That's already known. That's not what we were asked to do. We were asked to focus on child fatalities. We know 80 percent of these kids are going to either be re-reports or they're going to be children under three or five so --

CHAIRMAN SANDERS: So -- but let me back up because that's a restatement, I believe, of what's in CAPTA.

COMMISSIONER BEVAN: I'm looking at CAPTA right now --

CHAIRMAN SANDERS: So if that is a restatement, then are you suggesting that we go further and not actually -- that we actually suggest potentially mending CAPTA so that the focus is much narrower?

COMMISSIONER MARTIN: I have a suggestion. If --

COMMISSIONER BEVAN: No. I'm going to look at CAPTA and see what it says and we'll meet after lunch and I'll tell you what it says.

CHAIRMAN SANDERS: So why don't we -- oh, go ahead, Commissioner Cramer.

COMMISSIONER CRAMER: Well, it's not just a question of what CAPTA says. I thought you were taking it let's assume, as David was trying to say, that CAPTA says -- we're restating what CAPTA says, aren't we taking it a step beyond on that and what's your objection to that?

COMMISSIONER MARTIN: So I think what we should do -- I would recommend that we allow us to go to break and let Cassie look at what she's looking at, and then she can give us her exact objection after lunch, and then we can deal with it then because she's trying to look at CAPTA so why don't we give her that opportunity.

COMMISSIONER BEVAN: Thank you.

CHAIRMAN SANDERS: All right. So we're close here. We're going to take a break for -- how long do we have scheduled -- until one o'clock.

COMMISSIONER MARTIN: Why don't we just take a half an hour.

CHAIRMAN SANDERS: Yeah. Why don't we go until 12:45 and we'll reconvene then with what's in CAPTA and see if we can come to consensus on this. Thanks. So Wade, enjoy your breakfast.

(Break.)

CHAIRMAN SANDERS: So, right before break, Commissioner Cramer had asked about the concern from Commissioner Bevan about the proposed language. And during the break, I know Commissioner Bevan looked at language in CAPTA, as well as IV-B. So, Commissioner Bevan?

COMMISSIONER BEVAN: The language in CAPTA does not say -- it says you have to have a state plan with procedures for prompt investigation, but it doesn't say a state has to investigate the way we were talking about it. So I don't think we're getting where we want to get if we amend CAPTA. I think we might want to see, and I'm looking at it now, amending IV-B to get there.

But CAPTA, it just provides assurances, and it just -- it was procedures, you know, and investigation, just that a state has to have.

CHAIRMAN SANDERS: And so, from the language, if the state has to respond, it doesn't define what the response needs to be?

COMMISSIONER DREYFUS: And so, that's how CAPTA reads. But is that the way CAPTA should read?

COMMISSIONER BEVAN: Can we change CAPTA?

COMMISSIONER DREYFUS: I would sure hope we could, I mean at least recommend it. I just always went into this thinking that this 21st century child welfare system was about, that the most integral part of that system is a strong, vital child protective services function that is responsive to every child every time.

And that it doesn't sit outside of it. It is integrally necessary within it. It's like you can't have a safe community and not have a strong, vital law enforcement function. I liken it in the same way. So.

COMMISSIONER BEVAN: Well, it does, in IV-B, it says that the state opt for the state plans under IV-B. The state plan under IV-B, it says, at 432, that there the state must contain assurances that the states administering and conducting service programs under the plan, the safety of the child to be served shall be paramount, and describes how the state identifies which populations are at the greatest risk of maltreatment and how services are to be targeted to those populations.

COMMISSIONER DREYFUS: Oh.

COMMISSIONER BEVAN: So, it seems that we could strengthen the language under IV-B, the state plan requirements, and get at more -- I understand what you're saying with title -- with CAPTA, but CAPTA is a smaller amount of money than IV-B. And I think there's more federal oversight in ways that you may -- as former Ways and Means staff, maybe that's how I feel.

(Laughter.)

COMMISSIONER BEVAN: Christine, maybe I'm just being part of the Ways and Means family. But I do think there's more oversight in Ways and Means.

COMMISSIONER DREYFUS: More than there is in CAPTA. And it seems to work off of CAPTA.

CHAIRMAN SANDERS: David.

COMMISSIONER PETIT: I mean, the states aren't mandated to do a lot of things. They're supposed to provide a vehicle. But part of the issue has been it's not an enforceable kind of action that you can take in these situations. Unlike foster care, which is an entitlement, if you're in the child protective network, it's not an entitlement. And there's no one that you basically can sue to enforce it, right?

If a state is supposed to have a vehicle, it doesn't say that they've got to on every child for which there is a report. They basically pick and choose what their response is to all of this stuff.

So one of the issues, for me, with this whole Commission is, do we prescribe certain things that are mandatory to the states? And if there's an oversight function by ACF within the EHHS or wherever?

I mean, and that is a missing element. Right now, there is an oversight process. We've seen several reports that suggest it's weak, that it has not been fulfilling its responsibilities, which I don't really see much of that built into the recommendations.

And as far as the CAPTA money is concerned, I'm going to be recommending, and I think several of us are supporting, putting a lot more money into CAPTA. You said something, Cassie, at the beginning that we haven't seen the numbers. But if I recall, David, when we had a call --

COMMISSIONER COVINGTON: Your mic is off.

COMMISSIONER PETIT: When we had a call with them last, I think it was January or February, they ended up giving us a number that showed how much money was being spent on child protective services at the federal level. And it was a very modest sum. It was like a couple of hundred million dollars.

CHAIRMAN SANDERS: It's in Child Maltreatment 2013. I'll look it up.

COMMISSIONER PETIT: I'm saying that because you raised that question. I think they actually did provide us that piece of information. We asked them a lot of other questions that they didn't respond to and basically said, "You know, we don't have it, and we're not looking for it if we do have it." I don't actually recall that.

COMMISSIONER BEVAN: Well, I want to be clear that I believe that we should be -- that there should be reports and investigations of children who are under the age of 5 and who have been reported before, and that that should be a priority. And that we should also, under IV-B, focus on state plans. And that includes addressing programs of family preservation, community-based family support services, family reunification, adoption promotion. All that money is also IV-B.

But I think that we need to include in that state plan a specific attention to the population that will work, you know, with the fatalities. Because the word "fatality" is not in IV-B. And yet it alludes to the fact that the child safety should be paramount. It also alludes to, the highest risk should be identified.

COMMISSIONER PETIT: So, how would you modify this? Are you okay with it?

COMMISSIONER BEVAN: Modify this?

COMMISSIONER PETIT: Yes.

(Pause.)

COMMISSIONER BEVAN: Actually, I'm not comfortable with saying every child for which the -- I'm concerned of overloading the system. We already -- if we have 3,000, you know, reports of child abuse, I don't want less. And I want them all. I do want them all investigated.

But for the purpose of this commission and our responsibility, I want to focus on children under 5 and the reports, because it will get to fatalities.

COMMISSIONER PETIT: David, the problem, I think, Cassie, from where I sit on this thing is that the number of children killed is so small in comparison to the number of children out there, that we're forced to cast a wider dragnet in the hopes that we're going to get kids who, in fact, are going to die, but look just like -- and they and their families look just like the thousand kids that won't die.

I mean, keep in mind right now we have 100,000 kids, of only 2 a year are going to be killed. So we haven't come close, with predictive analytics or anything else, in identifying in a sure-fire way what the characteristics are of the families that should spend the most time on.

That's why if they have certain characteristics, we work with them. But we're far from able to say, "These are the ones that are at the most risk."

CHAIRMAN SANDERS: So, it seems we have everything that we need on this and really just need to decide, do we change the language that's in the current document, which is the focus -- a focus on under age 5? And we would also add re-report to that. Or do we also talk about investigating all calls, which is the amendment? The proposed amendment is to investigate all calls.

COMMISSIONER DREYFUS: Do my fellow commissioners, do you see that there would be this - I mean, I'm always wanting to hear all voices here. And I think and think about Wade. Is there an unintended consequence here to what we're saying that we're not thinking through?

COMMISSIONER MARTIN: So, I agree with Cassie. I think our job is to look at kids who are highest risk for fatalities. And all of our recommendations should be focused just to that subset of kids. I don't think that we should spend this time reinstating current law or reinstating things that are already effectually done.

I think we should take what we've learned, and that's what our recommendation should focus on. And we should be very clear. I don't want to dilute our recommendations that deal with kids who are near fatalities and fatalities by putting it in the middle of law that we already know.

COMMISSIONER DREYFUS: So, Judge Martin, would you want to see this where, to what Cassie was saying, that there would be an amendment to that section of IV-B that would put - that the language she said that states have to have a plan for how they're going to identify risk and response, right, and that we want those risks to include young children and re-report on children and families?

COMMISSIONER MARTIN: I think that is appropriate.

COMMISSIONER CRAMER: I can live with that. And does that mean that we eliminate recommendation 1.3, or does that --

COMMISSIONER MARTIN: We're amending it.

COMMISSIONER CRAMER: We amended it. And -- all right.

COMMISSIONER PETIT: So, the motion or the amendment or the objective is to get more kids who we think are at higher risk in our scope, whether they were already in the system or whether they are unknown to us. But we're not proposing anything at this point that shrinks the responsibility of government to respond to any kid that's in this situation. So there's no exclusions. There is an emphasis on an inclusion on this.

(Cross-talk.)

COMMISSIONER DREYFUS: We're getting at the risks that -- it sounded like that language.

COMMISSIONER BEVAN: That's right. That's right.

COMMISSIONER DREYFUS: It's shared. It is weak on risk. It says the term "risk," but there's no real specificity around it. And we're wanting to see an amendment that with those states that when they write that, those sections of their plan, how are they going to specifically be looking at what we know to be higher risks of fatality, young children and re-reports on children and families?

COMMISSIONER BEVAN: Amend title IV-B, state planning requirements. That's at 432, Section 432A. And we want 10, which says, describes how the state identifies which populations are at the greatest risk of maltreatment and how services are targeted to the population. We want to change that description to read --

COMMISSIONER DREYFUS: Treatment and fatalities.

COMMISSIONER BEVAN: Yeah, that the -- we want the state to describe how the state identifies and maybe investigates children under the age of 5 and children with re-reports.

COMMISSIONER DREYFUS: And re-reports on the child, but re-reports on that child's family.

COMMISSIONER BEVAN: Yeah. Do we want them just to identify how they're doing it, or do we want them to make sure that they investigate them? That's a requirement.

CHAIRMAN SANDERS: Are you getting what you need there, or are you waiting on us to decide?

AMY TEMPLEMAN: I'm trying to make sure I'm capturing what you want. But right now --
(Cross-talk.)

COMMISSIONER BEVAN: States should describe that investigation.

COMMISSIONER DREYFUS: No, it's how they will -- how they will assess and investigate it.

COMMISSIONER COVINGTON: For me, it's not how they will describe. But states will develop a plan to screen and investigate all reports of children under age 5, blah-blah-blah-blah.

COMMISSIONER BEVAN: Who are at the greatest risk and how they're targeted. We just say describe it. Well, states can do whatever they want to do.

COMMISSIONER PETIT: But there needs to be something that identifies what it will take to do it. In other words, there is investigate 101, there's investigate 303. There's investigate light, there's investigate deep. There's spend-some-money, there's spend-no-money, there's spend-little-money.

In this case, what we're talking about is, what would it take?

COMMISSIONER COVINGTON: Well, it's also investigate as appropriate.

COMMISSIONER PETIT: As appropriate is --

COMMISSIONER COVINGTON: We're just -- we're giving them back carte blanche to do whatever they want. I mean, we're trying to say that -- this started out investigating all CPS hotline calls. Now we're trying to say investigate all CPS hotline calls for certain populations.

If we just say develop a plan, that's really different than saying we expect them to investigate all kids, I mean, that are at this high risk.

COMMISSIONER DREYFUS: But investigate, hopefully, at the level of the investigation.

COMMISSIONER COVINGTON: But I think when you say "investigate as appropriate," it still gives them that license to say, "Well, it's not appropriate for us to take this -- we're not going to do these." I think investigate and develop appropriate interventions or whatever it is. But we're still asking that they investigate.

COMMISSIONER CRAMER: Can we use the word "protocol" instead of "plan"? Before you cross that out, let me get some response here.

COMMISSIONER DREYFUS: I think it's federal language. It doesn't matter to me. I think it's the federal language, what they've got in IV-B.

COMMISSIONER PETIT: Well, it's a plan for reducing cognitive steps with a specific protocol on how to conduct investigations.

Look. On this one, in terms of the state latitudes on this one, what if you had tomorrow the federal government did a research project that show that if you did A, B, and C, you would exactly address child fatalities and there would be fewer of them? And you had a state or two or three that said, "We don't want to do that. We're going to stick with what we've been doing, which doesn't produce anything."

Would the feds have a right to come in at some point and say, "We want you to do it differently. There's national standards. There's -- we have research that show that this is what works"? Would the states say, "Too bad; we're not interested"?

And so, at least it is a voluntary kind of a thing, which is the way it is right now in many instances. So I would opt for making some of this mandatory. And adhering --

CHAIRMAN SANDERS: So, look at the language that's up there, because I think it does make it mandatory.

COMMISSIONER CRAMER: States will develop.

COMMISSIONER BEVAN: I'm sorry, but Christine was at the Children's Bureau. And -- sorry, you were. And so, I want to know if the feds can, in reviewing the state plan, can re-subscribe in doing this?

(Inaudible conversation.)

COMMISSIONER BEVAN: In IV-B, can we require states, or how did you want to do it, Michael? Require a protocol, mandate it. Can we use the word "mandate"? Because everywhere else, it says, "Provide assurances, provide assurances."

CHRISTINE CALPIN: In section -- what I'll offer is the section of this law specifies the requirements of the plan that the Secretary of HHS will approve. So whatever you want the Secretary to be approving should be dictated in that section. Because that's what the Secretary will be asked to sort of say whether they are providing, whether they are assuring, what they are mandating.

All of that language will then give the Secretary the ability to, in a state plan, identify what they can do.

CHAIRMAN SANDERS: Christine. So people don't know who you are.

CHRISTINE CALPIN: Oh, I'm so sorry. Okay.

CHAIRMAN SANDERS: Have a seat.

(Laughter.)

CHRISTINE CALPIN: I'm sorry. Christine Calpin, currently with Casey Family Programs, but what Cassie was referencing was that I had spent a period of time in 2008 as the Associate Commissioner of the Children's Bureau at HHS.

COMMISSIONER BEVAN: And before that she was at Ways and Means.

CHRISTINE CALPIN: Anything else you're interested in?

CHAIRMAN SANDERS: So, we have language up there. Is there anything that needs to change with that language?

COMMISSIONER CRAMER: Can you read it again?

CHAIRMAN SANDERS: And then title IV-B, Section 432, states here to read, "States will develop a plan to screen and investigate" --

(Chorus of "Protocol.")

CHAIRMAN SANDERS: "States will develop a protocol to screen and investigate calls for children under 5 and re-reports."

COMMISSIONER DREYFUS: There's a couple of things I would add -- "will develop a protocol to screen and investigate all hotline calls for children alleged to have been abused or neglected."

COMMISSIONER COVINGTON: But now we're rewriting this thing.

COMMISSIONER COVINGTON: Well, but that gets away from the piece about calling in for a Medicaid card. I mean --

CHAIRMAN SANDERS: There's a meaning to alleged abuse and neglect.

COMMISSIONER COVINGTON: The other thing is really, of course, I think -- I don't know people would know what that means. It's for children under age 5 and for children who have had prior calls.

(Cross-talk.)

CHAIRMAN SANDERS: So, let me see if there is concern about the concept here. There will be some changes in language here. Are there concerns about this?

COMMISSIONER COVINGTON: The only thing I would add is "5 and under."

COMMISSIONER BEVAN: We have 5 and under.

CHAIRMAN SANDERS: Oh, yeah. It's 5. Under age 5, oh, okay. So, Emily's research was all under age 5. It's not 5 and under.

COMMISSIONER CRAMER: Okay.

COMMISSIONER DREYFUS: So on the re-reports, however that gets described, I would just like to make sure that it's for the child, the individual child, and/or their family.

(Pause.)

CHAIRMAN SANDERS: Wade, are you still on?

COMMISSIONER DREYFUS: No, he's gone. He emailed and said he was off.

CHAIRMAN SANDERS: Commissioner Petit.

COMMISSIONER PETIT: Well, you get into the question, and I don't know if this is an issue or not. By saying "what you must do" can also sometimes mean that that means that we don't need to do something else. Because they are affirmatively saying we must do this.

So to the fact that it's silent on 5-year-olds or 6-year-olds or 7-year-olds who have had the exact same experience, they're just not meeting the age test, does the state need to affirmatively state that those are also part of the investigation?

In other words, nothing on this should be interpreted to mean a reduction. On the other hand, in reports and services and investigations, on the other hand, if they don't appropriate any money and that's what they deal with right there, that money is going to come out of the hide or the practices of other kids, older kids.

COMMISSIONER COVINGTON: Can you repeat that? I'm sorry, that last part?

COMMISSIONER PETIT: If a state doesn't change its spending, it stays the same, and it's now conducting investigations of all cases involving children under 5, there's going to be less money for children aged 6, 7, 8, 9. So --

COMMISSIONER DREYFUS: Well, the way I read this and heard Cassie talk about it, is that there's still the overarching IV-B requirement that, as a child welfare director, I have to have a plan for all of them.

COMMISSIONER PETIT: Right.

COMMISSIONER DREYFUS: Right? This is simply amended to be within it. I didn't see this as replacing that.

COMMISSIONER PETIT: Yeah.

COMMISSIONER DREYFUS: Right?

COMMISSIONER PETIT: I think that's right.

CHAIRMAN SANDERS: I agree with you.

COMMISSIONER DREYFUS: It's additive. But then your point of resources is a right one. I mean, as a child welfare director, I would have to -- you have to make, it's got to come from somewhere.

COMMISSIONER PETIT: We're going to be on that in a few minutes. What we know is that we have been getting a steady stream from states across the country for two years that talk about how under- resourced they are. So we'll be on that in a minute, and whether we decide to do something with it is something else.

So I can leave resources alone.

CHAIRMAN SANDERS: So, are we fine with this language?

(Chorus of "Yes.")

CHAIRMAN SANDERS: Any opposition to it?

(No audible response.)

COMMISSIONER COVINGTON: We're all fine with the sentiments.

CHAIRMAN SANDERS: Okay. Great. All right.

Let's move to the surge, recommendation 1.1. We have the language that's in front of you. 1.1 talks about Hillsborough County. The proposal from Wade, from Commissioner Horn, and Commissioner Petit is to focus on the surge. So, Commissioner Petit, do you want to share specifically what you have written down?

COMMISSIONER PETIT: Yes. And let me put this in the context of, right now it asks to identify and protect children at risk of abuse-and-neglect fatalities. So I sent this to everybody. I don't know if you've all seen it or if you've all read it. But it's the two-or-three page, you know, description of what a surge would be, and some other issues as well.

And did you see that? No?

So, some people haven't see it. And I'll make reference to it. But there was a document that was submitted a week or 10 days ago that says, "Right now, action to identify and protect children at risk of abuse-and-neglect fatalities." And I included several measures that I thought fit that description.

So, David, they're kind of related. And I'll place emphasis -- but just two things I want to say first about the report.

One is, usually I think that a report that I've seen, once I've been over it, is very descriptive and not prescriptive enough. In this case, I think the opposite. I think that it's very prescriptive.

And I don't think it's sufficiently descriptive to bring the pandemonium that exists in this area, whether it's more description of how these children are dying and who's killing them and what the circumstances are, et cetera. I don't think we've done that enough with any part of this that I've seen.

So I think there needs to be something that shows trends on this, that provides something similar to what is within the NCAN's (phonetic) document, but that has our spin and, you know, permutations on it. So that's one thing I'd say.

The other thing that I just would note that I remind myself of is that, Cassie, this I think relates to some of your concerns in all this, is that the purpose of child protection, CPS, is to protect children, not to promote their wellbeing. And there is a difference between those two things.

There are many organizations that exist to promote the wellbeing of children, and CPS is interested in promoting the wellbeing of children. But first and foremost, its job is to protect children. Protect children, strengthen families when it can, deal with all the issues that are wrong in the family.

But in the first instance, I would argue it's a public safety issue and not, in turn, shades of some of what all of this is about.

The launch emergency surge that I talk about, if you read this, it basically says there are hundreds, if not a thousand, more children who are currently in open CPS cases being visited by social workers or somebody, going to court periodically, in and out of foster care, but the case treatment plan basically has the child in their own home.

And a calculation has been made by social workers, CPS worker, that it's safe to do that and that here's the treatment plan that the mother or the dad or the stepdad or whomever it is must adhere to in order to come out from under the umbrella of the state's protective mantle of these children.

And what I would argue that we've heard repeatedly, both in testimony and in the press, is that large numbers of these children will be poorly served in the decision that was made to either leave them at home or remove them from their homes, that social workers may be inexperienced. Their caseloads may be too high. They may not receive adequate supervision. They don't have the purchase of services necessary to be providing the family.

And that, as a result of that, there are children, and they're not being seen frequently. They've got 15 minutes a week for a family, because their caseloads are too high. They're not getting the supervision that they need.

And so, what this specifically does is, as soon as the states and HHS can be geared up for it, I don't think it requires any new legislation. I don't think it requires, necessarily, any new spending for the moment -- is to see what happens. And that's kind of like the Hillsborough piece, but it's not Hillsborough. It's Hillsborough to be cited as the promising example of what this looks like.

And that what I'm talking about for surge would be a combination of both intervening to protect children in the circumstances they're in right now to ascertain what that status is, as well as to gather information as to what it looks like.

So if a jurisdiction had 600 cases that fit the description I'm talking about, you could have a multidisciplinary team headed up by CAC's, designated by CPS and take on that responsibility and say, "Give us feedback as to whether or not you think these kids are in a safe situation." Yes.

COMMISSIONER MARTIN: You are not the Chair. I am waiting for the Chair to call on me.

COMMISSIONER PETIT: Oh. Am I going to finish this?

COMMISSIONER MARTIN: Well, I'm ready to comment on it.

COMMISSIONER PETIT: Well, I'm sure some people are. But are we going to just go -- is that -
- is that how you want to do it, David?

CHAIRMAN SANDERS: Well, I'm assuming most people have had a chance to read what you sent. So, but go ahead. If there's more that isn't part of what was sent that needs to be described out, that would be helpful to know. Otherwise, I think, yeah. I read it. I hope everybody did. So, yeah.

COMMISSIONER PETIT: So, the purpose is to help respond to an urgency in which we know there are children who are going to be killed. We know that they are in families that we're already working with on this thing. So it's really a look-back at these cases, a review that is joined by other people who have a different perspective, law enforcement, public health, whatever it is. They look at those cases.

And what would get, let's just say in a place like Texas, you could do Houston with a surge. You could do Dallas without a surge. They both have enough deaths that if the numbers moved substantially, you could say this means something or not.

You could say we looked at 600 cases, and 30 of them were in situations that we think are more dangerous than what we left the kids in. The guy had gotten out of county jail, there's domestic violence. The mother has stopped attending AA, or whatever it is that happens to be.

So it's basically going back and devoting more eyes, more perspective as to whether kids, who we know are going to be killed, but we don't know which families specifically, go back and take a close look at them. And that could be the model for doing something, you know, incrementally over a period of time, which the only states that you do it with right now are the ones who are eager to participate.

And I think there's a bunch of states that will be eager to participate. They'll come on with such fire in their own states. You know, people have been fired. I mean, they're looking for something to do.

And when I look at all the recommendations that we've got, and a lot of them are, you know, terrific and over time they'll mean something, but there are very few that are hands-on kind of thing, which is what this piece is.

And the protocol and the standards and the process and the procedures would be done in collaboration with the federal government. So the feds and the states would work together to make this happen. Try it for a year or two, see what happens, and then go full-scale mandatory, if necessary.

CHAIRMAN SANDERS: Commissioner Martin.

COMMISSIONER MARTIN: So, I have a problem with the surge in general. And let me try to be as specific as I know how. If my kids were not hurt in foster care, maybe, but if you're just looking at kids that are placed in their bio-home or their step-home, then I would suggest to you that we're singling out a group of kids and leaving the foster, the kids who are in non-kin foster homes, which they also get hurt.

And one of my problems is, my state agency looks at the kids in foster homes who are hurt as a licensing issue. They don't even charge the foster parent with abuse and neglect like they do the bio- parents. And so not only are you second-guessing your social worker who is out on the street that we say that is overworked, but we have great confidence in their ability to do this work --

COMMISSIONER PETIT: Hang on.

COMMISSIONER MARTIN: Wait. I waited until you were done. Please wait until I'm done. Thank you.

Then we're second-guessing the psychiatrist and the therapist who are working with that family and that child. We're second-guessing the judge who has placed the order for that child to be returned home.

And if you give me justification for each one of those cases to be reviewed again, then I would suggest that you either expand the surge to all the kids in foster care who are placed in non-traditional care, who are placed in non-kinship care, or that you have to be more surgical in who you bring in for the surge.

COMMISSIONER PETIT: Well, the principal argument for doing it is that, in fact, hundreds of children are going to be killed. And in fact, I don't see anything else we've proposed that, on a short-term basis, can be put in place that would deal specifically with a group of children going to be killed.

Is there second-guessing? Of course there's second-guessing. That's what the whole thing is, is that in an under-resourced situation, they don't have that therapist often enough. They don't visit the clinic often enough. And as far as the non-kin foster care, fine. Open that up. Take a look at it. I mean, the issue is more sets of eyes on a universal population of children that we know -- we know in advance are going to be killed.

COMMISSIONER MARTIN: So we're going to redo the whole system in the surge?

COMMISSIONER PETIT: No, not redo the whole system --

COMMISSIONER MARTIN: Well, but that's what you're suggesting. You do kinship care places and non- kinship care places, that's the whole system. I mean, what are you leaving out then?

COMMISSIONER PETIT: This is for those states --

COMMISSIONER MARTIN: So why do you add a surge?

COMMISSIONER PETIT: Because those states that are currently inadequately either resourced or in terms of technically in policy and practice, the kids are dying. So it's not a question of second-guessing. It's a question of another look.

CHAIRMAN SANDERS: Commissioner Covington.

COMMISSIONER COVINGTON: I'm still not sure if I'm supporting this surge, because I don't think we have enough information to know whether it would be effective or not. And I'm thinking about Arizona, which I believe had a huge backlog of cases that needed to be assessed. And I guess we could look at this in more detail.

I think they were 600 or 700 cases behind. They hired a new director. They put all this support in. And they still couldn't catch up. They were way behind. And I think they ended up just not even -- they gave up. And I may be -- that may not be accurate. But that's what I remember hearing.

So I'm really wondering about the feasibility and the practicality of a surge and how we would even think that it could be operationalized.

My biggest concern is while we're doing that, and where does that get funded? What about everything else that still needs to be done within current practice? So I just have some real concerns about it.

CHAIRMAN SANDERS: Commissioner Petit, then Commissioner Martin.

COMMISSIONER PETIT: In going around, I attended 10 of the 11. And I listened in on the 11th.

COMMISSIONER MARTIN: Ten or eleven what?

COMMISSIONER PETIT: Hearings we had around the country.

And the only -- the only place that I heard where there was a possibility of a cause-and-effect relationship between doing something and there being a measurable drop in the number of children killed was Hillsborough County. Nothing else did I hear any place that said, "You know what? This is what we really need to do." That's not what I heard.

And so, the fact, Teri, that we don't have conclusive evidence on it, I would say everything has to be done the first time, and from it you learn on this thing. So this isn't just an exercise, an attempt to affect children. It's also an exercise in gathering data about how well this quality control piece is well on this thing.

So the fact that, you know, is it logically something that has merit? And all this MGT (phonetic) stuff that we've looked at, CAC, we think that this is a place where that would be operationalized. They would be given the resources necessary to do that look- back in conjunction with CPS.

It's not a gotcha situation. It's, is our case practice for our resources sufficient to do the job? And right now what we've been hearing for two years is, no, it's not sufficient. Ergo, we've got 4,500, as many as 4,500 kids killed. And this is a specific intervene-now, get going with the states on this thing, get going with HHS and begin this process, building on the network that we have, CPS and the CAC's.

And there would be states right now that would leap at the chance to participate in this. Many wouldn't, but many would.

CHAIRMAN SANDERS: Commissioner Martin.

COMMISSIONER MARTIN: And I guess my concern is, specifically based on what you've said, I oppose this. We don't know if it will work. So why don't we look at like demonstration sites as opposed to making this the mandate? It seems -- please, Mike, just let me finish, okay?

Because we don't know the outcomes of Hillsborough and we don't know whether or not this will work, it seems to me that it's better to do an experiment or an opportunity to look at it on a small scale, and certainly if it works on a small scale, then recommend an expansion.

But don't turn the whole system upside-down if we don't even have any evidence that this is going to work.

So I would prefer a recommendation that something along the lines of -- and, you know, whatever the language is. But let's do a demonstration or put out RFP's for demonstration sites that develop on this Hillsborough model of a surge. But not just turn the system up and say, "Everybody, we're doing a surge."

COMMISSIONER PETIT: Well, first, I don't think I said that. If I did, I take it back. I didn't say everybody should do this. I didn't say it should be mandated.

In fact, I like what it is that you've just described, Pat. So it looks like -- but I can only wish and pray that it's going to turn the system upside-down. It's not going to turn the system upside-down. That's going to take a lot more than what anything we've proposed individually is. And it's going to take a lot more time.

What I am talking about in this case is, find those jurisdictions that see the merit in what we're talking about, that know they are understaffed, they know they've got an 80 percent turnover of staff. They have supervisors who are responsible for 300 cases. They know they're not doing a good job, and the workers are the first ones to tell you they're not doing a good job with it.

They're triaging. They're going to bed nights worried about if they triaged correctly or not. Some of them are getting killed. In this case, we're saying, go back with that broader lens that we've been all talking about for two years, the community, the twenty-first century. We're saying, okay, fine. We're going to put those under a microscope, and we're going to take a very close look at them.

And if that happens in five jurisdictions or ten jurisdictions or twenty jurisdictions, but it's not merely an exercise in collecting data. There is this element of this hands-on eyes-on of, are these kids safe? So it really combines the two.

CHAIRMAN SANDERS: So, let me ask, and Susan has a comment. It seems to me what we saw in Hillsborough addresses several elements. It addressed workforce issues. It addressed agency accountability. And it addressed the supervisory oversight and relationship. So, why would we not want to use that a model to replicate?

COMMISSIONER PETIT: I think it is a model that may well be worth replicating. We want to talk to people in detail. We want to look at whether there are any amendments or modifications that they've learned about that we'd do it. So it would require some work.

It's certainly not going to be the members of this Commission that do it. But there are people that could pull this thing together. And it might be Hillsborough 2-0 on this thing, right? I mean, presumably, they learned something from that process.

So if somebody has a brighter idea in terms of doing something like that, put that on the table as well. But I think right now, if the Secretary of HHS, the Children's Bureau, ACS said we

would get a pile of dough, it's limited but we're going to help states that want to do something like this, and we'll test it.

And we'll know in a year. We'll know soon on this one. This is a real-time kind of situation, not a, you know, we'll know in a year, we'll know in two years. We'll see right off if there was a difference between Houston and Dallas, for example.

CHAIRMAN SANDERS: Commissioner Dreyfus, then Commissioner Petit.

COMMISSIONER DREYFUS: So, I like where Judge Martin was taking this. And I just remind us all, on the Hillsborough County, right, that was far - - their response and strategy was far greater than data analytics in terms of what it is that made that "surge" work. I don't necessarily think this surge is a nice term. The term itself is kind of problematic for me, Michael. But, you know --

COMMISSIONER PETIT: Surgical, urge, surge.

COMMISSIONER DREYFUS: Whatever.

(Laughter.)

COMMISSIONER DREYFUS: But I mean, I just want to say this. If I were a child welfare director and HHS said to me, "The State of Washington, we're looking for 10 demonstration sites that want to take what was the experience in Hillsborough. We want to study it. And we want you to become a learning community, right, you 10 states, where you're going to be looking at current cases, you know, in the system.

"But it's going to be part of learning. It's going to be creating knowledge. It's not just going to be some immediate thing I do in Washington State today, right, on my current caseload. But from that, these 10 states are going to be building a body of knowledge that includes data analytics."

Right? I could see there's a lot of levers that could get pulled in something like that that not only gives a roadmap for other commissioners around the country about, how do you periodically look at those current cases that you have and what are strategies you can use, but that it becomes part of a larger learning community for the improvement of child protective services overall? Now it's going somewhere.

COMMISSIONER PETIT: Yeah. And there's two pages of this that kind of lays out what that would look like. And just off the top of my head and the back-of-the-envelope kind of thing, that would lend itself to greater scrutiny and improvement. But to do what we have just talked about, to blend those two.

I mean, look. You know, one of the things I've asked myself is, when you look at the urgency nationally on this issue, the slaughter of these kids, the -- I don't want to get into it. We know how lousy that thing is. When we think about the recommendations that we're making, what else do we have that says, on a short-term basis, we put into being and help these kids?

And I'm going to -- you know, we've got a recommendation in a minute that I'm hoping that we can talk about in terms of finances. And that would help the states to follow us, and they had twice as many workers and twice as much mental health or whatever it happens to be. But that may require an appropriation from the Congress and everything else.

What we're talking about right here, that at whatever scale we're doing, we can do with foundation money, we could do with federal money, we could do it with state money. There's a bunch of places.

CHAIRMAN SANDERS: Commissioner Cramer.

COMMISSIONER CRAMER: I don't want to be much time, but I like what we're building on here. I do think that -- I don't like the term "surge." I don't know how to suggest a different reference word. I do like using Hillsborough as an example of a project or program that we reviewed. My language won't come out in a way to describe it.

But I do, Susan, like the idea of -- I think the beauty in demonstration projects is that they capture, to some extent, on an original model, but they allow the freedom to look at the geography, the population, urban, rural, whatever, all kinds of variables there, and then to make it even stronger.

The thing I like about the children's advocacy centers is, as they matured, they've taught other centers about resource needs, about funding solutions, about community-based teams, about prevention efforts, that sort of thing. So I want this to be a very dynamic demonstration project description.

CHAIRMAN SANDERS: Commissioner Martin, then Commissioner Covington.

COMMISSIONER MARTIN: So, Commissioner Petit, you asked if any of our other recommendations can be done tomorrow. And I would suggest to you that for the minority disproportionality and Native American subcommittees, I suggested on the phone a voluntary court that can be done tomorrow with very little money.

And we talked about foundation funds. And actually, in Cook County, I could start it tomorrow with very little funds. So there are other recommendations that we can do literally starting tomorrow.

Secondly, one of my -- I don't have any problems with the surge, other than the name. But my objection to doing it whole-scale and to recommend a demonstration site first is because I think, if I remember correctly, Hillsborough, although it was a promising practice, we didn't have a lot of time to look at -- they only had one year of results.

And so, that's why I think it's imperative that we have a demonstration site so that we can build on it to figure out and to cut out the kinks and make certain that it works well before we do it wholesale. So it's not that I have an objection to the surge. I just have an objection to doing it wholesale until we find out exactly how the best way of doing it, so we can develop results, because I don't think -- you cut me off again.

COMMISSIONER DREYFUS: Hillsborough had more. I think it was Wichita that only had one. Can I interrupt?

COMMISSIONER MARTIN: Well, if I can finish my statement. I just don't think we have any real documented outcomes that give us, and we're using the Hillsborough example. And so, you know, I want to make certain that the examples we use are the strongest examples we have. So if Hillsborough is not the strongest, then let's use the strongest.

But I really do hope that whatever our recommendations and whatever we go out of this, you know, out of our report saying, "Gosh, darn it, we know this works," that we really know it works.

CHAIRMAN SANDERS: Commissioner Covington, then Commissioner Petit.

COMMISSIONER COVINGTON: So, I think we have to be careful, because we're -- Hillsborough is not what you're talking about with the surge. Hillsborough is a different approach. And it was going in, you know, it was when reports came in and they were doing, it's before kids were even into the system in terms of identifying families that were highest risk and then going out and working with those kids.

That's really different than I think the surge you talk about, which is looking at kids that are already in the system, and are they getting -- are we doing the right thing for them? Let me finish before you jump on, Mike.

I think, I just think we have to be really careful that we're -- I mean, I think both of those are important as demonstration projects. But they looked at current cases.

(Chorus of "Current cases.")

COMMISSIONER COVINGTON: Current cases. But they also, did they do it in a multidisciplinary setting by bringing in a team? I mean, that's -- they used -- I didn't think they did. I thought it was all done internally, using a model that they created.

So I mean, I just think we should use some caution in terms of putting everything we want to do according to the Hillsborough model, that if you're thinking a surge, that we really ought to think about what that really is as compared to just what Hillsborough did.

My other concern is, with Hillsborough, they did say that they went from seven deaths to no deaths. But in the years prior to that, they had really low numbers of fatalities.

And that's -- I'm just -- I think, you know, and I know that the company has funded a number of states. I believe Alaska and a couple of other states are also now trying to use that model. Be real curious to see what their data is and how successful they've been before we put that into a national report and say, "We want to go with that predictive analytics model from Hillsborough County."

I think we need to look at that in more detail rather than going off of the experience of one county. But I do think, as you're thinking of the surge, that is that really the exact same thing as what they did in Hillsborough or is it something different? Because --

COMMISSIONER PETIT: I'm not proposing Hillsborough County. I think I've said that about 10 times. It's that, what can we learn from Hillsborough County? How do we modify it? Hillsborough County is not the final word on anything. We're not going to have a final word on anything.

And the question is going to be, what is it that we're recommending right now that gets national attention that says there's a lot of kids going to be killed in the next year? And we need to go in on some of those cases and not just wait for the perfection of predictive analytics in 10 years or every obstetrician and gynecologist and pediatrician in five years complying with the law.

What is it that we can do to help those kids right now? If there's something else, and Judge Martin, I don't think having seen anything specific with regards to the American Indian/Native Alaskan piece, I mean, I don't think it's ready to go in. If you think it's ready to go into Chicago, great. I mean, that would be a good place to get started with it.

But, Theresa, we're speculating. We're saying, based on the best information we have, we think something like this works. And to me, it combines the best of the CAC thing. You take the cases. It's a manageable number that are out there. And whatever that number is, you build the teams needed to take a look at it, and we learn from that.

And some of those kids would be protected. Some of those kids would be pulled from their homes. And others would be -- most of them would stay right where they are.

COMMISSIONER COVINGTON: Okay. I hear that. So I support it, but I support it as a demonstration rather than a recommendation that this is something that gets done, you know, pretty much universally.

COMMISSIONER PETIT: Right.

CHAIRMAN SANDERS: Commissioner Dreyfus.

COMMISSIONER DREYFUS: Yes. I just need to clarify, in Hillsborough, the predictive analytics is like this much of what was a strategy like this, right? I mean, so they -- and it was on their current -- they had a crisis. They needed to look at all the current cases. They looked at all the past data, so they figured out the elements that were most predominant, right?

And then they used the predictive analytics. What they tell you is, just finding those cases wasn't the point. Right? The point was what they then did in terms of immediately going out there, taking a look at them again, making sure these kids were safe.

So I do think there's a lot of correlation between this. I think we're sitting with a body of knowledge in Hillsborough that can be built upon, can be updated, right?

COMMISSIONER PETIT: Yeah.

COMMISSIONER DREYFUS: And can be spread. I personally like it for the idea of a demonstration. But I also think it needs to get funded. I don't think I would have grabbed onto this if the feds said, "Join this demonstration" and there wasn't any funding to help us to do it. So.

COMMISSIONER PETIT: I think that the funding on this one is imperative. Look. If you didn't have a learning model aspect to this thing, as we've all been describing, it would still have intrinsic value in the sense of another set of eyes going out and looking at a group of kids, who we know some number is going to be killed right now.

And is this situation such that you can see why it's become more dangerous? Namely, my favorite example. Some jerk has gotten out of state prison who was serving time on domestic violence and has a history of breaking bones in women and children. And all of a sudden, he's out and we didn't know it. Why didn't we know it? We didn't know it because a worker gets to that family every six months, or the person who opened that case is long gone; they don't have the time to do it.

This says, we're going back and looking. And if we find that this guy's in that house, and the mother has said, "I'm not going to let him back in," then that's the basis for saying, "We're taking this kid. And we're getting him out of harm's way."

CHAIRMAN SANDERS: I would just point out from a process perspective your question of what's in here that addresses the immediate term. The actual recommendation in the report is related to Hillsborough and is intended to do just that.

I think, as I look at the paragraph, that the write-up for Hillsborough, it seems that there is a way to emphasize building on what we've learned, which I think is important. I think that that is the one example that I feel comfortable saying that that meets the correlation between a better strategy and the change in fatality.

And that we should look at maybe the language isn't replicating Hillsborough, but it is incorporating the element that would demonstrate that it's successful in a -- what did you call it? A demonstration.

COMMISSIONER COVINGTON: Demonstration.

CHAIRMAN SANDERS: And offer classes or whatever for communities to implement.

COMMISSIONER DREYFUS: Your learning community.

CHAIRMAN SANDERS: Yeah.

COMMISSIONER COVINGTON: You know, and the other thing --

COMMISSIONER PETIT: David, you know --

COMMISSIONER COVINGTON: Then the report would be to put a callout box that would describe the Hillsborough experience, rather than calling it out in the recommendation itself.

COMMISSIONER PETIT: And in the two -- yeah. And I think that's true of researching, as well, where we have a researcher someplace citing the report. I don't think we should.

But, David, in this particular case, I'm looking at the two pages that I wrote in terms of how one could go about doing this. I don't think that I even mentioned Hillsborough County on this thing, I mean, the piece that's in here. And instead, lay out what would require the states, in terms of their participation, you know, what the methodology would be, how you would identify the kids, et cetera.

I mean, I've laid it out here, just the rough version. But if you brought a bunch of people together to put something together, I don't think it would take them that long to do it. And then build on it and see what happens. So anyway, so that's the piece.

But, you know, Amy, you received this document, right? And you prepared, I think, the recommendations 1.1 or whatever that was, prior to this. And I'm not saying that just because one member of the Commission likes an idea, it gets in. We all have to basically agree on it.

But this language could be reduced to a tight paragraph that would speak to the kind of things we're talking about.

Now, I laid it out in more detail because I thought you'd want to see what some of the thinking is on how it could actually work.

COMMISSIONER DREYFUS: But we're not going to --

CHAIRMAN SANDERS: Mr. Cramer.

COMMISSIONER CRAMER: And, Michael, would that two-pager, which I glanced at, sort of sum, would that describe a demonstration project?

COMMISSIONER PETIT: Yeah. Yeah. It would. And I've got to say, on some of the things, you know, recently there was a report by the feds on high blood pressure and its relationship to strokes and heart attacks. And halfway into the research project, demonstration project they were doing, they found that reducing blood pressure, for everybody, all 110 level, reduced heart attacks and stroke by 40 percent.

They said, "We're cancelling the research. We're doing it right now. Everybody, every doctor out there that deals with a patient who has high blood pressure, tell them to take this because they're going to be a lot better."

In this particular case, the issue would be, yes, there's a formal demonstration project. But I think it would be safe to say count us in. Or as they saw it unfolding, they'd say count us in. So I think there's a formal aspect to this. But there's also room for somebody to --

COMMISSIONER CRAMER: A recommendation aspect.

COMMISSIONER PETIT: Yeah, to just get it on and right off. If you see that, my goodness, you know, we've seen a reduction -- and the Hillsborough County, I think what I recall is that they had five or six years of seven or eight deaths a year. Then they've gone for four or five years with none.

COMMISSIONER DREYFUS: Right.

(Cross-talk.)

COMMISSIONER PETIT: I mean, it was enough -- enough that I thought, you know, there's something promising here. And that's why I like they offer inducements as possible sites within two big cities and a state where there's a lot of deaths. Do it in one and not the other.

CHAIRMAN SANDERS: Commissioner Dreyfus.

COMMISSIONER DREYFUS: Yeah. So, Commissioner Petit, are you okay if it's about what it is that we're wanting this demonstration to achieve? Right?

COMMISSIONER PETIT: Um-hm.

COMMISSIONER DREYFUS: But not specifically the protocols that are followed to achieve it? I mean, if I'm remembering that a little bit as an example, you used it. But you're not looking for that in our recommendations?

COMMISSIONER PETIT: No. No. No. You know, I'm looking for this report to prompt an appointment of a person who's going to coordinate federal responses and who's going to bring

together the resources that are just abundantly in this country by people who know stuff like this and say, "Put together a plan. We're serious about this thing."

I mean, they've got the capacity to do that in agriculture. They have the capacity to do it in anything. And if they want to, right now what you've got is a very minimal response to this problem now.

CHAIRMAN SANDERS: So, Amy's trying to capture the language. And I think part of it is under 1.1, the second bullet under strategy, which starts in the way that is described -- it is described as the federal government should sponsor demonstration.

AMY TEMPLEMAN: That is the airline one.

CHAIRMAN SANDERS: Right. But what I was thinking was we should, we could start with that. federal government should sponsor a demonstration project.

And then actually lay out -- I think there are four major elements to what they did in Hillsborough that I think can inform us that's part of an effort, which would be addressing workforce issues, supervision, predictive analytics, and agency accountability.

And we can think of other elements. But kind of laying out those elements. Then continue with it as the learning community and so forth, and look at -- I think what we need, clearly, is much more aggressive evaluation of what actually happened. And that that would be done across a variety of demonstration sites.

COMMISSIONER DREYFUS: Resource gaps. We put resource gaps up there, right?

CHAIRMAN SANDERS: Resource gaps.

COMMISSIONER DREYFUS: Because that was the piece of evidence, there were.

COMMISSIONER COVINGTON: But is that -- I'm actually supporting Michael here.

COMMISSIONER PETIT: Whoa! That is surprising.

(Laughter.)

COMMISSIONER COVINGTON: But is that the same as what you were saying, which is right now go look at open cases, or go look at kids in the system?

COMMISSIONER PETIT: Well, let me say this. You know, I believe in the powers of observation of different groups getting close to the truth. My own feeling right now is that if the federal government said, "We're putting up \$1 billion or \$100 million right now, and every state is going to participate in this," I don't have any doubt that at the end of the year, there would be fewer children killed than at present.

Would it be the most efficient way to do it? No. Would it be, you know, the most plan-full way to do it? No. But can we put this on a fast track? Not, well, we'll get to it after the next budget cycle. I think there are resources right now in the federal government that could be identified that could be channeled into this area. And I think it's the- more- the-merrier.

Something like this -- that is, close scrutiny in these cases, looking at the environment that they're in, mature judgment, backup support is what goes into anything that's going to be

successful in this thing. So I think, for me, this is a pretty sophisticated model. Hillsborough is a pretty sophisticated model. I think it can be made more nuanced, more sophisticated, and it's going to show cause and results.

COMMISSIONER COVINGTON: So, when as Amy is writing it, when you're talking about families at highest risk, are those families already in the system for highest risk for fatalities? Or are we just talking about families that we think are at high risk for child abuse and neglect? I'm trying to clarify what we mean.

COMMISSIONER PETIT: Yeah. Look, that has been driving us all crazy since the beginning. And I'm going to repeat something about the predictive analytics piece before answering what you've just said, specifically.

With 2 out of 100,000 kids dying each year, if you reduced it and said we can eliminate 90 percent, they're not going to do it. You're still talking about 2 of 10,000. If you said 99 percent can be eliminated, you're still talking about 2 in 1,000, right? I mean, so the numbers here are really small.

And I think the way you have to -- and what we know is that a lot of the deaths come out of households that are initially involved with neglect. Because the states aren't stupid. When they see babies that are physically abused, they don't leave them in the home. They pull them. They're supposed to pull them, and I think that they usually do. They pull those very young kids. They don't leave them at home.

But in this particular case, I'd say, look. There aren't that many in a given jurisdiction. I mean --

COMMISSIONER COVINGTON: So, which population are we talking about?

COMMISSIONER PETIT: I'm talking about all open cases in which the --

COMMISSIONER COVINGTON: Open. That's open.

COMMISSIONER PETIT: Open cases that the department has its hands inside that household, and they are supposed to be adhering to a court's approval of what a case treatment plan should look like. Here's what the family is supposed to be doing.

COMMISSIONER COVINGTON: I just wanted that clarified.

(Cross-talk.)

COMMISSIONER PETIT: Yeah. Otherwise, it's too small of a universe. You're not going to be able to identify what the characteristics are of the family, because we don't know. There's too many that look alike.

COMMISSIONER COVINGTON: Yeah, I know. I just wanted to clarify that.

COMMISSIONER BEVAN: And then in Hillsborough, there was another one, community resource gap.

COMMISSIONER PETIT: Right.

COMMISSIONER BEVAN: They were looking at what the family needed. And then --

CHAIRMAN SANDERS: Commissioner Bevan.

COMMISSIONER BEVAN: They looked at a lot of things, including home visits and quality safety planning. And they did a lot of work before they even got to this part. So I'm not going there. I'm looking -- are we looking more, now that we're talking, are we looking more at the federal government's response to a demonstration? That's the section, that's the recommendation we're looking at?

COMMISSIONER COVINGTON: For 1.1.

COMMISSIONER BEVAN: For 1.1, the second one?

COMMISSIONER CRAMER: Yes.

COMMISSIONER BEVAN: Okay. So, why are we not looking at the MITRE federally funded research and development center? That was, you know, they did testify before us. They did say they could do work for us. In fact, I don't know how much it would cost, but they did talk about leveraging social impact bonds and other things to get this done.

I would hate to see us go down the road of trying to change an FMAP. I don't know how many of you have ever been involved with an FMAP fight. But that means you're going to have winners and losers in different states, and that will never happen. FMAP varies from 50 to 80 percent. So, that would be horrible.

And then targeting to a block grant, like title XX that's been cut by President Clinton, that I think would also be a problem. Because, you know, title XX is small, and it's glue money for the states, and the states are not going to want that either.

So I don't know if this is -- if you have a funding source for this that's separate from these two things. But if you don't, then I would suggest that we put this up to the creating of federal funding to use as a development center on child abuse and neglect and have this be one of the things that looks at that.

COMMISSIONER PETIT: But, Cassie, can I ask you on that, if I may?

COMMISSIONER BEVAN: Um-hm.

COMMISSIONER PETIT: This \$73 million that is now being, about to be spent by the Children's Bureau in which the specific purpose is to build state infrastructure in child welfare, why wouldn't we look at that as well in terms of how that overlays with what it is that we're talking about? That's money they have above -- they are spending it already. And I'm really personally not familiar with the particulars of it. I just know it's out there.

COMMISSIONER BEVAN: I don't know anything about that money. But if it exists and it's available to us, I mean, yes. We have to explore it.

COMMISSIONER PETIT: It's contracted out. I think the question is, how compatible is what they're pursuing around infrastructure of the states with the conversation that we're having right now?

COMMISSIONER DREYFUS: Commissioner Bevan, could you see us, see the feds doing an enhanced IV-E match for states that wanted to be part of this demonstration? So obviously,

every state's FMAP is different. But could it be like a 70 percent enhanced match for a three-year period of time? Or open-ended entitlement?

COMMISSIONER BEVAN: Or open-ended entitlement money? No. I don't see it happening. I even regret putting in IV-B in here. I mean, I think that we should have been sticking with, you know, enforced state plans and change state plans. Maybe we shouldn't be so targeted because there are state plans all over the place, and why we relate it to IV-B I don't know.

So I think we should be enforcing state plans. I think that in terms of, you know, trying to get this to IV-E, I don't think we should be that specific. I think maybe we can, you know, talk about either the existing funds or MITRE. I know no state wants to do a -- I mean, 14 states did do a demo with cost neutrality on the child welfare waivers. So, I mean, some states will do this without new money.

COMMISSIONER DREYFUS: Oh, yeah. Oh, yeah.

COMMISSIONER BEVAN: That's what we've learned. I mean, 14 states did without new money for TANF. They did demos. So I mean, it's not that it wouldn't happen with the money.

COMMISSIONER CRAMER: So, Cassie, are you in effect saying if we're making a funding recommendation, we need to source where that money is going to come from?

COMMISSIONER BEVAN: Well, yeah, I'd like to know where we're -- what we're thinking about. But I don't want to put out unfunded mandates and just have it rejected. On the other hand, you know, if we're talking about the federal government, I don't know who the Federal government is. But if we want to make this actionable, maybe we should be talking --

COMMISSIONER CRAMER: Well, both Justice and the Children's Bureau have monies that they routinely turn to to source for -- and Congress's oversight encourages them to be innovative and current with demonstration projects.

(Chorus of "Yeah" and "Um-hm.")

COMMISSIONER CRAMER: So I know way back in the day when I was a prosecutor, we would look to those funding sources to channel into innovative partnerships we were involved in, community efforts we were involved in, to think outside the box.

COMMISSIONER BEVAN: Yes.

COMMISSIONER CRAMER: Why do we have to be so specific with the funding source for something that, to me, I don't know what kind of dollar figure might be put on a 10-demonstration project? I'm not saying it's insignificant.

But on the other hand, why hold back on doing that if what we're doing as a Commission is reporting back to Congress, in general, through the Ways and Means Committee, specifically, with reaction to how to prevent child abuse and neglect fatalities? And if one of these components is funding the -- why not let the Congress then fit the piece into the puzzle?

COMMISSIONER BEVAN: Because I think if we said HHS and DOJ and everywhere else that has some money should be directed to discuss this idea, yes. But I think to just say federal government, I don't think Congress is going to pick it up. That's my concern. I don't think it will be actionable.

I think if we identify the money or at least identify the agencies, that we want them -- you know, want them to consider. Not everybody knows about these pots of money.

COMMISSIONER CRAMER: Right. But could we then, to some extent -- and I don't mean to hijack the time here. But could we not then capture the wording for this that DOJ, Children's Bureau, wherever, just give some direction to where we think the funding should come from? And you'd be satisfied with that.

COMMISSIONER PETIT: David. But I don't think that it's contingent upon us to identify where the money comes from. This is a big problem, as many as 4,500 children killed. The Congress can afford to deal with this with spending money all the time on one thing or another.

And I don't believe that this surge that I'm talking about -- as far as I'm concerned, it's got to be paired with an increase in spending elsewhere. I don't think that they're mutually exclusive kinds of things. That gives us a leg up in terms of getting into something right now.

But if you would take a look at the moment at what the state standards are in terms of caseload ratios, how many cases workers are carrying, how many cases supervisors are carrying, what the lack of purchase services is, it's in the billions of dollars in comparison to the magnitude of this problem.

This is a big problem that is going to require serious money to address it, or it's just simply not going to be addressed. So I would not want to leave this Commission saying, "Yeah, we recommended that they find a few dollars in DOJ and HHS and put it in a surge project for, you know, 10 million bucks." That isn't going to do it.

The real issue is the reason why we're even having to go back and do a surge is because we don't think the work was done right in the first place. There wasn't enough supervision. There wasn't enough experience and maturity of training in the worker. And they didn't have purchase services. So that is what really needs to be --

COMMISSIONER BEVAN: Well, then, why aren't we just saying that? Why are we limiting -- I mean, one minute we're talking about Hillsborough and replicating that. Another minute, we're talking about just a big review.

I mean, you know, recently there was legislation passed amending the Adoption State Families Act that said no child can be in an alternative program placement arrangement that's under the age of 14. That's it. You know, you can't do it. So maybe, you know, maybe in here, we clearly just state that there should be a review, you know. There should be a review of child welfare agencies that have open cases where there's a high risk. I mean, just tell them they have to do it, and just then they can figure out.

COMMISSIONER CRAMER: Cassie, don't we hope that whatever document we sign off on and deliver to the Congress is then taken into the various committee hearings?

COMMISSIONER BEVAN: Um-hm.

COMMISSIONER CRAMER: And for example, as an old appropriator, and as one who was on Commerce Justice Science -- well, as an appropriator --

(Laughter.)

COMMISSIONER CRAMER: I'm feeling old.

(Cross-talk.)

COMMISSIONER CRAMER: But don't we hope that what we do is so significant that they kind of hand- carry this into those hearings and say, "Look. We, through Justice, are reviewing as a committee where you're going with Children's Justice Act monies"?

This is where that funding level is this year. This is what this significant Commission did in reaction to child abuse and neglect fatalities. Pound the damn table and say, "Do we want to sit on recommendations like this? Tell me how you're reacting, Justice, how you're reacting," go over to the Labor HHS side of the appropriations process, "how you're reacting to this."

And couldn't we as a commission beyond just what we write into this, in a very focused and targeted way, use this Commission report to deliver it to, not just to the Congress in general?

COMMISSIONER BEVAN: Right.

COMMISSIONER CRAMER: And deliver one for every member's desk so that when they get back from whatever break and whenever we deliver it, in the spring or whenever, but that we target it to committees that have oversight, that have appropriations oversight or authorization oversight, to them with some comment to them.

And so, if do have a section in there like this, then I think it becomes a more effective section even if we're not laying down a nail into the ground exactly where we're saying the funding should come from.

COMMISSIONER PETIT: But this is where the descriptive piece is important. We have a lot of descriptive information in our heads of child dismemberment, children being tilled, frozen, everything else. And it's still not out in the public domain except for those individual stories that they see. They still don't make the link between politics, policy, practice, et cetera.

And so, I think we need to be stronger, David, on the descriptive piece, and then go all out and -- look. You had a Congress, a Senate that went 100-nothing on this. You had a House that went 330- 77. You had the President of the United States sign on it. It's been a national Commission that spent millions of dollars over a two-year period. I don't think they're just going to blow this away.

Once it gets in front of members, I think the way you just described it, it's going to demand a response one way or another. It's either going to say we're going to do something, or we're just going to bake this into the cake. We have this many kids die a year? Too bad.

So, a bigger number, a specific number out there, suggestion is --

CHAIRMAN SANDERS: So, we have proposed language where we -- and so, let me go back to Cassie, Commissioner Covington. Commissioner Bevan, were you suggesting this is not the right structure, given what's been -- and so, can you say a little more specifically about what you were proposing or what you might propose?

COMMISSIONER BEVAN: I do think that there should be an immediate review of open cases, especially children under the age of 5, and for children that have re-reports. I mean, I think we target it and say, you know, those cases need to be looked at.

And also, you know, babies who are born with drugs in their system, we have to know where they're placed. Not to remove them, but to know where they're placed and to get a caseworker in there or a home visitor in there.

And you're right. I mean, we don't need to direct it to what agency and what -- I just want it to be actionable. And as a former Cardinal on appropriators, I think you should be able to -- you tell us how, how to make it actionable.

(Laughter.)

COMMISSIONER CRAMER: I will.

CHAIRMAN SANDERS: So, that's it. I think maybe the language is shorthand. But all of those elements should be part of this. This is an intense review of all cases in a community, with an eye to some of these elements. But that it would mean implementation of a different set of activities for the group of families that's reviewed. Or at least that would be a possibility. So maybe --

COMMISSIONER BEVAN: I mean, I don't think we need to have all those things underneath this if we make it very clear -- of course, we're wanting to make it so urgent that we say immediately, you know, right after this report is published that we want these cases reviewed immediately. And then -- because of their high risk.

Now, if they've already been seen, you know, then their risk of abuse in foster care is not great. So we're not going to be uncovering -- I'm concerned about, who are we reviewing? I mean, how do we review the cases we don't know about? I don't know.

CHAIRMAN SANDERS: I think the reason that I lean towards describing Hillsborough and not necessarily by name, but at least what we've learned is that reviews that I've seen in the past don't necessarily result in any change. I mean, you can review without doing anything. And I think that here's a model where they identified some things that had to be done, not perfect, but it seems to me we want to provide some direction on -- it's not just a review.

And I know that's not what you propose, Commissioner Petit.

COMMISSIONER PETIT: It's not, not at all.

CHAIRMAN SANDERS: But there's action related to it. And because we've seen this progress here, at least consider these elements in your review.

COMMISSIONER PETIT: Yeah. It is most definitely meant to be actionable at a case level. So again, I fully support, of course, the measurement, the learning, the knowledge, and all that.

But first and foremost, I think there's a group of kids, unless somebody does see them, somebody does come out and say, "You're in the wrong place. This is not the right situation for you," and makes changes, there are just going to be a lot of kids killed this year like there were last year and the year before, and there will be next year.

So I think there is intrinsic value in just having a mature group of people take a look at what the case plan is for that family and what the circumstances of that kid are, that that is an immediate thing.

And you know, when we see states when somebody gets killed and they do a review right away, they point at information, a new secretary, "The first thing I'm going to do is review all these cases." Right? I mean, that's -- in any of these things, that conveys urgency.

COMMISSIONER COVINGTON: David, can I --

CHAIRMAN SANDERS: Commissioner Dreyfus.

COMMISSIONER DREYFUS: Thank you. I just wanted to clarify on that. I can support this if it is part of a larger learning community of knowledge- building, and not just that we save kids this year.

COMMISSIONER PETIT: Right.

COMMISSIONER DREYFUS: But the soap opera continues.

COMMISSIONER PETIT: Yep, yep.

COMMISSIONER DREYFUS: But if there is a piece in this thing where it is truly what they did in Hillsborough, right, it changed the system.

COMMISSIONER PETIT: Yes.

COMMISSIONER DREYFUS: It changed the system. It wasn't just what they did because they had an emergency and they were trying to reduce that number this next year. It made the system operate better, every aspect of it.

COMMISSIONER PETIT: Yeah.

COMMISSIONER DREYFUS: And so, I just wanted to make sure that that is clearly stated in here.

And the other thing that's not in this language right now, we need, is some sense of immediacy. And that's not in there now. This is something I could see us not seeing anybody even talking about for three or four years the way it's worded. I think we want that.

CHAIRMAN SANDERS: So do you have a proposal for those two?

COMMISSIONER DREYFUS: No, not right this moment. But I can do that.

CHAIRMAN SANDERS: Do you have the language?

COMMISSIONER CRAMER: To make it more immediate?

CHAIRMAN SANDERS: Right. Yes. Both to make it more immediate and to make sure that --

COMMISSIONER DREYFUS: It's going to last but a year.

CHAIRMAN SANDERS: I would say --

COMMISSIONER DREYFUS: The demonstration to begin by a certain year, by --

COMMISSIONER COVINGTON: With urgency. That's what we're urging.

COMMISSIONER DREYFUS: By the beginning of 2017?

CHAIRMAN SANDERS: I would say at the release of the report. I mean, that there's some mechanism that it happens very quickly. Because I think that was part of the urgency. There was a lot of background work done in Hillsborough. But there was also that sense of urgency because of the fatalities. And so, I think -- I think we have to shorten the time frame to something as soon as possible.

COMMISSIONER PETIT: As soon as possible.

CHAIRMAN SANDERS: Commissioner Bevan?

COMMISSIONER BEVAN: No. I'm going to wait for Teri.

CHAIRMAN SANDERS: Okay.

COMMISSIONER COVINGTON: Oh. Thanks. I was going to make two comments. One says I think there has to be urgency built into this. But I also -- when I heard Michael present the surge idea, I thought it was to do the reviews of families with open CPS at highest risk in order to keep those kids safe, in order to get services, or whatever is needed to sort of change whatever the plan of action is for those families.

And I don't see that coming by here in terms of, what do you want the review to result in?

COMMISSIONER PETIT: Well, you just said something.

(Cross-talk.)

COMMISSIONER COVINGTON: We're going to take your mic button away.

COMMISSIONER PETIT: No, the point that you just raised was kids at highest risk. I don't think we know. I think if they're at home, and they've been -- they're there and the government is involved as a result of child abuse and neglect, and they feel the need to monitor the family, that they're all at risk.

COMMISSIONER COVINGTON: But, so, I guess my question is, though, by doing this, what's the immediate outcome that you want for those kids? I think we need to state that in the recommendation part of this so that it's clear why we're going after this, other than I know that we're going to get into long- term systems change like they got in Hillsborough.

But it seemed to me that what you were really pushing for when you talked about the surge is there's a whole lot of kids at immediate risk that are under the care of the state, and we need to make sure that those kids are safe.

COMMISSIONER PETIT: Yeah. And the way that

I've written it, just see how this sounds to you:

"There are hundreds of children at high risk of death in their homes who are known to CPS, but who are not receiving adequate protection. Thousands of abused and neglected children have been killed who at the time of their death were not only known to CPS, but were determined by CPS to be at sufficient low risk to be able to remain safely in their homes if the family adhered to a case plan developed by CPS.

"For a variety of reasons, CPS may be wrong in its determination. CPS workers may have had caseloads too high to monitor each family adequately. They may have had too little training, too little experience, et cetera. So, the case plan may have been inadequate," this whole thing.

"The Commission believes that current frontline supervisory reviews are not sufficient to ensure the safety of every child currently with an open in-home CPS case."

So this is basically to determine, is the case plan sufficient? Is it being adhered to? Is it being executed? Does the worker have enough time to follow up on it? Is the family doing what they said they were going to do?

And so, it's really a clinical decision, in effect, right, advised not only by CPS workers, but by law enforcement, by public health, by psychiatrists, whatever it is. They look at a case and say, "They're doing fine. Leave them as it is," "Something needs to change," or, "Get the kid out."

COMMISSIONER COVINGTON: So, should that be reworded then to say, "to review" instead of "identify"? "To review families with open CPS cases"?

AMY TEMPLEMAN: Well, here we have "to review."

CHAIRMAN SANDERS: Yes. It's to review.

COMMISSIONER COVINGTON: It's really to review rather than identify. We already know the families, so it's doing an intense case review of a multidisciplinary -- I don't think we have that word up there either, Amy. I'm just trying to think of all these pieces. Otherwise, they're going to get lost in this. Because right now, I don't think this gets to that.

CHAIRMAN SANDERS: Commissioner Bevan.

COMMISSIONER BEVAN: Okay. I brought Eckerd with me. And I do want to remind the Commission that Eckerd didn't start by looking at open cases. Eckerd started by organizing and funding multidisciplinary quality and safety improvement review of all open cases.

So, you know, they had this approach where it was organized and completed this multidisciplinary quality and safety improvement review. And the purpose was to determine, to see if the kids were safe. And it also provided information to the system.

Then the second thing it did was, the first was the -- what they came up with was a profile of those cases with the highest probability of serious injury or death. And they identified those cases, had multiple common factors, to include children under the age of 3, paramour in the home, substance abuse and DV, and parent previously in foster care system.

So, I don't know -- I mean, if we're trying to look at Eckerd, that took a year to do that. I mean, and so I just don't know if we're going to get -- if we don't do the first part of it, which is the quality and safety improvement part, can we just do the second part and get the same result? I don't know. I don't know.

COMMISSIONER PETIT: This would require some planning by some people whose job it was to figure this out. I mean, I don't think it's that complicated. Everything is complicated, but

you'd have some people that would say, "Here are the criteria we're using. Here's who's doing the job. We recruit people to take some time to do it."

You know, but people aren't going to just hit the streets. I mean, it's going to be some planning and organizing that goes into this thing. And the feds will provide spending to support it.

CHAIRMAN SANDERS: I guess I am suggesting, though, that if this is a good idea, which I think -- I think people will see the effectiveness of Eckerd; as a matter of fact, are beginning to see that and wanting to replicate it, that states -- and we should send a message that states may be prepared to start this right away. And the federal government should also sponsor this in some way.

So I think that we should leave it as open as possible about when this should start, because it's not just a federally sponsored project, I don't think.

COMMISSIONER PETIT: For press and political purposes, it needs to start yesterday. I don't think that we can say -- and some, right -- I mean, I think that there's the immediacy and the urgency will be who we get to see standing up in front of a microphone, what the audience out there looks like, and what they're hearing.

And what they're hearing, I think, is they have to hear that this is a big problem. A lot of children are being killed. And this is what we're saying is at first submit that strategy. We have 100 other things that we're proposing to do, but this is one right now that we think the states and the feds, everyone, is receptive to. We want to look at those kids and make sure they're safe.

CHAIRMAN SANDERS: I agree. Commissioner Cramer?

COMMISSIONER CRAMER: Well, I was just trying to help us and Amy fill in that blank. That blank should sponsor a demonstration project to do a multidisciplinary review, and on. And I think the urgency needs to be factored in there, which is why you've got up there in early -- or as soon as possible upon release of this report.

Appropriate federal agencies? Designated federal agencies? Federal agencies with jurisdiction? I'm just pushing around some ideas. Do any of those --

CHAIRMAN SANDERS: Mike.

COMMISSIONER PETIT: My suggestion was HHS takes the lead on it because they represent about 99 percent of the resources that are in all of this thing. And that there be an individual who reports directly to the Secretary, who is responsible for the management of what it is that we're talking about. And that every 30 days, the states report back to the feds as to, "How's it going? Here's what we're doing." And that people be right on top of what this looks like from the get-go.

COMMISSIONER CRAMER: At the risk of turning your mic off, I agree with you. But so often, HHS is the focus, and the problem in federal agencies is they need their own multidisciplinary partnerships with one another. Justice in conjunction with HHS, they all should be in this demonstration project together. So I think if you say HHS in consultation with --

COMMISSIONER PETIT: Absolutely. Yes. And I think it should be a political appointment.

COMMISSIONER CRAMER: I don't think it should be a career.

COMMISSIONER PETIT: A career appointment?

COMMISSIONER BEVAN: Wait, wait, wait. We are going way over what we were. Come on. I can't -- we've got so many things wrapped up in this. And first of all, I think states should be organizing themselves with nonprofits to start this project. I know you don't want to, but that's how they did it with Eckerd. And you know, if you want to replicate Eckerd, then let's replicate Eckerd and get the public/private partnership started. That's number one.

And number two --

COMMISSIONER CRAMER: But, Cassie, to further that -- if you could yield.

COMMISSIONER BEVAN: Yes.

COMMISSIONER CRAMER: But who initiated that? Did the -- is that an individual effort state by state? Who took the initiative to organize that?

COMMISSIONER BEVAN: The department.

COMMISSIONER CRAMER: Okay.

COMMISSIONER DREYFUS: Well, it says Eckerd. Eckerd, remember, is a nonprofit. But they are the contracted entity, lead agency under the contract with the state for the child welfare system in that jurisdiction. And they took over the Hillsborough County because it went -- the entity that had it didn't do very well. Eckerd took it over and did this as part of this big review.

And the only thing I just want to add, because it's really important we get our language right, they didn't just look at the data analytics with the current cases. Mindshare, the entity that they hired, went back and looked at all previous child deaths back 10 years and identifying those predictive factors.

COMMISSIONER BEVAN: I just don't think we should be putting, you know, all of these things underneath, because we're then we're not allowing the state to devise their own demonstration project. We're just telling them. And I think that kind of mandate isn't going to work.

COMMISSIONER PETIT: I say correct, it is limiting the states. It is delineating for them what it is that should be done. Look, this is about public safety, not private safety. It's about public safety. This is first and foremost a public safety issue.

And while foundations and others can participate, in many parts of the country they don't even exist to aid in this sort of thing. And the states as a condition of receiving federal money should participate in whatever it is that we're talking about. Initially, it's a demonstration, and then if it proves to be workable, as a mandated thing.

HHS has the responsibility for pulling this knowledge together, for coordinating it. And at some point if it works, you stop the research and you say, "Make this an integral part of your operation."

COMMISSIONER BEVAN: Can I just say one thing for sure? At risk -- reviews -- it's children at highest risk, and it's the intervention is for children. Children have to be the focus of this, not families.

COMMISSIONER PETIT: I'm with you.

CHAIRMAN SANDERS: So I'm not clear. Commissioner Bevan, are you suggesting that the 123.5 be deleted?

COMMISSIONER BEVAN: Or you could say, "for example."

CHAIRMAN SANDERS: Let me back up. Because I think what -- it seems that there is guidance that states need because they don't necessarily know. So I don't think it can be prescriptive, but it does seem that -- I think one of the things that I was struck by, going across the country, is how little states knew about what had happened in other places and what might reduce fatality.

So the review, without some guidance, I'm concerned that there will be a lack of information about what to do. But I agree with your point of not being overly prescriptive, because it seems like the paragraph captures it. Is there a better way to --

COMMISSIONER BEVAN: No. I think the paragraph -- I'm just concerned about, you know, we don't have home visiting on there. You know, we don't have home case visits, home visits by caseworkers, which was also what Eckerd found was important. So I mean, I think we can't include all those things that I think we just say "including, but not limited to," or something.

COMMISSIONER CRAMER: Right. I can see that.

COMMISSIONER PETIT: David, in the document that I submitted on this, there is some specific language on a plan for applying criteria to cases. Each state shall be required to, you know, do this specification. I mean, it kind of lays out what the elements would be. I don't think you'd put it in an actual report itself. Maybe it's part of an appendix or something like that, you know, so that it doesn't occupy too much space.

But if you looked at some of this language, I think it feeds into what you're talking about.

CHAIRMAN SANDERS: Commissioner Covington, you were trying to get in.

COMMISSIONER COVINGTON: Well, I was going to just say, before you list all those things out, just addressing "for example, but not limited to."

CHAIRMAN SANDERS: Right.

COMMISSIONER COVINGTON: And I like Michael's idea of putting something in the appendix that could maybe hash this out in a little more detail.

My biggest concern is that -- I mean, I really -- I do, as much as I criticize it, I don't think the evidence is all in. I liked what they did in Hillsborough County. But I just want to make sure that model is the same as your surge. Because I still in my head, I'm seeing two different things.

And the model of doing these reviews, immediate reviews to keep kids safe might be a little bit different than another recommendation that would focus on looking at demonstration projects that get to identifying families at highest risk that you provide the most services to.

Those seem to be two different things still in my head. So I'm just concerned that we lose one at the expense of the other.

COMMISSIONER DREYFUS: But Hillsborough was a surge, in essence. Hillsborough was, in essence, a surge, but it was a surge that was part of a larger learning community that changed the system in Hillsborough, "system" broadly defined, right? Law enforcement, other community resources, where they -- I mean, but it was in essence a surge because they had immediate crisis. They had to stop kids from dying.

COMMISSIONER PETIT: And they knew the names and addresses and telephone numbers of a large number of families who were, collectively, the most at-risk families in that area to likely be possible to hurt their children.

In this particular case, if any state wanted to participate, they wouldn't have to go looking for these families. They know who they are right now.

COMMISSIONER COVINGTON: The other thing is, this is also what they did in El Paso County in Colorado, also similar to this approach, whereas that different -- I'm just wondering if we, in the appendix or something, reference or in a callout box in the report, highlight both of those examples.

COMMISSIONER DREYFUS: If we do that, then call out Omaha and what the children's advocacy center there is doing. I think what they're doing there is, they're even, to me, getting upwards, getting at the Hillsborough level in terms of what they're doing in partnership with their local CPS agencies.

COMMISSIONER CRAMER: And leveraging the private sector funding for that.

COMMISSIONER COVINGTON: I just think, because this is -- people could turn this into just about anything if they wanted to in terms of interpreting it. I think some callout examples would be good in the report.

CHAIRMAN SANDERS: So, do we have language up here that replaces the language in the document and also replaces the language in the surge, which would have been amended, the document that Michael had? Are we able to live with what's here? Are there changes --

COMMISSIONER DREYFUS: It's close enough.

COMMISSIONER PETIT: Yeah. I mean, I'd like to see how it's going to be introduced. I've got language myself that I wrote I'll introduce. I'd like to see what staff could cook up on something like this in terms of --

CHAIRMAN SANDERS: I think this would be much of it, it's in there.

COMMISSIONER PETIT: Well, I'm talking about the distributive piece, not the prescriptive piece.

CHAIRMAN SANDERS: Oh, okay.

COMMISSIONER PETIT: I think before we can prescribe all these things, we need to tell people exactly what the problem is. And in this particular case, what I'm saying the problem is is that we know who a lot of these kids are. And despite knowing them, they're still dying.

And it's because we're not focusing enough on them or giving them this or getting them out or whatever it is. But it's a system that's overwhelmed, and it's not able to do its best job in every case.

CHAIRMAN SANDERS: Commissioner Cramer.

COMMISSIONER CRAMER: I think, Michael, your language, if these recommendations without language like that are not as effective. So I think that language, some version of that has to be in there. And I like what you did there.

CHAIRMAN SANDERS: The language?

COMMISSIONER CRAMER: Yes.

CHAIRMAN SANDERS: He pulled that. You're referring to that?

COMMISSIONER CRAMER: Yes, yes. Now, just to maybe quickly settle what goes in that blank there, Commissioner Bevan, what would you recommend go in the blank there?

(Pause.)

COMMISSIONER BEVAN: I guess, initially, I would want to say "states."

COMMISSIONER PETIT: What?

COMMISSIONER BEVAN: Initially, I'd want to say "states."

COMMISSIONER PETIT: Really?

COMMISSIONER BEVAN: And maybe with better overall enhancement or something. Maybe there's an incentive at the federal level. I don't know. I don't know where it would come from. I don't know who's going to monitor it. I mean, I just don't know all that yet. So I don't know what's around it.

COMMISSIONER PETIT: David, in response to that question for me, HHS is overwhelmingly the organization that channels money to the states for this purpose. It's in the many billions of dollars. There's a lot of ancillary relationships within DHS alone in terms of health and mental health and substance abuse. There are other important federal agencies that have a role in it.

The states, I think, it's noteworthy, to me, that the states over the last two years have been largely absent from much of this discussion. We've asked them for a lot of material. We haven't gotten the material. We've asked for certain kinds of meetings with them. We haven't gotten those meetings.

Say tomorrow that we would leave in the hands of a department where this political appointee, and say, "Look at this. Begin surge." I don't think it's going to happen. Either the feds are going to do it, or it's not going to happen.

To the extent that foundations can be pulled in, that's fine. But I wouldn't rely on the generosity of a private foundation to protect a child who's at risk of being killed. That's something that needs to be with government, and we're a federal panel.

COMMISSIONER BEVAN: All right. So then do federal -- you know, then let's go ahead and do HHS.

CHAIRMAN SANDERS: Okay.

COMMISSIONER BEVAN: I don't think the OJ would -- given the way it's structured, the OJ would fit in. I don't know about CDC or the block grant or anything.

COMMISSIONER CRAMER: And by "fit in," though, I do think it should be a command performance.

(Chorus of "Right.")

COMMISSIONER CRAMER: And I think that what we should capture is, while we -- I don't think we want to say it like this. But we're going to fill in the blank, let's say, with HHS, which I think does capture that. Okay. There it is, all things considered, the federal bureaucracy with leadership to do this.

But they should do it in cooperation or conjunction with, and we should spell some of that out.

COMMISSIONER COVINGTON: Could you say HHS in collaboration with other federal partners should sponsor --

COMMISSIONER CRAMER: And the states.

COMMISSIONER COVINGTON: And the states.

CHAIRMAN SANDERS: Yes.

COMMISSIONER DREYFUS: Isn't there some formal -- we talked about this.

COMMISSIONER COVINGTON: There is, the Inter-Agency Task Force, yeah? Isn't that formal?

COMMISSIONER PETIT: No.

COMMISSIONER DREYFUS: No, not -- ah, it's the word.

COMMISSIONER COVINGTON: It was in California.

COMMISSIONER BEVAN: However, we could make it formal.

COMMISSIONER PETIT: But it would not have the access to the secretaries and the political process. I've attended some of their meetings. It's just, I don't think, an appropriate --

COMMISSIONER COVINGTON: It could be if we --

COMMISSIONER PETIT: You know, bottom line for me on this one is if the press doesn't give this a good play and if we don't have a principal politician either seeking high office now, like seeking the White House, or our key community jurisdiction, nothing we are proposing is

going to add up to anything. It's going to be interjected into the political process, and a mid-level interagency group is just not the place I - -

COMMISSIONER BEVAN: But we don't make it -- we make it HHS and DOJ and --

COMMISSIONER PETIT: Yeah. I think that those are the players, but I think somebody ought to head it up who has responsibility for coordinating the different federal roles, and it's a very high-level appointment that reports.

(Cross-talk.)

COMMISSIONER PETIT: Somebody to coordinate what it is I'm talking about, and I don't think it comes out of the career channels.

CHAIRMAN SANDERS: So I think we are going beyond what we have in front of us. So, this is what's up there now. Can we live with this as a --

(Chorus of "Yes.")

COMMISSIONER DREYFUS: Just one thing. So is there any way, back to what Commissioner Cramer was saying, I just think the media seed, right, is going to be so important.

And the one thing that struck me, I should have known this, but just to see it in writing was quite something. And that is, more children will be killed from abuse and neglect than who die of cancer and traffic deaths. That's the kind of thing the public can immediately get their head around and there would be a sense of shock and awe over. And why we've got children dying today.

And there's got to be this immediacy of these cases known to the system, looking at them again. But I just want to say, because it's still not up there yet, it's got to be something that creates longer-term systemic change. It's got to be about immediate safety of kids today and the knowledge that's learned, right, is applied longer term. And I just don't want to miss that piece.

COMMISSIONER PETIT: If you look at deaths by airbags in cars, Toyota brake failures, American military killed in Iraq and Afghanistan, Americans killed on the streets by guns, as we saw in the last week, the number of kids killed exceeds all that. It greatly exceeds, over the 10-year period of the Afghan- Iraq war, something like 25,000 or 30,000 American kids killed.

The contrast that you're talking about is exactly what we should put up there, and the new numbers that we have now on people killed with guns and the number of -- possible number of kids, it's like a three-to-one difference. So, absolutely.

COMMISSIONER BEVAN: My final question. What do we do about the kids that are not known to the system? Can we do anything in here? I mean, because we're reviewing only the kids that are known.

COMMISSIONER DREYFUS: We're doing that. We have people that report.

COMMISSIONER BEVAN: But do you really think, given -- if we know -- do you think the kids that are known to the system are the ones that -- do we have re- reports in there? No, we don't have re- reports. But we have, yeah.

AMY TEMPLEMAN: The states can define it.

COMMISSIONER CRAMER: But we need to give them some suggestion for them.

COMMISSIONER BEVAN: Yeah. I'm just concerned that we don't get to those numbers, that we don't get to the kids that need it. And I don't know how to say, "These are not all the kids, and you know, you should be looking for them." I don't know. Maybe it's somewhere else.

COMMISSIONER PETIT: Well, that's what mandatory reporting is all about. And you have some states who do a great job in publicizing a hotline number. And you have some states who are silent on it, which is one of the reasons why the national government needs to be a big part of this. Because if you're one of the kids that are living in a state that's not doing much about it, you're out of luck.

CHAIRMAN SANDERS: All right. Commissioner Martin, can you read what's up there?

COMMISSIONER MARTIN: I can. And so, I apologize. I had to step out on an emergency. So, can someone explain to me how we're defining "highest risk" first? And then my second question, and I'll just ask them both in case they're conjoined. When we talk about addressing things, and I think the 1 through 5 are examples of those kinds of things. Is that what we're talking about?

Okay. My problem with predictive analytics, that's like a real long-term goal, right? Or not?

COMMISSIONER DREYFUS: No.

COMMISSIONER MARTIN: No? Well, I thought one of -- correct me if I'm wrong. But when we got the testimony about predictive analytics, one of the questions was -- or predictive analytics works well when you have good data. And one of our issues was that we knew our data wasn't all that good.

And so, I thought the idea was for us to start putting in foundational ways in which to build and support that data, so at some point we could get to the point where we felt we could do predictive analytics. Am I wrong about that?

COMMISSIONER COVINGTON: I think there's a pretty good body of evidence now in terms of which kids, when you look at some of Emily's work and some of the other works that have really identified what kids are at highest risk for maltreatment.

COMMISSIONER PETIT: But the problem is, for every one of those kids that fits a certain description, there's 100 others that also have the description who are not going to be killed. And that's the concern that I have in terms of ending up to eyeball those cases. Because you can't rely on just what the numbers show on the family.

CHAIRMAN SANDERS: Commissioner Bevan.

COMMISSIONER BEVAN: I want to draw your attention that we're saying, one, we're saying "a demonstration project." Do we not mean that we're sponsoring state demonstrations? I mean state demonstrations. I mean it's not a demonstration by --

COMMISSIONER PETIT: It's not one.

COMMISSIONER BEVAN: Yeah, it's not one, but it's also state demonstrations.

COMMISSIONER PETIT: Yes. That is working with the state, yes. It has something to do with child --

COMMISSIONER BEVAN: It's found to be state demonstrations, right.

COMMISSIONER DREYFUS: State and --

COMMISSIONER BEVAN: And non-Native American tribes? I think they have to have one.

COMMISSIONER MARTIN: I've been told I can't leave and come back in and question anything. But, so I do want to go back, and maybe it is me that just doesn't understand this. But we talked to states that aren't even including Native Americans in their numbers, right? So it's not even that we don't have good numbers; we don't even have numbers on some of our kids.

We have states that haven't even started looking at minority populations. And so I'm wondering, you know, you guys have to refresh my memory about that testimony. But I was really concerned about having sufficient data in which to then overlay predictive analytics.

And I really am -- so I also have a question. Does this include -- kind of my question before I left, which is when we talk about kids with -- children with open cases, that includes both kinship and non-kinship care foster homes? Am I correct?

CHAIRMAN SANDERS: Yes.

COMMISSIONER MARTIN: And what is "highest risk"? How are we defining "highest risk"? Because that's the issue. I mean, if we had a general census of what highest risk was --

COMMISSIONER DREYFUS: Age and re-reports.

COMMISSIONER BEVAN: But the states are defining this.

CHAIRMAN SANDERS: Yeah.

COMMISSIONER PETIT: And I would try this. By definition, if they're in an open child protective case situation, they are at risk.

COMMISSIONER COVINGTON: Oh, I would disagree.

COMMISSIONER PETIT: I know, I know. But I'm saying what I think about it. And so, it's every single kid that's in the custody of the state that is with their families. The state has them. It's an open case. That number of kids is what needs to be looked at because it's that group of kids where so many deaths are going to come from.

COMMISSIONER MARTIN: I would tend to disagree with that. I mean, if we're going to narrow down and isolate and determine and define what "highest risk" is, I might be able to agree

with it. But if we're saying every kid in an open case and foster care, there's no way I'm going to agree to go back and redo all those cases without some kind of criteria.

I don't mind selecting a category of kids with -- I don't mind selecting a category of kids that we think are highest risk for fatalities. But I would not suggest, and I am not prepared to say, that every kid in foster care is of the highest risk of dying. That's not -- that is not a fair statement, and that is not correct.

CHAIRMAN SANDERS: Commissioner Cramer.

COMMISSIONER MARTIN: Oh, I'm sorry. I did that. I apologize.

COMMISSIONER CRAMER: Oh, that's okay.

Judge, look. Wouldn't we want the demonstration project to determine those cases at highest risk, or the children at highest risk?

COMMISSIONER MARTIN: I would hope to. But the way this reads, as I understand it, that the demonstration site will include every kid in foster care.

COMMISSIONER PETIT: No, I take that back. If I --

COMMISSIONER MARTIN: That's what I kept asking you.

COMMISSIONER PETIT: Yeah, no. No, no.

COMMISSIONER MARTIN: Every kid in foster care.

COMMISSIONER PETIT: No. This is what, 400,000 kids in foster care?

COMMISSIONER MARTIN: That's what I'm saying.

COMMISSIONER PETIT: No, I agree. Leave them out of it. These are the open CPS cases. If they're in foster care, it's not an open CPS case; it's a foster care case. So let's just confine it to CPS, not do foster care. If it proves to be beneficial at some point, you want to spin it into that. But at the beginning, it would be too complicated to do it.

CHAIRMAN SANDERS: I think it's high risk of later fatality, and then really communities will have to define within that. I mean, I don't think we wanted only one set of youth. I mean, it could be very different in Chicago than it is in Los Angeles.

COMMISSIONER MARTIN: I apologize. I'm being blockheaded now. So, the way it reads now, "highest risk" -- open cases with highest risk. So what is that population then?

COMMISSIONER PETIT: Within the community or?

COMMISSIONER MARTIN: Within Cook County, what is that population?

COMMISSIONER PETIT: To me it's open CPS cases.

COMMISSIONER MARTIN: Okay.

COMMISSIONER PETIT: In writing this and thinking about this, it's open CPS cases.

COMMISSIONER MARTIN: Okay. So the way this reads is that all open child protective cases in Cook County, then if in fact Cook County applied to be a demonstration site, but it would be every one of our kids --

COMMISSIONER PETIT: Gets a review. And what they might say is, "Look. We only want to do 10 percent because the numbers are too high. We want to do 20 percent, 30 percent, 40 percent, whatever it is." But there would be a look at -- all the kids would be where I would start. All the kids that are in care -- not that are in care, they are in their own homes.

Look at those cases. And basically what you're doing is evaluating the work that was done previously and whether it's still relevant.

(Cross-talk.)

CHAIRMAN SANDERS: But if there had been four fatalities in foster care within the last six months, and the community decides that's the population that they need to look at, I don't see us prescribing something different. I mean, why would we, if there's evidence in that community that there's a different group of kids that's at the highest risk?

COMMISSIONER MARTIN: Does the literature -- I mean, for two years, haven't we been talking about and trying to narrow down what the highest-risk kids are for deaths? And that's not every kid in foster care, right?

COMMISSIONER COVINGTON: I don't think we're saying that. I think a demonstration project in this case, whatever the community is, they would use the science that we already have, which albeit is a little bit limited, but there is science there, that can point to populations that are at greatest risk.

And they take, if they want to go small or if they want to go big. But I think they have to decide themselves how they're going to identify those risk factors, in terms of figuring out which kids are at highest risk.

For example, on page 7 and 8, there's some listing -- I think it was going to be a sidebar -- of what we've identified as what some of the highest risk factors.

COMMISSIONER MARTIN: So where is that in there? Where is 7 and 8?

COMMISSIONER COVINGTON: Well, it's not. We're just saying highest risk.

(Cross-talk.)

COMMISSIONER PETIT: Teri, how many kids a year in foster care are killed by a foster care family?

COMMISSIONER COVINGTON: I don't know the answer right now.

COMMISSIONER PETIT: Does anybody in the room know?

CHAIRMAN SANDERS: I don't think it's a big number. I don't know.

COMMISSIONER PETIT: But I don't think it's a big number that are killed by the foster care parents. So, David, in your case, I mean, I deal with -- well, okay, if they want to. But I don't think it's going to be very many.

I mean, where the real action is going to be is within the kids that are at home that are open CPS cases. We presume they're protected when they're with foster care.

CHAIRMAN SANDERS: I don't know that we know that. Using the old numbers that you've given before, if you look at the difference in placement rates across the country, if you look at the difference in investigation rates, the practice is so different that the populations could be different.

COMMISSIONER PETIT: All right. But this should be -- somebody keeps the numbers of children is in foster care killed by foster parents, right? There must be within the Children's Bureau or someplace.

COMMISSIONER MARTIN: I guess my point is on this, I would like for "highest risk" to be defined. And if we have it defined on pages 7 and 8, then why aren't we putting "highest risk" as we define in recommendations 543 or whatever? Do you understand what my point is? You may not agree with me. But do you understand my question?

COMMISSIONER PETIT: Well, do I understand your question? I don't know.

COMMISSIONER MARTIN: Let me try to explain it to you. When you talk about highest risk, to me this says that every kid in foster care in a certain jurisdiction is eligible for this reboot, this surge, this reevaluation.

What I'm saying to you is that the literature and all the testimony we've heard does not say that every kid in foster care is at highest risk for death. We have certain guidelines that will tell us which kids are at highest risk for fatalities.

And so I could go along with this if, in fact, we defined open cases with highest risk based on the literature and testimony that we received.

COMMISSIONER PETIT: I don't think that that information does exist that precisely. It's not as reliable as is being suggested on this thing. And I would leave foster care out of it. So in applying that standard to foster care, the kids are now out of that environment. They're in a new environment. It's not that environment. So start with the kids in CPS.

CHAIRMAN SANDERS: Commissioner Dreyfus.

COMMISSIONER DREYFUS: Okay. I just think you're a little too narrow. Because there will be a lot of times we would close the case in CPS. We would go to court. We'd get an order, but we'd leave the children in the home. So be very careful, right, that we -- so I really struggle with this. It doesn't include foster care.

And to Judge Martin's point, the problem I've got with the "high risk" as we're defining it is, a lot of these kids, we don't have that information on them. We, the system, don't have that information, which is why they're sitting out there so vulnerable and at risk.

COMMISSIONER MARTIN: Why do we feel we're capable of making recommendations about the highest risk kids today?

COMMISSIONER DREYFUS: Well, that language has been bothering me in there. And what we're trying to do is through this process -- I mean, if I were doing this, I would look at this

and I would probably engage like a Chasen Hall (phonetic) or somebody to tell me, okay, what kind of statistically valid sampling could I do of this entire open caseload, right, to review it?

Because at the end of the day, what I hope to come out of it is with, what are those highest risks so that we could change our practice, change our policy, and it could be spread across the country.

But when kids look like this, when systems function like this, right, we are reducing the probability of bad things happening.

COMMISSIONER MARTIN: I'm not in favor of that. If we're going to look at and redefine that and narrow it down, maybe. But I'm not -- and I'm just one person on this Commission, and I appreciate that.

CHAIRMAN SANDERS: It's actually increasingly challenging to read what's up there.

(Laughter.)

CHAIRMAN SANDERS: So I'm not sure what it means anymore. So it might be helpful to read it. But I also think I'm just not clear what you're opposed to, Judge. But it may be because I can't read this. So why don't we hear it read first?

(Pause.)

COMMISSIONER PETIT: David, in fairness --

(Pause.)

AMY TEMPLEMAN: "HHS, in collaboration with other federal partners and states, should sponsor a demonstration project to determine" --

COMMISSIONER CRAMER: Didn't we say "demonstration projects"?

AMY TEMPLEMAN: "Projects," yes, thanks -- "to determine children at highest risk and conduct multidisciplinary reviews that would change the intervention for those children, if needed, and address things including, but not limited to" -- and then the five.

COMMISSIONER MARTIN: I have like, off the top of my head, I have -- I won't give numbers, because I don't want to be quoted as being wrong. I have very few white families with children at home. All my kinship care cases are black families. I have white families who have foster care children.

I am not going to do anything that requires all my black families to be reconsidered, my white families not.

COMMISSIONER PETIT: David, I don't think this frames what I had in mind. And I don't know how close we are to where I was on this thing. I just got some information that last year there were five kids in foster care who were killed by a foster parent, in the country -- five. So I'm going to assume that's accurate. The piece on this one -- it just came out of the Children's Bureau sheet.

COMMISSIONER BEVAN: A 2013 report?

COMMISSIONER PETIT: Well, five.

(Cross-talk.)

COMMISSIONER PETIT: Well, that's what they've got as the number. So if they were off by -- if it's tripled that, then it's 15. I mean, it's not 1,000. It's not 500. If it's what they say, it's five.

COMMISSIONER COVINGTON: Well, by that, though, you could say, what about all the kids that don't have open CPS? I mean, I think we're spending a lot of time on this when what's really most important is this idea of thinking about having -- maybe it's a local decision, figuring out a population that you're going to look and target for more intensive reviews.

I mean, but where I think today, for us to sit there and worry about whether you're going to include foster kids or not include them or open CPS or not open CPS, I think that that's part of what the demonstration, development of a demonstration project would get at.

COMMISSIONER PETIT: I disagree. That the kids that are in care right now, in CPS, that are known to us right now, there are hundreds that will be dead in the next year. They are known to us. They are easier to get to than all the kids that are in different kinds of environments or that haven't been brought to our attention.

These have been brought to our attention. And what I'm asserting, based on what we've heard and all of the research that's come in in the last year with all of this press stuff is that these states are inadequate to the task. They do not have the capacity to be responsive.

And the surge review means going back with people who do have the time to look at it, who do have years of experience in this thing, who do know these systems inside-out, and say, "You made the right decision," "You made the wrong decision. The kid needs to stay at home with these additional services," or "The kid needs to come out."

That is a population that's worth looking at by itself, even if we don't get to the other several thousand kids because we lack knowledge about what these other kids' profiles look like. They're all at risk, as far as I'm concerned, once they're open and they're an open case. That's verification that they're at risk.

CHAIRMAN SANDERS: So I think we'll take a couple of more questions, and then we'll probably vote on what we want to have here.

Susan.

COMMISSIONER DREYFUS: So, Michael, what about all those cases that were once open to CPS where we made the decision to close it, and the child dies a month later? I mean, especially, you know, I think about some of our family preservation cases, our reunification, where we closed it.

So this isn't -- you know, we talk about open CPS cases. These are closed cases that were once open, and the child then dies.

COMMISSIONER PETIT: Right. And that's right. And so what you could do is go back and look at all kids that were killed and see if they were ever in care, right? You could do that, right? You could go back and look and see if they were ever in care.

COMMISSIONER DREYFUS: Well, they might not - - if they ever come into care. We might have been serving them in the home, and then we closed the CPS case.

COMMISSIONER PETIT: No, no, no.

COMMISSIONER DREYFUS: I just think Judge Martin is making a good point. I don't think we're going to solve it here today. But what we're trying to do is we're trying to say to the country, there is an immediate crisis in this country where we have more children who are being killed by abuse and neglect than are dying of cancer in America today.

And there are children today, as we sit here writing this report, who are at risk. There's the opportunity for states, in partner with the federal government, to make sure that cases in the system today, however defined -- I don't think we should sit here today and define what that means.

Because then you do, you start saying, "Well, it doesn't include foster care. It doesn't include this." And you end up with a real disproportionality issue.

But what we're trying to do is say, there are kids today known to CPS, either they were -- and we need to look at these kids that are not safe today. They need to be safe. But we want to learn from it. We want to learn from this laboratory to make ongoing systemic changes.

COMMISSIONER PETIT: Right. Right. But what I'm talking about is not meant to be comprehensive and cover all of this, because it's a much more complicated issue nationwide and over a long period of time.

What I am saying is that in this case, we have a group of defined children, defined as being in households where the government feels that they are sufficiently at risk that they are open to the possibility of termination of parental rights. It's a manageable-sized population to look at.

If we say "let's look at all the children that were brought to the attention of the department in the first place, let's do a surge on them," you couldn't do it. It's too big a number. There's millions of children that fit that description.

All I'm trying to do now is confine it to a narrow group of children, those who have just opened CPS cases.

COMMISSIONER DREYFUS: Okay.

CHAIRMAN SANDERS: Anything new on this? Because I think we have language up here.

Commissioner Bevan, was there something you were going to add?

COMMISSIONER BEVAN: I'm sorry. I don't know what an open CPS case is versus -- I just don't know, what is it?

CHAIRMAN SANDERS: You're talking about an in-home case --

COMMISSIONER BEVAN: You're talking about kids that were screened out? No.

COMMISSIONER PETIT: No. I'm talking about a determination was made that a child was abused or neglected. And the department believes that --

COMMISSIONER BEVAN: There was an allegation, right?

CHAIRMAN SANDERS: Or what?

COMMISSIONER BEVAN: Or there was an allegation? Because it would still be under an order of prohibition before an adjudicatory court hearing.

COMMISSIONER PETIT: Yeah, yeah.

COMMISSIONER BEVAN: So it's not just a determination. There's an allegation for determination for abuse and neglect.

COMMISSIONER PETIT: Right. And depending - - that's right. So, but the point is there is a belief or a strong suspicion that a child has been abused and neglected. Then a case is confirmed. At some point, there's a confirmation that the case has been verified. There's a court in there someplace.

And the department says, "We'll leave this child at home. We think the child is safe at home, but we're going to require that the mother do this. She's open to treatment. The guy has been locked up. It looks like things are manageable. We'll come in here" -- what's that?

COMMISSIONER BEVAN: Those don't always go to court.

COMMISSIONER PETIT: No, no, no. I know. But they'd be opened. They'd be looked at, and this would make a case.

COMMISSIONER BEVAN: Sorry.

COMMISSIONER PETIT: The condition isn't whether they've gone to court. The condition is whether the department thinks that there was abuse and neglect. And they've opened the case, and they're not letting go of it until there's a reason to let go of it. So basically, that's -- you know, it's the non- foster care population that they're involved with.

COMMISSIONER MARTIN: So I have -- and I'm not trying to be difficult. But, Mike, you said two different things. So there, in my mind, is a vast difference between an allegation and a definite abuse and neglect or an adjudication of abuse and neglect.

COMMISSIONER PETIT: Of course.

COMMISSIONER MARTIN: So what I'm asking you to do is be specific what we're talking about, because that's my problem is the definition of what these cases are. And so, maybe it's my problem not hearing you. But I'm just asking you to be as specific as you can.

COMMISSIONER PETIT: Yeah. The specificity is -- what you're saying is that the department considers it an open case that requires ongoing work, surveillance, monitoring, visiting, reviewing, treatment, et cetera. It's gone beyond an allegation stage. It's a substantiated case of abuse and neglect.

It's not the kid that's being held for a week while a judge decides whether the kid goes home or stays in the custody of whatever it is, because the kid is in a dangerous situation.

COMMISSIONER MARTIN: So these are voluntary cases?

COMMISSIONER PETIT: No, these are not voluntary cases. These are children that are in substantiated abuse and neglect situations in which the department is working with the family.

COMMISSIONER MARTIN: So, for substantiated - - and I'm not trying to be difficult. But in my world, a substantiated abuse and neglect case is a voluntary case. When it comes to court, it's beyond substantiated. At that point, there's a petition filed and it's adjudicated.

COMMISSIONER PETIT: Right.

COMMISSIONER MARTIN: So that's what I'm trying to understand. Which cases are you talking about?

COMMISSIONER PETIT: That's a relatively small percentage of the total number of kids that they're involved with that are seeking an actual adjudication, or termination. I'm talking about the kids that are open and the department hasn't filed or has filed and is keeping the kid at home.

COMMISSIONER MARTIN: So these are all voluntary cases, then. Right?

CHAIRMAN SANDERS: What do you mean by "voluntary"?

CHAIRMAN SANDERS: I think we're going into too much detail for what we're going to get out of this.

COMMISSIONER MARTIN: I don't know what cases we're talking about.

CHAIRMAN SANDERS: So, I think that I would suggest that we vote on language that's specifically up there and see where we are. So, does this --

COMMISSIONER BEVAN: Can I amend it just a little, a little-little?

CHAIRMAN SANDERS: Yes.

COMMISSIONER BEVAN: I thought we wanted to conduct these multidisciplinary reviews. But we're saying change the intervention? Don't we want to say identify these kids? I mean, we want to make them safe, right? I mean, I just don't know if "change the intervention," that means remove them from the home? I don't know what it means.

COMMISSIONER PETIT: Well, you have got the "if needed." But it's basically to ensure the safety of the kids.

COMMISSIONER BEVAN: Yeah, to ensure the safety. And there's got to be the learning. I mean, I keep harping on that.

COMMISSIONER PETIT: Right, right, right. Right.

COMMISSIONER BEVAN: But I would not go into this as a state if I didn't think that what I was going to get out of it was larger systemic change, not just one year I happen to go out with a SWAT team and check to see if a lot of kids were safe, and make sure those kids were safe.

COMMISSIONER PETIT: Right, right, right.

COMMISSIONER BEVAN: That's just not enough.

COMMISSIONER PETIT: Right.

COMMISSIONER BEVAN: There's got to be --

COMMISSIONER PETIT: So we'll add the language that says --

COMMISSIONER BEVAN: I wouldn't just say -- I would just say something stronger about children, a multidiscipline to make sure children are safe and getting the appropriate --

COMMISSIONER PETIT: And to learn.

COMMISSIONER DREYFUS: Appropriation, I don't want to say "interventions," but appropriate services and supports to ensure safety. I think "safety" has got to be up there. So children with open cases, to make sure children are safe and that the appropriate services and supports are being provided to keep them safe.

And that this -- to me, this federal demonstration projects, I don't know if we could put it up there to say, collaboration with HHS should sponsor in collaboration -- HHS should sponsor a larger national learning community in collaboration with other federal partners and states. There you go.

If this doesn't connect to what Hillsborough did or Wichita did or El Paso did, where they did an immediate intervention in their system because kids were dying --

COMMISSIONER BEVAN: I don't think that captures it. I understand what you're saying.

COMMISSIONER COVINGTON: But I think that we still need to add those pieces at the end --

COMMISSIONER DREYFUS: Yeah, we'll add them at the end. But at least for this --

COMMISSIONER PETIT: It needs an introduction. Because ABC, because the departments are not able to assign mature, experienced workers with plenty of time on their hands for all these cases, HHS should sponsor -- bang. But there needs to be an opening statement for that.

COMMISSIONER BEVAN: And provide lessons learned? I don't know. It just seems like there's a lot. I don't know what a "larger national learning community" is.

COMMISSIONER DREYFUS: To me, it does two things.

(Cross-talk.)

COMMISSIONER DREYFUS: Well, I just said it because it can be described more later. I just thought for what David is wanting us to vote on. But the idea here is twofold. I as a child welfare director, I'm going to take what we learned and we're going to change our system accordingly, right?

From a more preventative, early intervention, responsive, what we have in working with our courts and all our other community partners, with what we've learned from our little surge, right, what we learned.

But then I hope that this whole thing rolls up into something bigger that HHS learns that gets shared with --

COMMISSIONER BEVAN: To inform?

COMMISSIONER DREYFUS: Yeah, to inform other states, the federal government, stakeholders or whatever.

(Inaudible conversation.)

COMMISSIONER MARTIN: I have a suggestion.

COMMISSIONER PETIT: Dear God, let's not come back to it.

(Laughter.)

COMMISSIONER PETIT: Let's -- let's --

COMMISSIONER CRAMER: Yeah. We've got to get this over with.

(Laughter.)

CHAIRMAN SANDERS: I would actually like to amend to say "children known" -- the underlying part, "children known to the child protection agency," and leave it up to the community to decide who, what group of children known that's at risk that the community would want to review.

COMMISSIONER MARTIN: So, David, talk a little bit about who makes that decision.

COMMISSIONER PETIT: It would have to be decided at the local level. We could try and define it. I mean, generally (inaudible).

COMMISSIONER COVINGTON: Yeah. Because let's say you're in LA County and you've got 8,000 kids. I don't know if that's the right number. Well, how many would be --

COMMISSIONER PETIT: That could be one neighbor.

COMMISSIONER COVINGTON: Well, that's what I mean. How are they logistically ever going to be able to conduct multidisciplinary reviews of, you know, of thousands of kids, 20,000 kids with open cases? So I think you have to leave it to the demonstration sites to figure out what that population is.

COMMISSIONER CRAMER: Yeah, but that --

COMMISSIONER COVINGTON: And I think it goes, I also think it goes to the issue that Judge Martin had mentioned in terms of getting into bias around all you're doing is looking at the black kids and you're not thinking about the white kids that are in foster care.

COMMISSIONER PETIT: But the point you've just raised, David, that you said, you know, cases known to the department, it is millions of cases known to the departments nationwide. There's a hell of a lot in Los Angeles. How many do you have in -- how many open cases would there be in LA?

CHAIRMAN SANDERS: Investigated, 170,000.

COMMISSIONER PETIT: A hundred-and-seventy- thousand. So, I mean, the number of kids known to the LA CPS is big. If you confined it to those that are open cases during a particular period of time, you're going to shrink the number. You're still looking at a large sample size of

kids that are in considered to be the most dangerous situations. That is why they're open, if not at dangerous risk.

Or you could say within a jurisdiction -- do all the kids in care, plus another group of kids who are not in care, you don't do anything with and see if there's any difference?

I don't think you can allow the open cases to slip through. It's too good a population. It's manageable. We know who they are. We have records on them. They're in somebody's file drawer right now. As opposed to the 170,000 open -- I mean, investigated cases that you were talking about.

COMMISSIONER DREYFUS: Okay. So take Milwaukee. Okay? Real-live. So, Milwaukee in-home services. We go in, and this is how it works today, identify -- so we're doing a CPS investigation. We can substantiate abuse and neglect, but we see enough strengths in that household that we are not going to keep the -- we're going to close the case in CPS and we're opening it in the SafeNow program, right, run by Wraparound Milwaukee.

And we don't have an open case. But in essence, we do. We're funding them to do family in-home preservation. But it's not an open CPS --

COMMISSIONER MARTIN: So is that case included in this potential --

COMMISSIONER DREYFUS: Not when you say "open in-home CPS." We would have closed it in CPS and opened it in our in-home family preservation. But a death in that case would be just as much my responsibility, but it's not an open CPS case.

COMMISSIONER MARTIN: There are problems there.

COMMISSIONER COVINGTON: Would that be true in Florida, especially, which mostly all of their kids are not in CPS, but are in private care?

COMMISSIONER DREYFUS: I just think there's more and more that we're seeing. Open CPS is just --

COMMISSIONER PETIT: Open CPS works. What doesn't work so much is CPS in-home. You're still having these kids open, even though they're living at home.

(Chorus of "No.")

COMMISSIONER DREYFUS: No. They closed the case in CPS. We say to the family -- and the family agrees to a plan. SafeNow goes in there. And we do not have an open case in CPS. SafeNow can refer it back, and a state worker will go in there if needed. But we close it in CPS and open it.

COMMISSIONER PETIT: Yeah. It's a your- money-or-your-life kind of situation. We won't keep it open if you agree to go into this and do the following, which is fine. That's good, right? But if you wanted to keep it open, you could keep it open. You have the basis for it.

COMMISSIONER COVINGTON: But what I think Susan is saying, or Commissioner Dreyfus is saying, Michael, is that if you just leave it at open CPS, you're missing a lot of kids that are under care of some system.

COMMISSIONER PETIT: I know. I'm ready to go on to something else. Let me say, for me, the intention on this was there is a huge backlog of cases that haven't been dealt with effectively across the country.

We know there's lots of lousy decision- making that's due to a bunch of reasons why bad decisions are being made. And this was an attempt to say some of these kids need help right now, and we're going to go out and take a look at them. And oh, by the way, we'll learn from it in the course of doing it.

Absent this going into households and seeing some of these kids, I don't know what it is that we're talking about that will give us an opportunity to actually help kids directly right now. I just don't see what that is.

CHAIRMAN SANDERS: But it sounds like -- but I think what's up there is intended to accomplish that. I think the difference is that I do believe that different communities use services differently, define them differently.

And I'm just suggesting that it could very well be that a community has an issue with the families that were described by Susan and that we're prescribing that they not be reviewed in the community. I just don't know why we would do that.

COMMISSIONER PETIT: David, if we don't have sufficient language that, you know, escalates this issue to a sense of immediacy and urgency, it's not going to be considered by either the press or -- well, it just seems like it's sanitized.

CHAIRMAN SANDERS: Oh, so you're not responding necessarily specifically to the population? You're just saying the way it's written now doesn't capture the urgency?

COMMISSIONER PETIT: You know, six people die in airbag things where 56 million airbags were sold. And the United States Congress is all over it. They're holding hearings. They're doing this, they're doing that.

We have 4,500, as many as, killed. And it's a quiet topic except the daily drama. I'm looking for, hopefully, a strong federal response and something -- this has to be translated into -- that's why I keep coming back to the issue of the descriptive part. The descriptive part is too weak.

COMMISSIONER DREYFUS: So how about --

COMMISSIONER PETIT: There's no description there. But in the overall report, the descriptive part is not strong enough.

COMMISSIONER DREYFUS: How about, Michael, if the part ahead of that, right, gets at exactly what you said, and HHS should immediately sponsor?

COMMISSIONER PETIT: Yeah.

COMMISSIONER CRAMER: I agree with that.

COMMISSIONER PETIT: Yeah. That there are children right now.

COMMISSIONER CRAMER: It's got to scream out, "Stop!"

COMMISSIONER PETIT: Yeah.

COMMISSIONER MARTIN: So, I have a general comment about the tenor of our report. And it just came to mind based, as Mike just reminded me of it. I think to the extent possible, we shouldn't talk about bad decisions as much as circumstances that have changed. You're not going to get many people I know in my jurisdiction who are going to be excited about this report if you tell them they did a bad job all the time.

If you consider talking about the fact that circumstances have changed that warrant a surge, you're going to get more of them to buy in. I probably am one of the few judges who will change her mind on motions to reconsider. Many of my colleagues hold it as a badge of honor that they never change their mind.

And so, I would suggest that, in general, rather than talking about CPS is inadequate or, you know, bad decisions that were made previously, that we talk about it in a way that most people can grab their arms around it and embrace it.

COMMISSIONER PETIT: Pat, I agree completely. And if you take a look at the actual language that I wrote here as opposed to the shorthand talk that I just used about bad decisions, if you look at the language here, it speaks to too little training, not enough experience, et cetera.

What's that?

COMMISSIONER MARTIN: You're talking about the email? The version you emailed that you sent out a long time ago?

COMMISSIONER PETIT: That I sent out last week.

COMMISSIONER MARTIN: Okay. I did get that, yes.

COMMISSIONER PETIT: The one that says, "Right now I ask you to identify and protect children at risk of abuse and neglect fatalities."

CHAIRMAN SANDERS: So with a different descriptor leading into this, is the language language that we can live with? Or are there changes that need to be made?

COMMISSIONER PETIT: Personally, I can live with it. Bud made reference to the opening language that I had, which I'd like for Amy to take a look at. I think it's a balanced way of doing it, but it also creates, I think, a sense of urgency. The clock is ticking. Something is going to happen to these kids unless we do something.

So, yeah. Make a small lead-in paragraph, and then, yeah. But I think it needs to be, you know, right up front with the total recommendations that we're doing because it's one of the few that says right now we're going to go in and see if this kid is still safe.

COMMISSIONER CRAMER: Michael, I liked what I remember reading of your language. I want to make sure, now that we're leading into this, I think it's important for us to say -- Judge Martin, I do agree we cannot or should not open up with a finger-pointing, "These agencies are contributing to the death of these children."

I think we all have to take it on the chin, though. I think we have to do that in a positive, let's look forward, let's not -- but there's so much that we don't know. And that as we lead into the

description of this demonstration project, I think there needs -- and I don't remember that there is a paragraph, there's so much that we don't know about children at risk and what agencies are doing and what communities are doing.

But we cannot, as a commission, ignore the fact that x number of children are being killed because the system has got to work differently.

Consequently, it is urgent that we -- and then we lead it -- something like that, then we lead into this recommendation, which I think this demonstration project could be a real important and not-done-yet piece that gives communities and agencies around the country information that they don't have and a path forward that they're not pursuing.

COMMISSIONER DREYFUS: And I just want to add the perfect example of my earlier point about the short-term immediate, and this longer-term are not sequential; they're concurrent. This is a perfect example of that.

Our subcommittee, Commissioner Covington, Commissioner Rubin, the learning of this is absolutely consistent with what we're talking about in terms of this longer term. So it's just a really good example that these things are not separate.

COMMISSIONER PETIT: David, relative to that statement, the urgency question, can we agree now that that line that I showed in our document, research that says it's triple, could be triple, remember, that's what we used in here. The range, the low range is the 1,500 federal, and here's 4,500 that's estimated by a researcher in a peer-reviewed journal.

So that we are consistent with a number. We've been using "up to," "more than," "less than," et cetera. Right now, there's a range, I think, that is pretty well defined -- federal, which we know is grossly inadequate, and a researcher, several actually.

COMMISSIONER BEVAN: Well, I think we need to know where the numbers came from. I don't know --

COMMISSIONER PETIT: Well, they're in the footnotes. Just take a look at the --

AMY TEMPLEMAN: Staff are looking at the source.

COMMISSIONER PETIT: Yeah. Because there were three. There were three that I referred to. The American Public Health Association, one is the Journal of Pediatrics, and one was from the Journal of the American Medical -- whatever it is, JAMA. There were three peer-reviewed documents that all said the underestimate is this much.

COMMISSIONER BEVAN: Oh, yeah, underestimate. But I didn't see the 4,500.

COMMISSIONER PETIT: If you take a look at the page 3, look at page 3 of the report, right at the very bottom. And it says, "They estimate the actual abused death to be as high as three times the national reported amount." The national reported amount is 1,500. So three times 1,500 is 4,500. That's what they estimated.

CHAIRMAN SANDERS: I would like some sense -- and if we have it today, great. If not, tomorrow or when we have a chance to have some communication just about the assessment of staff of the studies that were done, and that we could make a decision on that. Because I

think that if there's -- I mean, if there are peer-reviewed journals, there's an assessment that these are strong research. It seems to me we would want to include the number.

COMMISSIONER PETIT: There's three of them. I've got to say, though, what I think would be maybe more deserving of our time -- the reason I say "more deserving of our time" is because I think the time is clicking. The clock is clicking here in terms of when we're going to have something ready.

Because we still haven't had either a back- of-the-envelope or a more serious look at what it is that we're talking about what the costs would be. And I think it's important to show what that cost would look like.

CHAIRMAN SANDERS: So what I'm going to suggest is that we take a 10-minute break. I think we've come to this. Come back, and we'll have longer.

And we've gone through the changes that we've proposed, which obviously incorporated at least some of the changes that Michael included. There are others that Michael had that I'd like to give others who may not have submitted something just a chance to see if there's anything that they would say. And then we'll try and close the discussion on the funding.

COMMISSIONER PETIT: I think, you know, while I'm talking about new funding for the states, there's that. Confidentiality, we haven't drawn closure on that yet. Set national standards and require states to comply. I think we have to have a conversation on that.

CHAIRMAN SANDERS: All right. So we'll take a 10-minute break.

(Whereupon, at 3:25 p.m., a recess was taken, to resume at 3:49 p.m.)

CHAIRMAN SANDERS: I'm just do a change of pace since we have -- we've gone through a couple of the recommendations and wanted to see if other commissioners had major issues with pieces of Chapter One that they would propose to make amendments on. And then we'll come back to I think Commissioner Petit's written comments about the resources. So, Commissioner Bevan, are there --

COMMISSIONER BEVAN: Okay, yes, I have a bunch written down.

COMMISSIONER MARTIN: Can you refer to pages when you're doing it?

COMMISSIONER BEVAN: I'm on page two where it talks about the data, how many, who are they, how did this happen? I don't know exactly where it belongs in there. But I think that we should require -- we have here NCANDS. But I think we should require all states to collect child abuse neglect fatality data from all sources. State vital statistics departments, child death review team's law, law enforcement agencies and officers and medical examiners or coroners. And then submit that consolidated data to NCANDS. And then to ensure compliance of these data requirements they should be placed in the authorized legislation, not limited to - - to whatever data we're asking to share, so not limited to IV-E, title V or Public Health Service Act. So all of the -- everywhere the States get money from the Feds in their state plan they should be required to collect this data, child abuse and neglect fatality data from all of their sources and submit it in a consolidated form to NCANDS. Anyone have -- okay, well, I'll just keep going.

CHAIRMAN SANDERS: Yes.

COMMISSIONER BEVAN: Okay.

CHAIRMAN SANDERS: Is there any opposition to that?

COMMISSIONER COVINGTON: Well, yes, I just think we have a whole set recommendations on measurement that are coming up that I think need a lot of work. And we can have that discussion. I don't think it belongs in the introduction though in terms of what our recommendations are around measurement.

CHAIRMAN SANDERS: So you would just put it in the chapter? Chapter Four you would suggest including --

COMMISSIONER COVINGTON: I've got my thoughts on that, I'll save them for that.

COMMISSIONER MARTIN: Well, don't we want all -- well, I think not to put words into Commissioner Covington's mouth, but the issue is do we put all recommendations in one section as opposed to having some recommendations in the introduction and sprinkled throughout. And I think that's what she's saying. It may be that we want to talk about it NCANTS or we want to talk about the NIS report. But is it appropriate to put recommendations in this part of the body or is it appropriate to have all the recommendations coming, you know, in one section? So I don't know the answer to that, but I think I'm trying to read her statement.

CHAIRMAN SANDERS: Yes, go ahead.

COMMISSIONER BEVAN: Well, do you want me to wait until --

COMMISSIONER DRYFUS: No.

COMMISSIONER BEVAN: Okay.

COMMISSIONER DRYFUS: (inaudible)

COMMISSIONER BEVAN: Well, it was under this section here. And states should publish the informa --

COMMISSIONER DRYFUS: Where are you, where are you?

COMMISSIONER BEVAN: I'm in Chapter One. I'm under How Many, Who Are They and How does this Happen? Because I saw NCANDS in NIS-4 I went into this, that's how it happened. Maybe it doesn't belong here. Well, I was also asking that the data, this composite data that we get should be put on websites like Florida did. Because then everybody would know something if it was on a public website. And then HHS should prioritize its technical assistance to ensure that we get timely data. And also HHS should expand its national report of child abuse and neglect, currently provided annual child maltreatment by collecting synthesizing all available information across agency. On annual child maltreatment report, the circumstances surround -- okay -- we should be collecting the circumstances surrounding child maltreatment deaths to inform policy. And here, we don't have the total right here, but here is where we wanted, I wanted to put in changing that program that FEDIAWG Group, the Federal Interagency Workgroup on Child Abuse and Neglect, changing that into something real to collect data. And then also have Congress hold hearings from data experts, which from all over the administration to ask about how, you know, what are the barriers on the federal

level in terms of collecting and improving confidentiality and data, just collecting it on the federal regs. That was my recommendation on the section on what I thought was data, but maybe it's not data.

COMMISSIONER PETIT: Cassie, which item now?

COMMISSIONER BEVAN: Well, I mean I don't know if I should be going on or not going on. So to me the takeaway from this is that we know very little about what works to prevent fatalities and that the essential mission of this report has to be on targeting children that are at serious risk of death from abuse. And any kind of universal program isn't going to work. So that's where I am on -- I have a lot more to say on Chapter Two. But Chapter One, we're on one. I do think we should not be talking about proxy, promising strategies as a proxy for evidence of what works. We need to talk about evidence of what works. And we don't have it then we just need to say this is a promising program like [INAUDIBLE] is a promising program. And we need to state the problems with the lack of data linkages, because I think that would get us a lot further if we could talk about it. And we did hear testimony about the lack of solid evidence on a wide range of issues, from our inability to predict safety and risk accurate to whether -- and which families strengthening interventions work to a lack of understanding about whether death review processes work. And again, we've never satisfied, we've never reached my question from the day one of this two years ago, which is CAPTA we have three review panels, Foster Care Review, Citizen Review and Child Death Review. And we need to when we do look at CAPTA we need to make some decision about that, because to have three is not helping this process along at all.

COMMISSIONER DRYFUS: I think you have a comment on who, on the child -- on the death reviews in terms of who's in the lead on that.

COMMISSIONER BEVAN: Well, GAO, when I looked at GAO, GAO made the point that the Fatality Review Panels, both funded by the Feds and not sharing the data collected with the Feds. So, I mean I think we need to look at the GAO report and come up with a response. But we can't have federal money being spent and circumstances not being told when there's more circumstances, there's more richer data there than we know. And GAO pointed that out in 2011 and there has not been a response. So we know that. I don't know how to answer the other question. I was really interested in a rapid response testimony. Because I want to separate that response from fatality review teams. I mean, you know, we need something from the beginning. Yeah, we need as a fatality -- we need to have a rapid response about a report of a kid who's -- I mean, you know, said somebody needs to go in. Well, you know, I think we need a rapid response to that, some sort of multidisciplinary team that immediately, you know, swats in and gets something done. So, again, my concern is that there's a number of existing programs that are targeted toward keeping children safe, including children with risk factors. And we were charged with title IV-B and title IV-E and title XX and we need to make recommendations to those specific statutes if we are going to meet the mandate. I mean are we going to say title XX works, doesn't work? I mean are we going to leave it up in the air? I mean I don't know. But I do think that we were charged specifically with those statutes and we haven't really talked about them.

CHAIRMAN SANDERS: So a question, in addressing title XX and title IV, do we -- we will I'm guessing identify potential services to be funded through title IV and title XX. Do we also need

to look at or should we be looking at what's currently funded and make recommendations about the effectiveness of that funding specific to this issue to the extent that we know it?

COMMISSIONER BEVAN: Yeah. The Senate just has a proposal on taking a look at the candidacy and doing more with the candidacy for foster care. And They will be looking at Children who are 16 and over for specific services that will come out of I think Administrative IV-E. Is that where it comes out of, anybody know? I have it, I think it's Admin 40. Anyway, the point is maybe we want them to start, like I said, with kids age 16, maybe we want them to start with infants. I don't know. But I think we should look at that proposal, even though it hasn't even been introduced yet, but it will be this week.

COMMISSIONER DRYFUS: So question, we've had some commissioners, because I've raised this a number of times, the importance of us having something to say about Title IV-E and all the conversations around refinancing and people have said, well, we shouldn't be doing that.

COMMISSIONER BEVAN: I know.

COMMISSIONER DRYFUS: And I think that if it's relevant to moving the needle on this issue my feeling is we have an obligation to say something. But that has not always been the view of the Commission.

COMMISSIONER COVINGTON: Have we actually had a formal discussion on it? Because I mean has that been --

COMMISSIONER DRYFUS: Well, we just talked about purview and, you know, title IV-E and the question has been us having something to say about finance reform. And it's going on, or bills that are being introduced and there hasn't always been that consensus. So I believe that we should. I think we have an obligation to, because it's part of our mandate and it could have a real impact on this issue.

COMMISSIONER COVINGTON: We also heard quite a bit of testimony about it, if I'm not mistaken.

COMMISSIONER DRYFUS: But so I'm going back to IV-E, the title IV. So would you say things like, you know, the current title IV system, right, in the way in which the dominance of funding has shifted now to being more on the deep end of the system, kids in care, right. And yet to have impact on this issue we've got to be doing more with kids and their families, right? Which is consistence with the Wyden Hatch proposal. And not that we've got to get specific about any piece of legislation, but shouldn't we be identifying the strengths and the weaknesses with those current funding mechanisms and where changes could be made in those current funding mechanisms to make them more responsive to reducing fatalities.

COMMISSIONER COVINGTON: I mean how many times do we hear people in the states say that title IV is an incentive to keep kids in foster care because they spend the monies upstream for prevention? I mean we heard that without the waivers.

COMMISSIONER DRYFUS: But will there be a section in the report with the funding streams that we've been assigned to where the commission says these are the strengths in these current funding streams, these are the weaknesses in these current funding streams as it relates to reducing fatalities of kids?

CHAIRMAN SANDERS: Commission Bevan, do you have anything written up on that part specific for title IV and title XX?

COMMISSIONER BEVAN: No.

CHAIRMAN SANDERS: Yeah, it seems like it will be great to have something that we could react to.

COMMISSIONER BEVAN: Like what I said, but what are the strengths and what are the weaknesses and what changes be made that are specific to reducing the likelihood of reduction in fatalities.

COMMISSIONER PETIT: On that particular point, as much as I concur with it, it's hard for me to imagine in the time that we have to be able to make a definitive declaration around any of those programs to the point where they would be to get more or less based on -- I mean what is it you would evaluate, individual grants to individual states? I mean how would you actually get at the question of whether they're doing anything that relates to fatalities? I mean you know what I'm saying? I mean all these programs, what has been evaluated on the more ready and how does it relate back to Child Welfare and, you know, what's the conclusion people look at it? That's saying a lot. I don't know how you get at it. To me we should've been on those questions a year ago. You know, we had one presentation on federal programs and it was good, it was in Texas, but it was purely descriptive. There was no interpretation of it, it just was a reflection of what are the programs? So on this one when we talk about IV-E, for example, which is a mega program, I mean I think we ought to be careful about how we say anything about that. I agree, Therry, that you heard what you said you heard, but I've also heard a lot more as well about not tapping it. I mean it's just, it seems late in the process to put that on the table. And I agree that we need to say something about it, but it can't be a cursory kind of a thing, right, I mean because it doesn't necessarily reflect the facts on the ground.

COMMISSIONER DRYFUS: Well, could it be something where it's what we've learned, right, that's really important for Congress to make sure these current funding streams are aligned to. Right? I mean, you know, a strong, you know, child protection function is critically important. A stronger earlier response system in our country is something that's very important. Is it something where we could make the statements of what we've seen works in terms of where they want to be looking at current funding from an analysis standpoint for alignment.

COMMISSIONER PETIT: What programs have we looked at that were specifically related back to a particular federal funding source?

COMMISSIONER DRYFUS: Well, I mean title IV-E was being talked about in terms of candidacy. Kids that are at risk of removal from their homes and the ability to use IV-E, I mean we're talk about opening up an entitlement for a year for kids who are at risk of removal.

COMMISSIONER PETIT: Take four out of it for a minute. I understand why it's important, it's a huge mega program that has all kinds of pros and cons, but leave that. What about the others? I mean we had programs presented to us, they weren't typically linked back to a federal program and then they were going to 50 states and sometimes they were bypassing

the states and going directly to, you know locals. I mean what aspect of it -- I'm not disagreeing with you.

COMMISSIONER DRYFUS: I know, I hear you.

COMMISSIONER PETIT: I think we should know the answer to that. But given what else we've done where does it fit in? I mean especially in the next few weeks.

CHAIRMAN SANDERS: Let me just think I do think two things. One, the work that the Chair and the ranking member in finance have done I think is different than six months ago and we may or may not want to take advantage of the potential for a change in reporting. I think the other is I believe that the policy subcommittee has looked at more than we might be aware of as it relates to some of the funding policy and so forth. And we should at least see what's been out there. But we don't want to kind of change course, but I do think the work that Wyden Hatch has done is worth that we wouldn't have anticipated even three months ago. And there may be something there that we want to be speaking out on. Commissioner Martin.

COMMISSIONER MARTIN: I guess I think I agree with Mike Petit, if I understand what he's saying.

COMMISSIONER PETIT: I'm writing that down.

(Laughter)

CHAIRMAN SANDERS: (inaudible) in one meeting, two people.

COMMISSIONER MARTIN: I don't feel that we should -- I think we have a lot to do between now and February. And I think that where we have started and kind of where we've drawn our focus and put our focus on is really kind of the meat and potatoes of what we really need to do. And it would be nice if we could have done an intensive study of title IV and title XX. But I would rather not try to do a chapter on it, for instance, without a detailed and in-depth study. Because what I would hate for the assumption to be that those are the only things that are troublesome or problematic about those sections. It seems to me it's better to utilize the informa -- talk about those titles or those sections as it relates to the recommendations that we're thinking about right now. But I would hate for us to give anyone the impression that there are only two or three things that we think are wrong with those areas.

CHAIRMAN SANDERS: So, Commissioner Bevan, did that cover the major issues you had? Or I was going to go to Commissioner Covington if there's --

COMMISSIONER BEVAN: On Chapter 1?

CHAIRMAN SANDERS: yes.

COMMISSIONER BEVAN: On Chapter 1 the was a question about, well, just the wording. Number two is that the number of children who die each year from abuse and neglect is difficult to pinpoint. And then there's no mandated reporting system. And then somewhere in here it says -- no, it says abuse studies, it says for the first time the child maltreatment in 2013 study, it says data from 22 to 32 states. I mean I guess I'd want to know if it's 23 or 32. I mean I don't know why it says 23 to 32. Unless it didn't get answers from the rest. And then on page four, I had a problem all the way through this, as a government and as a society we have assigned primary responsibility for child safety to child protective services. I think not. As a

government and society we have assigned primary responsibility to parents, not to a government entity at all.

COMMISSIONER MARTIN: Where are we again?

COMMISSIONER BEVAN: On page four. Under "our current approach to protecting children isn't enough." I just don't think we can say that as a government and society we have assigned primary responsibility for safety to a government entity. I think we have to say to parents and then we can say whatever else we want to say. And this other, I want to look at this, but this Phoebe Jonchuck case, I don't know specifically what -- "their hands are tied by laws and policies that require harm or direct harm to occur for CPS can act." I don't even think that case has been determined yet.

COMMISSIONER PETIT: And what page is that on?

COMMISSIONER BEVAN: On page four, the same spot. I don't know if we're using that. I don't know if it's been determined about that case. I think we have to go on Florida website or something. Yeah, the father threw the kid over, the father threw the -- no, it's on page four "our current approach to protecting children." And then it's the second bullet about this kid.

COMMISSIONER COVINGTON: It's described at the very beginning.

COMMISSIONER BEVAN: Oh, I see, yeah. Okay. Well, I don't think we even know this. I don't think we know the whole story here, so I don't think we should be using it.

COMMISSIONER DRYFUS: Well, if we don't I think Tom Morton did quite a bit of work on that and he described it, I think we were at one of our commission meetings. And there was -- I remember this issue was an issue in the reports about the case was about this. So I think we need to go back and check.

COMMISSIONER COVINGTON: Because that's the case where the attorney was called and stuff was going on there and they said there wasn't enough preponderance (inaudible) of evidence to do anything.

COMMISSIONER BEVAN: Right. So why are we putting it in here then?

COMMISSIONER MARTIN: A lot of times it's not the law it's the interpretation of an individual that's utilizing the law. And so that's why I really caution us about making such bold statements. I'm not really sure if it's the law that's problematic. And I think I agree with Cassie, we have to be --

COMMISSIONER BEVAN: It's also the policy.

COMMISSIONER MARTIN: Right, I think we have to be very, very careful when we're making those broad stroke statements.

CHAIRMAN SANDERS: Is there something specific then that is being proposed to delete?

COMMISSIONER DRYFUS: The anecdote I think it references it be inconclusive.

COMMISSIONER MARTIN: Until we know.

CHAIRMAN SANDERS: So including the front page and any other reference?

COMMISSIONER MARTIN: Yeah.

COMMISSIONER PETIT: But wasn't this case known to the Department? If I recall correctly, it wasn't unknown to the Department, it was known. And then somebody made the interpretation, David, and what the judge has said, Pat, in terms of workers hands are tied by laws and policies. I'd be very surprised if any state set of laws require harm to occur before CPS can act. I mean that is --

COMMISSIONER BEVAN: And that doesn't seem - - I don't think it's true.

COMMISSIONER PETIT: Any such state in my guess would be willing to modify that.

COMMISSIONER BEVAN: Okay. Well, that's that one.

COMMISSIONER PETIT: Anyway, what else?

COMMISSIONER BEVAN: Michael, I won't touch the underfunded CPS workers. Though I do think that there's been some research on that and how it's related to -- what it's related to. And I'm not sure caseloads in and of itself are related to --

COMMISSIONER PETIT: Are what?

COMMISSIONER BEVAN: Are caseloads in and of itself been shown to affect the child fatality?

COMMISSIONER PETIT: I think they've been shown to produce better casework. To my knowledge, and maybe some staff know, I don't believe there's been any study that shows that good case practice leads to reductions in child abuse fatalities. Even though I think that that may be true, I don't know that anybody has every actually measured it. And again, the samples, populations are so small it would take, you know, a larger study over a longer period of time.

COMMISSIONER BEVAN: Okay. Well, I mean this one I think is also overstating it, "funding and access to services for parents is often limited or nonexistent." One, two, three, four. "Limited or nonexistent."

COMMISSIONER MARTIN: I think I agree with Cassie. Some of these general statements just aren't necessarily true. So, for instance, the one immediately following the one Cassie just said, the fifth one, legal and policy barriers. It depends on what status the case is. In court everyone gets all the healthcare records and the Agency gets them first, because I sign consents for the Agency to get them upfront. And so I'm not sure how accurate that statement is through the life of a case. And I really do caution us about these broad general sweeping statements. The one at the end, "cases are often closed based on parents' compliance with case plan requirements rather than elimination of risk." You know, I do agree that a lot of the testimony receive is mom did 12 of the 15 parenting classes, but that doesn't mean I'm going to close the case simply because she did only 12 of the parenting classes. And so I really, I think somehow if these were put into sometimes these things happen and they make case management that more difficult, something like that. But these broad straight statements like this are very difficult for me to swallow.

COMMISSIONER PETIT: But some of them are true and including I think the one that Cassie just raised around funding and access of services, it's often limited or non-existent. In my travels to 50 states on this issue I've seen that again and again and again and again.

COMMISSIONER BEVAN: (inaudible) with all the money (inaudible) and all the other money?

COMMISSIONER PETIT: Well, you can pick any number you want. It only means something in proportion to the problem that it's addressing, right. So, I mean, you can say the Defense Department has 200 billion and it's not a lot, but they may need 400 billion in order to do, you know, whatever the job is. In this case around the country there are waiting lists on substance abuse treatment on domestic violence issues, on sexual abuse. I mean I've been in jurisdictions where a kid is sexually abused, nine months later is when she gets to see a first counselor, you know, on this topic.

COMMISSIONER MARTIN: But, Mike, if you wanted to ask me do I agree with that, I would suggest to you that the more important issue is the quality of some of those services I have. So depending on whether it's a substance abuse or domestic violence abuse program on the west side or the north side, I would tell you that my issue is more with quality, consistent quality I'll put it that way.

COMMISSIONER PETIT: That may be true.

COMMISSIONER MARTIN: And so what I'm saying is services are an issue. Service delivery is an issue. The appropriateness of some services. We still have courts that are sending domestic violence perpetrators to anger abuse management. So I can talk about services and the effectiveness of some services. But this statement's still very limited, right?

COMMISSIONER PETIT: Well, it is often limited, nonexistent and not very efficient or something. But I mean I've been in jurisdictions where it's a three-hour drive to the nearest counselor. I mean how often do they go? You know, it's just all over the place, there just isn't enough resources. Maybe Chicago is well funded, but not, you know, effective. But that's a possibility that you may be raising. But I think shortage of resources to families is a major ongoing problem. Mental health services in particular.

CHAIRMAN SANDERS: I do think that what I'm hearing Cassie suggest is that we need to document, we need to be clear in our documentation and have reference. Because if speaking for all of us and if we don't all agree and can't all document it, then it creates a problem.

COMMISSIONER PETIT: But, David, there have been all kinds of reports from jurisdictions that we've seen in just the last couple years that parents are on waiting lists, they can't get services, you know, we get that from states all the time. You know, sometimes there's formal studies of it, other times not.

COMMISSIONER COVINGTON: I think what we could do is document it or reference the testimony that was received around a certain issue here, you know, and put that reference in the appendix. I just I do think we should document a lot of this though. It reminds me of the Nation Shame Report when that came out. There was a lot of criticism in that report because things were documented that were identified as problems. And people just didn't think a lot of it was grounded in, you know, the fact.

COMMISSIONER DRYFUS: One of the concerns I have and I'm going to bring it up on this point with Commissioner Bevan is bringing up on these bullets. And this one about funding and access to services for parents. As I read this I just increasingly feel like we're so focused on "services to parents", that the accumulative nature of stress in these families has a hire

correlation to the substance abuse that we see, to the domestic violence that we see. There's no mention in this about housing, economics. The other risks that we know surround this issue. And I get a little bit concerned that we're so focused on the services that the parent needs, that the family needs that we're not paying attention to what Gary Melton was talking to us about and that's if we're not doing anything to change the context within which these families live their lives every day. And that's the big steering thing at us of neglect and accumulation of stress. Commissioner Horn has brought that up about neglect and stress and the correlation of those things to this issue. And we just seem to be pretty silent on it. Am I reading it wrong?

COMMISSIONER PETIT: I think that the issue of environmental factors that are facing families in this country, poverty, unemployment, mental health, all of that, is, I mean there's not much we can do about it. And I don't think there's much that we're going to say about it that's going to alter the current spending patterns on it. Again, I come back to CPS as being a public safety function. And when children are neglected, when children are abused what can we do for them? To the extent that services are needed by those families --

COMMISSIONER DRYFUS: And again, I have CPS staffs sitting down with difficult cases and saying if we could just get this family in stable housing.

COMMISSIONER PETIT: Sure.

COMMISSIONER MARTIN: But that's why we have 21st Century global Child Welfare system that we're recommending, right? Because we want housing at the table, we want public aid at the table, we want docs at the table so that we can start. And agree with you, I don't think we're using the opportunity to build our case as our report progresses. But that's one of the main reasons we need to have a more global 21st Century system that works and attends to the needs of our families. Our families are 21st Century and we need the response to be 21st Century.

CHAIRMAN SANDERS: So anything else Commissioner Bevan?

COMMISSIONER BEVAN: Well, I guess I think the two-prong approach is something that Susan's raised about sequential, I guess is where it's here, right here.

COMMISSIONER DRYFUS: What page is that?

COMMISSIONER BEVAN: The sequential is on page five.

COMMISSIONER DRYFUS: Well, it does say "simultaneously". But yet when you read the rest of it we have this sense of urgency about actions that people can be taking now for CPS, but there's no sense of the concurrent immediacy on the other side of this. And that's what's been my concern is that we say it, but in our recommendations we put the urgency on CPS and not on moving expeditiously on this larger view of what is that system?

COMMISSIONER MARTIN: Except for one recommendation.

COMMISSIONER DRYFUS: Which one?

COMMISSIONER MARTIN: Minority and Native Americans.

COMMISSIONER COVINGTON: So it's part of what I was going to get into when I talk about my feelings on this. But I think the way to fix that personally, because I've thought a lot about this in terms of where it's placed is I think, and I don't want to take away from where you're going with this, but it's to answer what Commissioner Dreyfus was saying, is what bothered me the most, and I'll spend some time when I get to talk about other things, but we do the two-prong approach and then we get right into the recommendations on the first prong. And I think what we should do is layout our philosophy on all of this in terms of the two prongs and the immediate and everything. And then move the recommendations for the first prong into its next chapter. I just think it really, when we put all the recommendations for the first prong right in this chapter and then we talk at the end about the second prong I think that that's how it gets lost. So if I were going to redo it I would layout this whole chapter as more - I mean the chapter was called, you know, confronting the tragedy. I think we lay out what we think the problem is completely and then we start a new chapter with immediate action around child safety protection.

COMMISSIONER MARTIN: So chapter one is the problem.

COMMISSIONER COVINGTON: The problem.

COMMISSIONER MARTIN: And we start with chapter two that responds with the answers.

COMMISSIONER COVINGTON: Start with response. And chapter two would start then with recommendation 1.1 and make that whole chapter just be about confronting the immediate crisis in child protection so to speak. And then chapter three could get into the second prong, which is the long term prevention. Because I feel when we put these recommendations already right in the step that we're still really talking about the problem. But we're still really talking about the problem. And then we get into the second prong and I think it really got lost. So that's my recommendation for how to restore and reformat it.

COMMISSIONER MARTIN: Tell us the rest of it.

CHAIRMAN SANDERS: Is there any --

COMMISSIONER COVINGTON: Well, Cassie's not done yet.

CHAIRMAN SANDERS: Did you cover what you wanted to, Dr. Bevan?

COMMISSIONER BEVAN: Well, when we're talking about the 21st Century here on page eight, you know, and we're back this public health approach, which I've got to say I still don't really get. Because I wanted to be targeted and to me public health isn't targeted. But I know David Rubin tried to walk me through it, but I still want it to be targeted and tight. So if public health is targeted and tight then just tell me. Do you see it?

COMMISSIONER COVINGTON: You mean population health?

COMMISSIONER BEVAN: Yeah.

COMMISSIONER COVINGTON: It's the third paragraph (inaudible)

COMMISSIONER BEVAN: Comprehensive population health approach. Is that a targeted approach?

COMMISSIONER COVINGTON: Yes. That language? Absolutely.

COMMISSIONER BEVAN: Okay, then I'm happy. I think that when we talk about leadership we should be talking about letting the states and having guidance from the administration on leadership on who's going to take this leadership. I don't think we have really focused enough on the issue of leadership and what we know. I think we need to do a little bit more on that. I think that, again, you know, I would like to in here suggest that we, you know, use that 40-member child abuse, working interagency group and really charge them with something real. I mean I know you've got in here make a child abuse czar and make a children's bureau, a child abuse whatever. I don't know how effective any of that is. I mean we do have a drug czar, I don't know, you know what happened to him. But I do think that if we had a standing committee that was high enough, I mean but that could include the secretaries and make them charged with a particular product, make them charged with leading an analysis of all child fatality and near fatality review information at the national level. And then expand that into child a maltreatment report and then broadly disseminate it. Then, you know, if we started charging them then I think that we would get more out of that group and rename it rather than just -- also have HHS reconvene through this coordinating council convene experts and philanthropic partners to develop a research agenda. I think we need to do that as well. And I do think that this coordinating council which you know, Congress should instruct the Secretary, Department of Health and Attorney General to convene and co-lead a permanent coordinating council on child abuse and neglect. And I know what you're saying, Michael, you know, right now interns go to this thing. And so I know what you're saying. But I think that we could, without saying we're creating a new entity we co-op that one and then really charge it very publicly with some very high profile things.

COMMISSIONER DRYFUS: What was the history of the one that exists today, was it just created by a bunch of folks that thought, hey, let's just all start getting together? Was it created by something Congress wanted to see, a secretary wanted to see? What created it?

COMMISSIONER BEVAN: I don't know.

PATRICIA BRINCEFIELD: CAPTA.

COMMISSIONER DRYFUS: CAPTA created it?

PATRICIA BRINCEFIELD: It was specifically designated originally in CAPTA (inaudible) and I think the last reauthorization, that kind of took the teeth out of it. But it's in CAPTA and if we want we could go back to it.

COMMISSIONER DRYFUS: And fix it.

COMMISSIONER MARTIN: Remember a long time ago in I think it was Minnesota that they had -- it was for CPS. Not CPS, I'm sorry. Court improvement projects where they got together and they had teams from all 50 states represented. And the idea was to bring correlation and coordination amongst the Court, the Agency and somebody else, I can't remember who it was. And remember they started that, it was kind of like a conference to get it off the road? Why aren't we don't something like that for our kids? Why aren't we recommending to the Feds that they do something like that for our kids? To announce our recommendation -- do you understand what I'm trying to say? Because what they did was they required all 50 states to

bring teams and the teams were there to learn about collaboration and cooperation between the Court, the Agency and somebody else. I can't remember who it was.

CHAIRMAN SANDERS: So you're thinking the same thing for this report to structure a release the same way?

COMMISSIONER MARTIN: Right. Because our report is really focused on what we want states to do better. Right? And it seems to me that the way to get the states to understand that -- I mean the Feds do a very poor job of being directive in my humble opinion. And it seems to me a great way of doing that is bringing the states together so we can understand what this means and talk about why these recommendations were made the way they were.

COMMISSIONER DRYFUS: Is that the idea of a White House conference?

COMMISSIONER PETIT: One of the recommendations that I hope we're going to get to was a list of stuff that I had is the requirement for these enhanced funds to the states should be that there be a one to two day statewide conference around our report within a year of its release. So, you could say it could be in every congressional district or could be in as many congressional -- but it has been a long time since states gathered together on this issue. Now, we actually proposed to them, some of us, in meeting with AFSA and with NAPA that there be a meeting this fall with them to go over the recommendations. We haven't gotten to the point we could finalize our recommendations. But I think would've been useful to meet with them and test what they think about some of these pieces. But I think one of them about convening for a day or two to just discuss this would be a useful exercise.

CHAIRMAN SANDERS: Anything else Commissioner?

COMMISSIONER BEVAN: Well, there are two working groups. NIH has a working group on child abuse and neglect and then HHS has a working group on child abuse and neglect. I think we have to look at them. Why do we have two and, you know, how do we elevate them and how do we charge them with something?

CHAIRMAN SANDERS: Commissioner Covington, then I think we'll probably be at a point of adjourning for today and start with I think your second recommendation tomorrow morning, Commissioner Petit.

COMMISSIONER PETIT: Yeah, I've got a second, third and fourth that really feed into the political news side of this thing.

CHAIRMAN SANDERS: Then we'll start tomorrow with those. Commissioner Covington.

COMMISSIONER COVINGTON: So I don't how specific you want me to be, but I have some real specific comments and some general comments. But I think I'll just mix them up as I talk.

CHAIRMAN SANDERS: I think for this if there are specific comments that you think are controversial I think let us know. If not, then I think staff can take a look and incorporate.

COMMISSIONER COVINGTON: Take the edits?

CHAIRMAN SANDERS: Yeah.

COMMISSIONER COVINGTON: The first one is when we put anecdotes in here, this is more general I think, that it's already been mentioned that we be careful of the anecdotes and the implications from the history. But that there seems to be some inconsistency in the anecdote. So even in the very first two that are reported, there was one where we actually had a finding that came out of that, which is, you know, that there was an implication with laws tying their hands, so nothing could've been done. In the second there was nothing, it was just a statement of the case. So there wasn't really a lesson, there was no lesson to be learned. So my thought would be if we give an anecdote we either put a lesson in there or we just give the story and leave it for later. Does that make sense to you guys? Do you know what I'm trying to say?

COMMISSIONER MARTIN: I think there are two different purposes for doing anecdotes.

COMMISSIONER COVINGTON: There are. And these two are very different to me, because in the second one we didn't really talk about any systems issues, we just said she pled guilty and she's serving time in prison. Versus the other one we talked about the system having some problems with the way that case was dealt with. So I just think because we're thinking about anecdotes we think about why we're putting them in there and what we're hoping to get out of them. In terms of this whole accounting thing, I personally am comfortable using the number 1500 to 4500 throughout. And I think whenever we put that number we always put a statement in there depending on how they were counted. Because they're all estimates with the exception of NCANDS, which actually to me still is an underestimate. But I think we consistently rather than stating it as fact that this is the number that we always talk about. Depending on how they were counted this is the range and the numbers, because it really varies.

COMMISSIONER DRYFUS: So, Therry, before you move off of that one.

COMMISSIONER COVINGTON: Yeah.

COMMISSIONER DRYFUS: So I look at you as our expert on this. And one of the things I've had to struggle with is who gets to determine at the end of the day the multidisciplinary review, the death gets reviewed, but somebody's got to make a determination this was abuse and neglect or this was not. And I have made the contention that I don't think that should be the child protection secretary, the jobs I have.

COMMISSIONER COVINGTON: Yeah.

COMMISSIONER DRYFUS: So where are we landing on that? Because this issue of account for me is who gets to make the final determination how a child died?

COMMISSIONER COVINGTON: Well, we -- I was talking Rachel earlier. In Vermont we proposed a series of recommendations on how to get to those counts that somehow didn't get included in this report. So I've copied them off and I'll pass them around again.

COMMISSIONER DRYFUS: But where the medical examiner's coroner?

COMMISSIONER COVINGTON: No, I think that the determination is made differently depending on who the audience is. So a medical examiner coroner, a death certificate is going to have a different account for a purpose. CPS is going to have a count that they count, for example, their count is based on either kids in their system, I mean it's all over the place

in terms of what the standards are. One of our recommendations is we standardize that. Another count might be a count that's used in terms of how many cases actually go forward for prosecution. The number really varies. But we propose in our recommendation that you look for a population health count, regardless of whether those cases end up being substantiate or prosecuted or what have you, that you do a multidisciplinary review to get to a final count.

COMMISSIONER DRYFUS: But then who is going to sign off?

COMMISSIONER COVINGTON: We talked about that in our recommendation. And we can talk about that later, but we talked about developing a very form new child abuse and neglect fatality case registry, a national registry. And there's models on how that's currently being done in other types of deaths. So there's a registry right now on sudden unexpected infant deaths, there's a registry on sudden death in the young, there's other, there's a suicide registry. There's other ways to -- and there's children with special healthcare needs registry. There's other ways too, so we proposed them in our recommendations. I don't want to take the time now, because it's later. But we have created some pretty, I thought pretty substantial and good recommendations when we were in Vermont that people didn't seem to have any problems with. It was so long ago everybody's probably forgotten them. And then they didn't show up on the report, so I'm going to try to push to get those in the report.

COMMISSIONER PETIT: So, Therry, I did a number of child death studies for the states and one of them was Washington State. And the official count was 20. And then the Seattle Times came in and said of all the kids that died in the course of a year how many were previously known to the Department? The number went from 20 to 120.

COMMISSIONER COVINGTON: Yeah, it's different.

COMMISSIONER PETIT: And so what we found out was that the majority of states treat a child who gets run over while his mother is incapacitated because of a drug situation in the house, the two-year child gets run over, it's an open CPS case, the child gets run over and it's classified as pedestrian death and not as a neglect death.

COMMISSIONER COVINGTON: Right.

COMMISSIONER PETIT: Are you addressing that?

COMMISSIONER COVINGTON: Yeah, we did and we are.

COMMISSIONER PETIT: That would now all be uniformly treated?

COMMISSIONER COVINGTON: We would hope so, yes.

COMMISSIONER PETIT: We would require that definition?

COMMISSIONER COVINGTON: I mean we have a whole set of recommendations on that.

COMMISSIONER PETIT: Yeah, I know.

COMMISSIONER COVINGTON: But I'm just focusing on the introduction to this report. We can talk about it, there's a whole section in here on the recommendations related measurement. And we had specific recommendations to get to that point.

COMMISSIONER PETIT: But where, David, you were saying or someone was saying the need to have a very strong introduction. Part of the introduction and just explicating to people what it is that we're talking about is this business of, for example, some states treat these things as pedestrian deaths and some states don't, right. I mean that's --

COMMISSIONER MARTIN: I actually --

COMMISSIONER COVINGTON: Can I -- oh, go ahead.

COMMISSIONER MARTIN: No, go ahead, I'm sorry. I was just going to say, Mike, it would be great if we can find some actual anecdotes that stress that difference. Because that would be very telling to our audience about why this is such a problem, right. If we could find two actual cases from different jurisdictions or even in the same jurisdiction that really pointed out where one is classified as an abuse and neglect death and the other was a non-abuse and neglect death. To start our report off I think that would be very shocking to our -- but I apologize.

COMMISSIONER COVINGTON: No, well, one of my recommendations is when we met the committee on the measurement with Rachel's support, met a long time ago, we wrote what I think is a really strong introduction on the problem with measurement. And I think we could put a lot of that right here into page two, rather than just reporting out what NCANDS reports and what the NIS reports. I think we need in the beginning to talk about the problem around measurement and put that right into this part of the report, this section on the report. Because if we're talking how many, we don't know how many correctly right now.

CHAIRMAN SANDERS: So it seems the idea of changing the structure within chapters is the theme that has probably come up a couple of times with more time spent on the description of the problem.

COMMISSIONER COVINGTON: Yeah.

CHAIRMAN SANDERS: And with the recommendations flowing out of that description of the problem. And the description has to be more crisp, more direct, more effective than it has been to this point. And that probably applies to multiple chapters. Is that --

COMMISSIONER COVINGTON: Yeah. I would completely agree. That I just felt that this whole first section on how many, who are they and how does this happen seemed too abbreviated for me. It doesn't capture the wealth of testimony we got and the knowledge we've gained. You know, going from even that little section on the counting to the top of page three which talks about, you know, who those kids are. We know more than what's presented there. And I would like us to put more there. I just think this needs to be more thorough. And on that section on the top of page three I think we need to expound more on the problems of identifying neglect and what neglect is, rather than just kind of talking a couple times about toddler drownings, infant suffocation, etcetera. I think we need to have at least a paragraph or two that really describes neglect.

CHAIRMAN SANDERS: Let me just back up, because it does seem there's a couple of things that I want to make sure we get to. If the kinds of things that you're describing it sounds like there is more expansion that we should do. And I think that can be provided as written feedback, mainly because it also seems you're describing some things that require that either

there are specific changes that are required or rethinking. And I want to make sure we get to all of those.

COMMISSIONER COVINGTON: Okay.

COMMISSIONER MARTIN: And in theory will that include stress? I mean I still think, I mean I think about so many of these child deaths I've been a part of, right, and it's all of a sudden the boyfriend just loses his cool with the baby crying and --

COMMISSIONER COVINGTON: I was going to talk about it, I was going to say that. And you sort of mentioned it earlier. I don't think we have enough in there describing the new knowledge base that we have about ASUS. I mean it's hardly mentioned. The information that we have on toxic environments or on life course perspectives, etcetera. I just think a lot of it has to go in there. That is actually the perfect segue into why we want a 21st Century model. I'm not getting it. I'm feeling that a lot of this approach in the beginning is just about kids in CPS or CPS itself, but it's not getting to the problems in families that leads to abuse and neglect and it's not getting into some of the issues around primary prevention. I just feel like we're not capturing it.

COMMISSIONER MARTIN: Well, I think the way to articulate that is that the audience for which we're writing this report we should assume they have no knowledge about what happens on the ground and Child Welfare. And I think if you read the report it starts now you have to have some baseline knowledge of what's going on today to understand why we need a 21st Century and why we need to change the paradigm. And I think what Teri is saying is she wants more filler into the -- she wants more meat on the bone to help the audience understand and build the argument for why we need that 21st Century. Does that make sense?

COMMISSIONER COVINGTON: Um-hmm, that's right. I just don't feel that we've laid the background of why we need to make this bigger than a CPS issue.

COMMISSIONER DRYFUS: And on the ASUS pieces and the stress piece, right, we've got brain science now.

COMMISSIONER COVINGTON: Absolutely. We need to put that in this report and start it out that way. I also think when we talk about our current approach to protecting children enough, if you look at it it's all CPS. Almost every sentence is CPS isn't doing this, CPS isn't doing this. I also think we need to add in what else isn't being done by other places. So, because I really felt that we're trying to say this is not just the responsibility of CPS, but when we talk about we're not doing enough to protect them all we talked about is what CPS isn't doing to protect them. So I think we can come up with some extra bullets that really talk about the fact that we're not -- the other agencies, for example, a perfect example is when public health agencies around the country were asked what they're currently doing in child maltreatment. A number of them said, well, we're doing some things, but we're absolutely positively not coordinated with Child Welfare in terms of what we do. You know, I think that's an important nugget of information that talks about the clear lack of coordination between agencies. And the fact that you have some public health agencies, for example, and their title IV plans that actually have child protection or a child welfare as a key, one of their primary objectives, but very few states are doing it. And to me, you know, I just think we need to make this more about CPS on page four.

CHAIRMAN SANDERS: So do you have language, for example, like what you just gave that? It seems like that would be really helpful.

COMMISSIONER COVINGTON: Yeah, we can, absolutely.

COMMISSIONER DRYFUS: And then we include mandated reporters, right, that in terms of not just making a referral, but mandated reporters as partners and their need to be trained and proficient and accountable.

COMMISSIONER COVINGTON: Or talk about --

COMMISSIONER DRYFUS: Law enforcement.

COMMISSIONER COVINGTON: Or talk about law enforcement that refuses to share findings and data with CPS. I mean it's hard to believe that that is still going on today. I was just in a state --

COMMISSIONER MARTIN: And different courts coordinating.

COMMISSIONER COVINGTON: And different courts coordinating.

COMMISSIONER MARTIN: Different courts coordinating with CPS.

COMMISSIONER COVINGTON: That's right.

COMMISSIONER DRYFUS: Or what Cassie's talked about in terms of hospitals and their responsibilities under CAPTA.

COMMISSIONER COVINGTON: That's right. So I think we can put other examples in here in terms of how other agencies are not part, are not in a sense have not taken on child protection as something of their own as well. So my general thought on that is that I didn't think we used our introduction enough for the problem statement to lead us into why we're going into a two-pronged approach of what those mean. And so I felt we needed way more to build our case upfront before we got into that. And then for me it's lay out the two-prong approach. And I know this sounds -- this is minor thing, but we talk about systemic changes in the second prong, but I think the first prong are systemic changes. They're just as systemic as what we would want in the second prong. So I would like us to get away from that term in some way. I don't what the term is, but I think we're both looking for systemic change in both prongs. So, and then to me prone one is really immediate action that can be taken right now to keep kids that are at immediate risk, things we need to be doing right now. But I think with a lens and we should be explicit in saying with a lens on child protection or child safety. Because that's really what the first prong is, it's getting into the things that can be done, mostly within the child welfare system. Because the second prong is really thinking more upstream in my sense.

COMMISSIONER DRYFUS: But not necessarily. I don't think the second prong is just about upstream. I think the second prong is also about safety.

COMMISSIONER COVINGTON: Right.

COMMISSIONER DRYFUS: But it's a larger shared community reasonability --

COMMISSIONER COVINGTON: Exactly.

COMMISSIONER DRYFUS: -- than just what CPS does with the calls they receive.

COMMISSIONER COVINGTON: So I guess your point is from me is that we should really clarify what prong one and prong two are trying to do and be explicit about them. Because I don't -- I'm not sure that we've articulated that well in terms of what the two are. And then, again, I go back to my other point, which is put these recommendations in another chapter and really define prong one and then define prong two, and then start out with recommendations. The other thing in term --

CHAIRMAN SANDERS: I just, I think it's really helpful if you do kind of try and put together at least an outline of what should be included in that.

COMMISSIONER COVINGTON: Okay.

CHAIRMAN SANDERS: Because I think that Commissioner Petit you're putting the language in about what the surge would look like was really helpful. And so I think we hear things, but it could be difficult to know, okay, how comprehensive.

COMMISSIONER COVINGTON: Okay.

COMMISSIONER COVINGTON: Teri, can I just interject at this point? In listening to you describe this and then Susan's comments on it. CPS in my opinion is going to remain at the center of this whole process.

COMMISSIONER COVINGTON: Well, that's what the problem is.

COMMISSIONER PETIT: Well, no, no. No, I know, that's why I'm raising it now. Because in terms of what we're all going to be signing off on. I think all these other systems are in orbit around CPS. CPS has the legal responsibility to activate a process that result in people losing a child. Nobody else does that. The court is who the backup is in terms of what's allowable and what's not allowable. But when you look at mental health, housing, (inaudible), when you look at all those things they have mandate that is different than CPS's. They're supposed to be contributing to the extent they have the resources to do it. And much of the money that all of these other organizations are getting comes from DHHS in Washington, right, that's where it's coming through. And it goes through DHS, not CPS, but DHS, the mother agency for CPS in most states. Illinois being one of the two states where that's not the case. But in 48 of the states of 45 of the states the principal is the broader department of Health and Human Services. And then they're the ones that purchase services. In some jurisdictions you say we have limited resources on mental health or substance abuse and you know who gets first in line, CPS. We have a daycare slot open and there's two mothers who would like the daycare slot. The one that we're going to give it to is the one that's an open CPS case, because we have a legal mandate to deal with that. As opposed to we don't have a legal mandate to provide childcare. We don't have a legal mandate to provide mental health, right. You know what I'm saying? So for me beefing up those that are in orbit around the Department with contracted services, buying money from them, services. And then when you go on the upstream thing I think that's when we are leaving child protective services and getting into child well-being, which in the end is all about coming back to child protection. So they're both needed on this thing. But CPS --

COMMISSIONER DRYFUS: Well, we have so missed the mark on our committee. Our committee. Our committee was not about child well-being. Our committee was about a 21st Century child protection system in this nation where the safety of kids is a shared community responsibility that CPS is an integral and critical piece of. No difference than law enforcement is. When those 911 calls come in it's every, you know, response every time they're going to try to be as consistent as they can be. But they can't do it alone.

COMMISSIONER PETIT: Right.

COMMISSIONER DRYFUS: So if our committee's work has come across that this is about child well-being and upstream, we have completely missed it. Because, one, I don't think it would belong in this report. This report is about eliminating fatalities of kids by abuse and neglect. And what we were trying to do is strengthen the child protection system in our nation as being a large multidisciplinary system of responsibly. But the CPS is anchor in it. A strong CPS is anchor in it. And using a public health approach --

COMMISSIONER COVINGTON: But Commissioner Dreyfus, we're also -- we talk about upstream, we also need to include in this report, and I think we're doing a huge disservice, that there has to be continued greater emphasis on primary prevention.

COMMISSIONER DRYFUS: Right, but that's what CMS said to us when we went with Vicky.

COMMISSIONER COVINGTON: Right.

COMMISSIONER DRYFUS: And she said by focusing -- matter of fact she was so into it, she said by focusing on what from a population perspective is relatively small in, when you focus in on reducing that number it has an inoculating influence across the entire population of kids. And I absolutely believe that. So I just worry a little bit that this is not being, at least in the way I've always thought about this, is that this public health approach isn't just about upstream and prevention, it's about creating a stronger child protection mechanism in communities.

COMMISSIONER COVINGTON: But I think it's about both. To me it's both. I don't think we say it's only about --

COMMISSIONER DRYFUS: I know that, it's both .

COMMISSIONER COVINGTON: I think it's definitely both. But I'm not willing to give up the fact that we don't make a strong case for primary prevention as well. I just think it's really important.

COMMISSIONER MARTIN: You know, I think you both are saying the same thing really. Because the way I look at it if we do this 21st century thing right, if we include police and other entities as having responsibility for the safety of our children, when the cops go out and do a drug bust they're going to think about my kids and think about what needs to be done for those kids in terms of prevention. And so I think we're saying the same thing, but using different terms, right. And so if we do the inclusive multidisciplinary child welfare, global welfare system and we do it well we are getting prevention.

COMMISSIONER DRYFUS: Yeah.

COMMISSIONER MARTIN: Okay?

COMMISSIONER DRYFUS: Absolutely.

COMMISSIONER MARTIN: All right.

COMMISSIONER COVINGTON: And I think a model for that, as limited as it is in terms of funding and scope, is looking at the Essentials for Childhood program that a number of states are piloting. Which is --

COMMISSIONER PETIT: The what?

COMMISSIONER COVINGTON: Essentials for Childhood, it's a CDC funded project.

CHAIRMAN SANDERS: So are there specific recommendations that we have --

COMMISSIONER COVINGTON: We could pull off of that?

CHAIRMAN SANDERS: -- around prevention to make sure? Because it sounds like you're feeling like there's not enough included.

COMMISSIONER COVINGTON: Well, we haven't gotten to recommendations yet. I'm just -- it's (inaudible) to me that it's the introduction.

CHAIRMAN SANDERS: I'm thinking specifically of Chapter One. Because we do emphasize the five areas of urgency. And it sounds like --

COMMISSIONER COVINGTON: Yeah, for me -- oh, go ahead, I'm sorry.

CHAIRMAN SANDERS: There isn't enough included around --

COMMISSIONER COVINGTON: I think, well, I put some notes on page nine at the bottom, multidisciplinary support for families that we could emphasize in there. You know, we could maybe even do a call out and describe what Essentials for Childhood is. We could talk about universal primary and secondary prevention, for example. Because to me that's where it comes, it's that multidisciplinary support for families, both from a child protection perspective, as well as I call it upstream, whatever it, but a --

COMMISSIONER DRYFUS: But just to be really clear, in the 21st century child welfare system a strong, well resourced, high quality CPS function is an integral part of it.

COMMISSIONER COVINGTON: Absolutely.

COMMISSIONER DRYFUS: It doesn't sit outside of it, it's an integral part of it.

COMMISSIONER COVINGTON: Okay.

COMMISSIONER DRYFUS: But it's a part of it.

COMMISSIONER MARTIN: And I think, you know, I keep using the picture of a bicycle spoke with CPS in the center. But I think Mike's analogy is better that's like an orbit. You know, like the sun is CPS or it's whatever sits in the center, I don't know my astrology well enough to say what sits in the center anymore. But that sits in the center and all these other agencies are orbiting around it contributing to its force and energy, right. And I think -- oh, that's not a good one?

COMMISSIONER COVINGTON: No, that's fine. I'm looking at you, that's good.

COMMISSIONER PETIT: I agree completely. And, Susan, in raising that if you take a look at like that surge recommendation that we had, it's all about MBT's, it's all about different disciplines being pulled into that process. In terms of projecting longer, bigger, wider, I mean are you envisioning a situation where a child protection case would not be referred to CPS? I mean is there somebody upstream or elsewhere in the system that --

COMMISSIONER DRYFUS: No, no, no. If it's a child protection case CPS -- it's like law enforcement, right, you call 911, you call law enforcement.

COMMISSIONER PETIT: (inaudible) divide that up.

COMMISSIONER DRYFUS: No, no, no. But I would like to think that housing, right, so like in Tacoma, Washington the Housing Authority that they would view that this as much their responsibility as well in terms of how -- so, but absolutely.

COMMISSIONER COVINGTON: And I guess for me - - oh, do you want --

COMMISSIONER BEVAN: I just wanted to tell you that I'm circulating the Policy Report and Recommendations, it's 53 pages. I'm giving it to you right now.

COMMISSIONER COVINGTON: The idea for me though is I'm still not sure I agree. And goes to what you were just saying with the comment on page five that said the 21st Century child welfare system will be centered in and led by CPS agencies. I'm still not sure that I'm for that or that that's where I think that this should be. I mean CPS is for me where kids are already known to be abused. And we're going to -- if all we're doing with all of our energy is focusing on kids that we already know are at harm, we're going to be spinning our wheels forever without ever moving the needle to keep kids from being harmed in the first place. So my feeling on it is thinking through we're just going to keep kids -- kids are going to keep coming in the system and they're going to keep dying if we don't think of ways to support and put in processes for these high risk families that can support them earlier upstream so to speak.

COMMISSIONER DRYFUS: But don't you hope that in the end if this all worked as we hope it would, right, that we would find that the CPS function, similar to what law enforcement is trying to do, right, they're trying to not have as many of the deep end issues, so that what they're responding to earlier are things that are more preventative and earlier intervention. That there is going to be a shifting of that CPS function. Yes, it's still going to be there when that 911 call comes in and there's a child not safe. But that hopefully a lot more kids we're going to be intervening much, much earlier in that abuse and neglect cycle, right.

COMMISSIONER COVINGTON: But I think if we're going to go -- if that's the underlying thinking then we need something in this report that talks about what we think that new CPS looks like, which is it's not doing constant response, but it's more in an earlier on protection mode. I just I think in people's head they still think of CPS as that point where the kids already been injured or, you know, is at great harm and they come into the system there. And I think that's one of the reasons why we've had a hard time trying to think about where we move that needle a little bit.

COMMISSIONER PETIT: But I think that's where that differential response comes in, in terms of, you know, you're not going to have a system, I believe, that says, look, if you have this problem with autism call agency A. And if you have this problem with your feet call on agency

B and, you know, and divide it up. And then tell the public, listen, there are a 100 different numbers, you know, press 6 for more information. As it happens the public reporting is CPS. But CPS does not need to take responsibility for all these cases. That's the piece where the differential response comes in, whether it's public health or whether it's mental health or whether it's housing or whatever it is. It's only when it elevates to the level of the parents not being responsive, the kid's situation is getting worse, now we need to escalate the intervention of the government on this eventually to the point where it's a complete disaster. But, you know, we've got 6 million kids a year that are being reported in, 3 million reports year in, year out, year in, year out. It doesn't diminish year in, year out. So just dealing with that population, if we could just deal effectively with that population we would have actually accomplished something, right. I mean they're the ones that are going on to be the too early parents, not doing well in school, living in poverty, whatever it happens to be. So, I mean the orbit issue for me, you know, it's like we pull them in as needed. No other origination has responsibility for the protection of children, that's not their job.

COMMISSIONER DRYFUS: But I just want to say to Cassie's earlier point, because I do think it's something I had too and she brought it up about system leadership, right. And it's about accountability. So, Commissioner Covington, for me on the child protection, CPS, which I hope in 10 years under what we're attempting to do here, CPS in this nation will be far more preventative and front end than reactive, right, long after an abuse and neglect cycle is well established. So if that's the case, right, I do come back to accountability. And, you know, people in jobs like, you know, and all these different systems come and go. But where's Congress, where's the public going to have assurance that there's accountability for continuity? And I worry about, well, in this state it's the Public Health Agency. Well, in this state it's this. Well, in this state it's this. Or because Susan's the leader it's in the CPS agency, but she's gone now, so now, you know, it doesn't go anywhere. So if you could think about CPS in this envisioned way then being the convener, the facilitator, the one that keeps people coming to the table with a sense of accountability, the one that feels an accountability to the governor or to the mayor or the county executive. Who should that be? Because I do think we're weak on this in our report around system leadership in terms of a point of accountability.

COMMISSIONER COVINGTON: I would totally agree with you if we can define it that way in the report. But I guess my point was we talk about it being CPS centered and I don't see it being written in terms of what you've --

COMMISSIONER DRYFUS: As defined today.

COMMISSIONER COVINGTON: Yeah, I see it as being defined -- and I think when people are going to read the report they're going to be thinking CPS is defined today, not the CPS that envision tomorrow. And, you know, I was thinking of anecdote. In the State of Michigan when we were having tons of sleep deaths and we couldn't get the Department of Public Health to take the leadership because of some of the political issues around breastfeeding and bed sharing and all these other things. And so CPS said we'll take this on. And I mean it was really quite remarkable and amazing. They took on the state safe sleep campaign and they made that their cause. And it wasn't just about kids in their system. But they also looked at how many CPS workers were going out every day on a death of an infant who died in an unsafe sleep environment. They were a little tired of that. So they took it on and low and behold

before long Public Health ended up joining and the Governor's wife got onboard and now they have a very coordinated comprehensive state safe sleep campaign. But to me it started because the CPS there had a different idea of what their role was, rather than just being about their kids in their care and child protection. So, I mean if that's where we're trying to get it go I can live with that piece. But I don't think most people's heads are there.

COMMISSIONER DRYFUS: Yeah, you're right, I agree.

COMMISSIONER COVINGTON: So I think maybe that's something you could work on for the report is what's the new CPS agency look like?

CHAIRMAN SANDERS: And actually I think you made a really good point. One of the things that I was thinking about as you were saying that is that I'm also not clear where the public is. Because I think there's a set of expectations about what a child protection agency is supposed to deliver. And I think they are not related to prevention, they're relating to protection after a child had been abused or neglected. And it doesn't seem that's going to go away.

COMMISSIONER DRYFUS: Well, (inaudible)

CHAIRMAN SANDERS: Right. And I think my comment is as much on the notion for a child's safety the sun and the planets revolving around it, I'm just, I'm not sure how those public expectations change to a point where it's possible that somebody else is in the middle of that. And I don't know that that occurred in Michigan. I mean I think there's still the same expectations for --

COMMISSIONER COVINGTON: Well, you know, it causes consternation when you're thinking about prevention work. So I think tonight Reuters is issuing a big report that they've been doing. Some of you may have been interviewed on opiate related deaths of infants or, you know, drug exposed infants or, you know, what we do we call it, neonatal abstinence syndrome and what's the correlation there. I think one of their findings, I've talked to this reporter quite a bit, is the real concern among medical professionals about reporting mother's drug use early on to Child Welfare, because it will keep the mothers from accessing prenatal care, because they're afraid they're going to lose their babies at the point of birth. You know what I mean? And that's the kind of reality we're living in when you think about CPS agencies versus the broader public. And how do you intersect and make those things work so families get protected?

COMMISSIONER BEVAN: But then that's not what it's supposed to be. It's supposed to be a service for the public.

COMMISSIONER COVINGTON: Right.

COMMISSIONER BEVAN: Not --

COMMISSIONER COVINGTON: But the public's head is -- see, that's going to get involved and I'm going to lose my kids, rather than I'm going to maybe get drug treatment services while I'm pregnant. There's that whole dilemma I think from a public perspective.

COMMISSIONER BEVAN: I know.

CHAIRMAN SANDERS: So any other changes or does that cover Chapter One?

COMMISSIONER COVINGTON: I think I did enough.

CHAIRMAN SANDERS: Great. So --

COMMISSIONER BEVAN: I need to say one thing.

CHAIRMAN SANDERS: Yes.

COMMISSIONER BEVAN: I do encourage you to take a look at the report. Marcy and Hope and Kathy --

CHAIRMAN SANDERS: You just sent that?

COMMISSIONER BEVAN: Yeah. And Kathy Palm, all three of them worked really, really hard. My name is on it only because I was policy chair, but that was about it. So their contribution, it's their work.

CHAIRMAN SANDERS: Are there specific areas that we should focus on thinking about some of the other questions we need to address or is it more informative for us generally?

COMMISSIONER BEVAN: I think there are specific recommendations that would be --

CHAIRMAN SANDERS: Because I'm thinking --

COMMISSIONER BEVAN: Yeah.

CHAIRMAN SANDERS: -- particularly of this conversation about financing or the total funding.

COMMISSIONER BEVAN: Oh.

COMMISSIONER DRYFUS: Do they lead into these others? Like would you say that some of your (inaudible) look at some of these others as they're supporting of these recommendations? Are they completely different?

COMMISSIONER BEVAN: No, they're not completely --

COMMISSIONER DRYFUS: Or just --

COMMISSIONER BEVAN: They just attach it differently. I mean they do look at state plans, they do look at current law, they do look at what we can do with incentives. I mean we do look at -- there is that too. It's just it doesn't go as far as --

COMMISSIONER DRYFUS: We might (inaudible) --

COMMISSIONER BEVAN: It doesn't have a headline like Michael wants.

COMMISSIONER DRYFUS: They might cross walk some of the recommendations.

COMMISSIONER BEVAN: Yes.

COMMISSIONER DRYFUS: Okay.

COMMISSIONER COVINGTON: Before we leave there was one other thing. Can I just make a thought in terms of the diagram for our 21st Century approach? What's missing I know, I think as we're talking about a 21st Century approach there's a part of the circle that's missing. And I think as we think about our prong, when we're moving into the 21st Century and want a new

approach I think part of that prong is immediate safety and protection for kids. So rather than keep that as a separate piece --

COMMISSIONER DRYFUS: (inaudible)

COMMISSIONER COVINGTON: -- I think that that's -- we have multidisciplinary support for families, but I also don't think we should lose immediate protection for kids.

COMMISSIONER DRYFUS: Right. Yeah, I just feel like this whole 21st Century thing is absent a strong, effective, responsive, consistent Child Protective Service system. But the idea is that over time that CPS is stronger, more inoculating than just reactive long after the fact.

COMMISSIONER COVINGTON: So I hear what you're saying.

COMMISSIONER PETIT: Therry, I have on this chart when I look at it again, I said, I had two questions to myself. One, why is this a population health approach limiting child abuse protecting families in the center? And secondly, protecting children. The first thing that needs to be said in here is protecting children. And when you get to system leadership and accountability, that might mean something to some of us here, though not to me, or decisions grounded and better data and research, that might mean something to a lot of people here. But to the general audience that we're dealing with, namely press and lawmakers, this isn't it. I think we need to think about the protection of children somewhere.

COMMISSIONER DRYFUS: I think it's a communitywide --

COMMISSIONER COVINGTON: Right.

COMMISSIONER PETIT: Maybe it's a communitywide responsibility. The term "population health approach" is a foreign construct for most people. So maybe it's, you know, a community, a more comprehensive --

COMMISSIONER DRYFUS: A shared community responsibility --

COMMISSIONER PETIT: A shared community.

COMMISSIONER DRYFUS: -- to protect children.

COMMISSIONER PETIT: Yeah, a shared community and family responsibility to protect our children. Shared with family. Shared family and community responsibility.

COMMISSIONER MARTIN: Wouldn't it be novel we got to the point where we automatically included families?

COMMISSIONER PETIT: Yeah.

COMMISSIONER MARTIN: And communities where we thought (inaudible)

COMMISSIONER PETIT: You know on that point something that we haven't addressed that I think permeates all of this and I don't know how best to approach this thing. But when we do the description of this there is a this issue. I mean what we're looking at in the first instance is parents who are not doing a job that the culture expects parents to do, right. I mean that's how come families embroiled in the system. And if you look at the numbers of these CPS case overwhelmingly the first child, I won't say a majority, but a high number of families had their

first child during the teen years. So I'm classifying that as too early parenthood, as opposed to a harsher depiction of teen pregnancy, I'm saying too early parenthood. And we really haven't spoken to that in here is that that's one of the things that needs to be addressed is helping people be prepared for parenthood.

COMMISSIONER MARTIN: So, Mike, I don't disagree with you. But let me tell you, I have a young lady who just text me a minute ago, she texts me all the time. And, you know, I was in the process of trying to help her get into nursing school. And, you know, she's bored with classes, she skips classes and then she comes up pregnant, right. And she says, Pat, I know you're really disappointed in me." And I said, "No, you know, I thought we were just going to get nursing school first."

COMMISSIONER PETIT: It's a process.

COMMISSIONER MARTIN: And but no, no, no, she said to me, "Pat, I know you're disappointed in me, but I feel that I'm a success." And I said, "Well, you know, Sally Sue, why do you feel that?" And she said, "For me getting pregnant at 20," or 18 is when she got pregnant, "is a lot better, because my mother had me at 15."

COMMISSIONER PETIT: Sure.

COMMISSIONER MARTIN: She said, "Now, Pat, you need to understand what success is."

COMMISSIONER PETIT: Sure.

COMMISSIONER MARTIN: And so I don't disagree that a lot of my parenting teens are too young to be parents.

COMMISSIONER PETIT: Yeah.

COMMISSIONER MARTIN: There is no doubt about it. And I don't deny that that is a risk factor for abuse and neglect, and probably near fatalities. But we also need to be careful, because I would say until they're 21 you shouldn't have a kid, but I would say that, you know, some of my kids, a lot of my young ladies are having kids a lot before 21. And if they're having them later in life, if that's 18 as opposed to 14 and 15 I'm kind of happy about that.

COMMISSIONER PETIT: Yeah, I'm actually not making a moral judgement about it. I think it's just an objective thing that the earlier you have a child generally speaking the less prepared you are to take care of that child. And then there are families and extended families that are supposed to be in orbit around that child that's at the center of the universe. I'm just saying there's a steep hill to overcome when you have a kid at 15 or 18 than 23 or 28.

COMMISSIONER MARTIN: And all I'm saying is that when we recognize and identify early pregnancy as a risk factor, what I would prefer is let's focus on what we need to do for those people, for those children, not children, young ladies. So get prenatal care, talk about the importance. And that's what I'd like to focus on, what we need to do to help that.

CHAIRMAN SANDERS: I think we're going to adjourn the meeting. You can continue to chat if you would like, but we are done for the day officially. And so we'll start tomorrow morning at 9:00 a.m. with continuing discussion of Chapter One and hopefully finish that quickly and then move on. Thanks everybody. Oh, that's right, we have a reception right after this. So it's behind the registration desk.

(Whereupon, at 5:17 p.m., day 1 concluded.)

DECEMBER 8, 2015

CHAIRMAN SANDERS: And I believe Jennifer Rodriguez is expecting to join us today on the phone.

UNIDENTIFIED FEMALE SPEAKER: Mr. Chairman, we have a few people that have joined, and it would be nice if they could just say who they are and the organizations they're with. I think it's great we've got some folks here, and it would be nice to recognize them.

UNIDENTIFIED FEMALE SPEAKER: Can they come down? Do we have a microphone?

AV TECHNICIAN: Yeah, we do. So if want to -- Hope, David, Tom, Wade, and Amy, you guys are all on muted right now.

CHAIRMAN SANDERS: Why don't we just start from the back? You want to start, Miles?

UNIDENTIFIED FEMALE SPEAKER: Can we just wait until we get them a microphone so that the public can hear them?

CHAIRMAN SANDERS: Okay. I'll repeat it. Go ahead. Just go ahead and say who you are and I'll repeat it.

MILES SPIRES: Miles.

CHAIRMAN SANDERS: Miles Spires

AMY HARFELD: Amy Harfeld from the Children's Advocacy Institute and the National Association of Counsel for Children.

CHAIRMAN SANDERS: Amy Harfeld.

CHRISTINA CRAYTON: Christina Crayton with the American Public Human Services Association and NAPCWA.

CHAIRMAN SANDERS: Christina Crayton is here.

JOHN SCIAMANNA: John Sciamanna, transitioning from the National Child Abuse Coalition back to the Child Welfare League of America.

CHAIRMAN SANDERS: John Sciamanna.

WILL ESTRADA: Will Estrada, attorney with the Home School Legal Defense Association.

CHAIRMAN SANDERS: Will Estrada. Great. Thanks.

So yesterday we started out with Chapter 1 of the draft final document and have gone through looking at making amendments to major issues in the document, and there were a couple of sections that we did end up amending yesterday, and we were able to hear from several Commissioners who had provided written feedback on the document. And so we're actually going to start today with getting Commissioner feedback on Chapter 1 and on the introduction. And we have a couple who have provided some written feedback that we'll go over, but I'm going to start with Commissioner Martin to see if there are any changes that you would propose.

COMMISSIONER MARTIN: I don't have any additional proposals to the proposals made yesterday in general, assuming that we document or we take in consideration those proposals. So like the structure and moving. But I have no additional ones to those yesterday.

CHAIRMAN SANDERS: And just for those who might have missed part of the conversation yesterday, there was considerable discussion about the actual structure of the document and concern that it was not yet at a point to be as compelling as it could be, and there are ways to lay it out differently.

Let me go to Commissioner Dreyfus and then back to Commissioner Petit, who has some written feedback that we all have copies of.

COMMISSIONER DREYFUS: Thank you, Mr. Chairman. I think we covered a lot of my comments yesterday, but just a few that I want to go through. First of all, I thought in the report when we talk about the number of children who are being killed by abuse and neglect is close to the annual number of child cancer deaths in America and the number of children being killed by car accidents each year.

And I think Commissioner Bevan, in the document that I was reviewing at 5:30 this morning -- yay -- did a really nice job, and I just think elevating this sense of crisis at the very beginning and in that introductory section and just throughout, I just think that it's going to call attention to this by a lot more people than typically would be in our space of child protection when they think about it within those contexts. So I just thought it's a bit buried and needs to be elevated.

We talked about this yesterday, but I just want to go on record as saying I continue to feel that we are very much focused on physical abuse and not enough in terms of neglect and the chronic nature of stress within these households. Now, Commissioner Bevan and what I reviewed in the beginning of that policy document nailed that piece. You know, it talked about economics, it talked about housing. She really -- I thought the Policy Committee did a nice job, and I hope that could get translated over into this section, and that would be in the area around Page 3.

I can't support talking about child protection as simply being a question of overworked and underfunded. I have no doubt in my mind, having run two of these systems, I believe that is a piece, but that to me is an oversimplification of all that has to happen within our country's child protection policies and practices to perform better and more consistently, and I don't think it's simply a question of being overworked and underfunded. A piece yes, but I just think there is way too much attention on that as being the issue for child protection and the improvement of child protection in our country and that would be of concern to me, and that was on Page 4.

Just a little caveat to put on the record. I just long had aversion to calling the professionals that work in child protection in our country "workers." They are professionals, and we refer to them as workers often, and I just think that should be modified to reflect the true professional nature of people who work in that field, especially our wonderful social workers in this country that do this work.

I like where we all went with Recommendation 1.1 yesterday, so I look forward to the rest of the conversation today, but I really like the direction that we decided we were going there. I

am supportive of the directions that we're going on the other recommendations, and I think we're going to get back to a few of those yet today.

On the 21st Century Child Welfare System -- and again I do think that -- and I want to refer to both Page 8 and Page 10 in the first chapter, and we talked about this last night after the meeting a little bit, and then reading what the Policy Committee put together, I continue to feel that when we talk about the 21st Child Welfare System (sic), we are talking about it in addition to a strong vital responsive consistent CPS in this nation. It is an integral part of the 21st Century System. It doesn't sit outside of it.

You can't have a strong 21st Century Child Welfare System in this nation in terms of integration, shared accountability, and responsibility across multiple systems and actors to keep kids safe, to intervene earlier, to create the capacities we need within communities without a strong CPS function sitting within it.

And I feel like we're talking about these two things as if they are different, and I hope that we can come to some language, and I'm happy to work on that, that recognizes that it is both/and, it is not an either/or. And investing in a strong vital CPS function is a critical part of that 21st Century System.

So back to Page 10 and the diagram, it seems to me that this language around population health is not the language, at least from my perspective, I don't think it's going to resonate with the public, with Congress, and I again just remind my fellow Commissioners that a public health approach is a validated scientific approach to addressing public health issues, and the CDC has called child maltreatment a public health tragedy in this nation, and the idea of using a public health approach does not mean we're talking about the public health agency. It's an approach that's taken to address complex issues that you've got to address at a community level, not just one child, one family, at a time. If we do that, we will forever be plugging the dike and wondering why the next hole keeps springing open on us.

So I just want to say that it might be a question of educating around what is the public health approach, and we talked about this, the staff and I talked about this last night, I think we can crosswalk what is the scientific definition of the components of a validated public health approach and crosswalk it over to what that sounds like in this work. But there is -- we saw it last night online -- a number of really good descriptions of the public health approach for violence prevention in our nation. I see this as very much the same. So we've got some work to do there.

So that being said, it seems to me that before we back away from using the term "a public health approach," can we at least be thinking about how to message that, how to frame that, in a way that does make it sound relevant? Because I think a 21st Century Child Welfare System in this nation is grounded in a sound public health approach. But instead of using this term, a population health approach to eliminating child abuse and neglect fatalities in the meantime, I do think that -- and I believe it was Commissioner Bevan said this yesterday, and I don't think this should get lost -- is a shared family and community responsibility to protect children and ensure their healthy development. That to me starts getting at if we really understand that the health of children is their physical health and that's not just about how we think about primary care, but we've got to think broadly in this nation about what healthy

development of children means and the responsibility between family and community to achieve that.

So those would be my comments. I know it's more framing and messaging, but I think that continues to be an issue for us in the report.

Thank you.

AV TECHNICIAN: Commissioner Rubin has indicated he would like to speak. Commissioner Rubin, are you there?

COMMISSIONER RUBIN: I am. Thanks a lot, Susan. I mean, it was great. I wasn't available in the afternoon yesterday, and you made a lot of progress. I actually just want to thank Commissioner Bevan and Hope Cooper and Marci Roth for the Policy document yesterday. And I think part of my question today is, how do you integrate what I felt was a really rich analysis that actually developed a lot of specificity about our findings and really workable type solutions that I do still have questions about that I hadn't heard yesterday? But I felt there was a lot of rich detail there.

You know, in my conversations with Commissioner Bevan, I wasn't there to discuss. I do think the word "population health" for a general audience can be a little bit awkward, so I can understand some of the tentativeness there. But I would agree with Commissioner Dreyfus that we shouldn't be afraid to use the word "public health."

But what I liked about what Commissioner Bevan did in that document with Hope and Marci, she did explain it, you know, like we recognize these people are not getting services, that we're not identifying folks with the right services.

I do think there are times we could call up public health professionals and folks who run community services that are not strictly rooted in child protective services, so I think we have to strike a balance. If you don't want to label it a public health approach, you still have to call it public health because there are dollars there and there are specific professionals that need to be called to action and not just a child protective services response, and I think you can find that balance, and I think that in some ways Commissioner Bevan's document was striking that balance, and with a few sort of key insertions, could acknowledge, make it very clear for everyone what we're talking about when we're talking about engaging professionals from other systems.

And so I think there's a way forward, but don't be afraid of using the word "public health," particularly in certain spots.

CHAIRMAN SANDERS: Commissioner Martin and then Commissioner Covington.

COMMISSIONER MARTIN: So, Commissioner Dreyfus, I have a couple questions, and these are just clarifying questions. When you talk about we can't forget that CPS is a strong component of the 21st Century System, in my mind, a strong CPS system is a new component -- right? -- because we don't have particularly strong or well-resourced CPS today, and part of the idea is to build on what we have today and make CPS strong so it can be an integral component of our system. So we're on the same page about that?

COMMISSIONER DREYFUS: Exactly, yes.

COMMISSIONER MARTIN: Okay. I just want to make --

COMMISSIONER DREYFUS: Commissioner Martin, beautifully said.

COMMISSIONER MARTIN: And then my other thing that I just want to clarify, when we talk about parents and communities responsible for the safety of our children, I hope we are putting parents at a higher level or a level that comes before the community; right? Because parents have a constitutional right to raise their children, and that's not equal with the community; right? It's only when there is need to supplement the parents do we involve the community, but parents have a constitutional right to parent their children.

COMMISSIONER DREYFUS: Absolutely. And I would just say in addition to my other comments, I do think we need -- and Commissioner Bevan, I appreciated she brought this up yesterday -- I do think there is not enough mention of family, that kids need their families, kids want their families, but yet families in isolation -- Commissioner Martin, with all your years of experience, I know you've seen this, I have, too -- and I thought Commissioner Bevan and the Policy group got this -- that the context within which these families live their lives, the nature of stress, the lack of access to resources and services and supports, make it very hard for some families to be able to do the best job that they want to be able to do, but I do think that's missing oftentimes in the report, is not recognizing that the paramount responsibility of families for their kids is what you've got to be supporting.

COMMISSIONER MARTIN: I think the reason I tried to bring this up is to make certain the tenor of the report recognizes that because that's vital.

COMMISSIONER DREYFUS: And that's missing.

CHAIRMAN SANDERS: Commissioner Covington?

COMMISSIONER COVINGTON: Yeah, I wanted to kind of just echo a couple things that Commissioner Dreyfus and Dr. Rubin were saying. I sort of felt yesterday that there was this competition between two perspectives, which is protecting kids at immediate harm and thinking about a broader systems approach to making and strengthening families so that kids are healthy.

I don't think -- I mean, I just sort of felt we were competing, and I don't think we need to do that. If it means we take an extra 10 pages for the report, we bring both perspectives in. I don't think it's an either/or, that one is going to lose out at the expense of the other, and I was concerned about that yesterday because I sort of felt like we were in a race trying to get to the finish line first, and I don't think that that's what we should be about.

And as I looked at it last night a little bit more, I do think we need to put a little more -- we need to make sure we do talk about strengthening families and how important that is, because you are right, there are places in the report where it looked like we're just -- we're all about just the system coming in and being in complete control, and I really think we have to make sure in the report that that piece is emphasized, and I don't think that takes away at all from also making sure that if kids are at risk of harm, and if kids are at risk of dying, that we take action. And I just think we need to somehow or another in the report get that point across, that we're really -- we're looking at a unified integrated system that can do all of that for people.

CHAIRMAN SANDERS: Commissioner Rubin, you --

COMMISSIONER DREYFUS: Commissioner Covington, can I ask you a question? Commissioner Covington, a quick question on what you just said. So, you know, part of what I feel like I've been a bit of a broken record on, but I just want to say this one more time, when we were out in Colorado and Gary Melton from the Kempe Center presented to us, I think in a very respectful way he was a bit shaking his finger at us reminding us that past commissions before us have existed with many probably the same recommendations that we are likely to make, and he said there is a reason why this country is continuously perplexed by this issue, is because we continue to make the fundamental attribution error. We think that if we just intervene with this family, with this child, and we're not doing anything to change the context within which they live their lives every day, that we're going to have success.

So this isn't an either/or, but I just don't want us to also think that what this is all about is providing families more services when supports, housing, economics, access to food, you know, is a critical piece of this, and this isn't about what families need are more services. And I think sometimes we can come across as just thinking that's all this is about, is getting more services into homes.

CHAIRMAN SANDERS: Commissioner Rubin, speak when you would like to.

COMMISSIONER RUBIN: Yeah. Actually, I like what Commissioner Covington has to say. I've never seen this as an either/or. I kind of like some of the language that Commissioner Bevan used in the policy document because it sort of steps away from platitudes about CPS, you know, and I think that the reality is in very simple terms, I thought in some ways it made it very simple to articulate, you know, we've got issues about protecting kids that are currently under our care, and we also do not do a very good job. I think this is a very simple way to say we do not do a very good job of getting services like mental health, substance abuse, and other services to families at highest risk. And that's a very simple articulation of the public health model.

And so if it's about words and sort of, you know, that are making people uncomfortable, I think we're sort of kind of dancing around ourselves in some ways. I think that it was very simply articulated in that document, and I think, like Commissioner Covington said, we're not racing against each other, you can't have one without the other, we're not simply going to just protect kids better who are in the CPS system.

CHAIRMAN SANDERS: Commissioner Petit?

COMMISSIONER PETIT: Yeah. Prior to my addressing some of the points that I made in the memo that I sent, which you will introduce that at the appropriate time, just in terms of this conversation, I'll just say a couple of things.

One is there is a -- I guess it's a constitutional right, I don't know where it says in the Constitution, but the point I think that I would make on this one is that the community and parents collectively share responsibility for children as well as establishing law in which community can trump when necessary. And when parents want to sell their children or want to kill their children, they don't own their children, and that's been established, I think, that nobody owns anybody. And so while parent rights are important and parental strengthening is important, collectively, the rest of us have an interest in children as well, which is why we

have all these laws in the books and all across the country why we have public education, why we have many public kinds of services.

The point that Commissioner Dreyfus keeps raising about the broader context, really it seems it should get us into a discussion of safety net issues, which is something we've avoided here, and I don't mind having avoid it because I think it would lead into all kinds of political and ideological conflict. Instead, what we've been trying to focus on is, how do we deal with the families and the children who are at greatest risk?

And if we want to talk about broader services, besides services for parents, we can look at things like issues like poverty, issues like teenage births, issues of prenatal care, issues of universal child care. These are things that are common in other countries, they're not common here, and some of us would believe that that contributes to why we have the problems of abuse and neglect here.

So as much as I think it's important for us to help parents be able to do their job better, the culture enabling it, the community obviously has a very strong role in protecting the well-being and promoting the well-being of these children and complementing the parental role where possible, not supplementing it -- I mean not supplanting it. So I think that's an important distinction.

I don't think it's appropriate for anyone to feel like the public sector or government is to be trashed on any of this stuff. I think, as you've said, they're both important, and I don't assign a greater importance to one than the other.

CHAIRMAN SANDERS: Commissioner Covington, did you have any comment?

COMMISSIONER COVINGTON: No comment.

CHAIRMAN SANDERS: Commissioner Rubin?

COMMISSIONER RUBIN: Oh, I'm just listening.

CHAIRMAN SANDERS: Okay. And anything else, Commissioner Dreyfus, that you want to?

COMMISSIONER DREYFUS: No. Thank you.

CHAIRMAN SANDERS: All right. So why don't -- it sounds like part of what we need to revisit is in Chapter 1, the section under the 21st Century Child Welfare System. And so I'm going to, as we go through the rest of this morning, be keeping that in mind and thinking about how we want to put that together, but it seems like -- because Chapters 2, 3, and 4 are really dependent on how effective we are in defining what the 21st Century Child Welfare System looks like.

COMMISSIONER COVINGTON: Can I say one more thing? Can I just ask? So we have some documents, the policy document that got given us today, and then Michael's comments that were written. What are we doing with all of those? How do those get taken and built into the report?

CHAIRMAN SANDERS: Michael's are going to be discussed right now.

COMMISSIONER COVINGTON: Okay.

CHAIRMAN SANDERS: Because they essentially would replace, as I read them, the five areas that are recommended in the document, and so --

COMMISSIONER COVINGTON: After all the work we did yesterday. (Laughing.)

CHAIRMAN SANDERS: Well, so that's what our conversation -- or are they additions, things like that.

COMMISSIONER COVINGTON: Okay.

CHAIRMAN SANDERS: And I also think that the policy document is very well done, I just saw it last night, but I have some suggestions after we hear from Michael's written document. But that's going to be the question right now, is there are -- I think you made six recommendations. We discussed the surge yesterday, but there are five others that Commissioner Petit has that we should --

COMMISSIONER COVINGTON: (Off microphone.)

CHAIRMAN SANDERS: No, we have -- he sent it out about a week ago.

COMMISSIONER COVINGTON: But they're not in the report.

CHAIRMAN SANDERS: No, they are not in the report, so they are responses to the report. Commissioner Petit?

COMMISSIONER PETIT: (Off microphone) copies.

CHAIRMAN SANDERS: I think everybody has a copy. Yeah.

Go ahead, Commissioner Petit.

COMMISSIONER PETIT: Yeah. First of all, I want to walk back a second on the issue of trashing government. I didn't mean to imply that anybody here was saying that, but it's a common phenomenon as a background to where our country is on these health and social issues.

So let me say that I, too, was up early reading the report, David, that was distributed to us last night, Cassie, and I thought it was overall excellent, and I thought there was just a lot of great stuff in there, and it was well written and so forth.

The five big ideas -- and I'm stating this out loud, David, about that report because in terms of the counterbalance that I want to introduce on this thing -- the five big ideas were related to governance, were related to coordinating counsel, were related to hospital reporting, were related to national research agenda, and were related to sharing data. There was no reference about money specifically. And there was no discussion about beefing up the states who do the hands-on work with the families.

So for the moment, forget about any new families coming into the system, forget about anybody being reported next year or the year after, but in the context of what we have right now, we have a daily report that comes in to us of four or five pieces, articles in journals across the country, press across the country, it's been going on for the 700 days that this

group has been convened, that talk about how under resourced these workers are in doing the job that they are required to, the so-called first responders.

So we end up with case workers, professional staff -- case workers, professional staff -- who frequently do not have the training to do the job, have caseloads that are too big, are not properly supervised, and certainly do not have a quiver of arrows for services that families need, whatever the type of service or help or support the family needs.

So what I'm recommending -- and what that leads to, this lack of supervision, this lack of services, this lack of training, and so forth, is heavy-duty triaging within child welfare agencies. That's how come we get a 40 percent screen-out rate right from the get-go where the cases are not investigated, is because they're doing triaging because they can't respond to every case, and one of the things this is resulting in, and I bring this to the attention especially of Commissioner Martin, who has concerns properly about overutilization of foster care, what we are seeing in some states where right now they are heavily under resourced, let's pick Arizona for one, but there are others in which they are so under resourced that the default position is a move to foster care and a skyrocketing for foster care placements in a number of jurisdictions, and that in large part is because the CPS work that needs to be done on the front end is not being done that would help ensure the safety of the child remaining at home.

When we asked HHS and others to provide us numbers on CPS, what the federal government was -- the number that I recall is 200 million. Somebody may have a different number, but it was certainly well below 500 million. If you compare that against the out of home care services, where we get into the tens of billions of dollars, it's true that we're doing very little at the front end. It doesn't mean that it's supposed to come at the expense of the back end, but what it means is we're not doing enough at the front end kind of work, which not only results in triaging, not only results in higher foster care rates, but we have a constant continuous turnover of workers across the country. All across the country we see workers leaving this position in part because they feel like they're not being treated like professionals. So we can call them professionals, but if they don't have the resources to do the job, the training to do the job, the supports to do the job, the benefits that accompany a high-stress job comparable to teachers or law enforcement they don't experience.

So one of the things among the five big ideas that I'm promoting -- and I think they're ideas that many of us also share, they're hardly new, but the way that it was presented I think in the paper that Cassie put forward made sense, five big ideas.

So one big idea for me was the surge issue. We talked about that yesterday. The second big idea is opening up federal spending, and we've had a number of us repeatedly come to that conclusion, that more resources are needed in this area. It's not the sole solution, much more needs to happen, but things like paying for the CFCs -- what are they? -- the CACs, they say they're spending \$20 million. It's nothing. They're hardly able to process all the cases that are brought to attention in terms of applying that multidisciplinary process to it. Putting more money on the table would enable that to happen. And I recall Commissioner Horn, who I hope is on the phone, speaking repeatedly about the need for a massive infusion of new money. And so for me --

UNIDENTIFIED FEMALE SPEAKER: For CAPTA.

COMMISSIONER PETIT: For CAPTA, yes, for CAPTA, for paying for the kinds of things that I've just been talking about. A billion dollars is not a large number. A billion dollars is a significant down payment in beefing up our current capacity, but it's not what is the true number, which we have not addressed, David, in terms of what the deficiencies are in the current system. And one of the things we did is we asked the states to provide some of that information, and they didn't. We asked all 50 states to complete a survey to help identify what those gaps were, and for a variety of reasons, they didn't, and so we are left ourselves to try and fathom what that might look like, and we actually haven't devoted time to what those gaps are.

So the first piece that I am putting on the table is this issue of dollars. There are three others that I don't need to spend as much time on, but I'm happy to just do right now, unless you want to stop and see if there are any comments or questions.

CHAIRMAN SANDERS: (Off microphone.)

COMMISSIONER PETIT: Okay. The other piece after funding for the states. The third item is confidentiality. So put aside there are two pieces to the confidentiality question. One is the one that Judge Martin has repeatedly raised, which all of us are familiar with, that Commissioner Covington has spoken to many times as well, and that is the easy flow and exchange of information about the families that we're working with, being able to identify shared information through law enforcement and child protection, mental health, and so forth, and we know that's a problem in some places. So let's -- I think the position that we would probably take as a group, and I know we take as a group, is that the child's right to being protected trumps the privacy rights of adults. So I frame it that strongly.

But, so putting that aside, I'm not going to speak to that. The piece that I want to speak to is the confidentiality around the deaths of children in the states and that information not being made available to the states. And I would argue that the public's absence of the knowledge of how this work is done, who's being affected, how it happens, how big the gap is, is the single biggest reason why the culture has this problem, because our elected officials are not being challenged and asked to respond and to map out how to deal with these issues.

And so until this issue becomes more political, and I don't mean in a partisan kind of way, but in a non-partisan way, until it's elevated to a higher place on the political agenda, the issue is not going to move and we're going to continue to see what we've seen during the 2 years we've been doing this, since the last 25 years this is reported, nothing is going to change unless this moves up higher on the political food chain. So the only way to do that is to view the role of the press as critical in informing the public. And if you haven't seen it, I would strongly recommend to see a micro glimpse of what I'm talking about in the new movie *Spotlight*, which is about the Catholic diocese in Boston and the child sexual abuse of children, and that's where it first really erupted nationally, and it's all about press access to information about what's going on.

And so I think on this one we need a very forceful statement that the default position on confidentiality is all the records are available to the public except when there is a need not to, and that's something that a court could determine in which a department would approach the bench on this issue or some other entity on it, or a prosecutor says, "I need for this information to not be on the table because of," but the default position that we start with is

it's public domain information because it's the only way we're ever going to understand how laws, money, policy, interact to --

(Phone speaker announcement.)

AV TECHNICIAN: Sorry about that.

COMMISSIONER PETIT: That's the confidentiality piece. Let me leave that.

The third piece is national standards, state compliance with those standards, and a stronger federal oversight role of the states. It should not be a matter of birth or geography as to how well protected a child is, whether they live in one jurisdiction --

UNIDENTIFIED FEMALE SPEAKER: Michael, where are you? On Page 7?

COMMISSIONER PETIT: No, it's Page 3 of the document that I -- I'm sorry. What is it?

CHAIRMAN SANDERS: There are different --

COMMISSIONER PETIT: You have a different number. Okay. Are you working from my document?

UNIDENTIFIED MALE SPEAKER: It's number 4.

UNIDENTIFIED FEMALE SPEAKER: Number 4?

UNIDENTIFIED FEMALE SPEAKER: Yeah.

COMMISSIONER PETIT: Yeah, set national standards, require state compliance.

UNIDENTIFIED FEMALE SPEAKER: All right.

COMMISSIONER PETIT: Do you have that?

UNIDENTIFIED FEMALE SPEAKER: It's Page 7.

UNIDENTIFIED FEMALE SPEAKER: Okay.

COMMISSIONER PETIT: So on this one, my wife and I are both social workers, and we both have 40- plus years in the business, and one of the things that she did for 20 years was write the standards for the Child Welfare League of America, and we look at each other and we say, you know what, we know more collectively as a culture about the protection of children and the prevention of injury to children, the safety of children, the strengthening of families, we know child welfare work better than we've ever known it, and yet it has not translated into widespread application of what we know in the field.

And so you have some states that are much better at this than other states, you have some jurisdictions within a state that are much better than other jurisdictions, but in many instances today, it's a luck of the draw as to whether you are going to be received as a family, as a child, by a more experienced worker who has the time to work with you, who doesn't have to take shortcuts, who has the resources available to them that can be made available to you, and there are standards, and I would assert that every state in this country is vulnerable to class action litigation for failure to meet the current federal standards for which has weak compliance and which has weak oversight.

And I think that one of the things that -- and the development of these standards is not something that we start from scratch on, there are already plenty of standards, it's a question of applying the science that's behind some of those standards, and in other cases, it's our best guess this is what works, but there need to be national standards, and the states need to be held in conformity with those standards if they want to receive federal money. And, in fact, the states - - the feds can trump that even. They don't even need to do federal money, they can just order it.

The other piece I would just note on this that relates to this is I would like to raise for discussion this notion that when a state is grossly out of compliance -- and some states are grossly out of compliance -- or when a county-run system is grossly out of compliance that is resulting in children being hurt because of their absence of an aggressive intervention on behalf of the child, that the federal government assume the same role as the Department of Justice does in civil rights issues across the country, that when they believe that the police are not acting properly, when they believe a prosecutor is not acting properly, the Department of Justice can go into a situation and take steps on its own to bring that state or local jurisdiction back into compliance with federal law in which all citizens are protected by the same law, it's not whether you were lucky enough to live in one state or another.

So whether it's the Department of Health and Human Services or in conjunction with the Department of Justice, if we see a situation in which a state refuses to take corrective action, is unwilling to allocate the resources necessary, or whatever, there is a third party that is able to intervene basically on behalf of the child. It's the child on whose behalf they would be intervening.

So I think that's actually a conservative position. It's going to strike some as being too aggressive, but how is it any different from any other group of citizens who fail to receive protection under laws that were built and adopted to protect them and yet they're failing to be executed or enforced?

So that's a recommendation, David.

AV TECHNICIAN: Commissioner Horn, you've indicated you would like to speak?

CHAIRMAN SANDERS: Go ahead, Commissioner Horn.

COMMISSIONER HORN: I don't think so.

(Laughter.)

COMMISSIONER PETIT: David, am I still? Yeah. The last one that I would refer to in terms of this Commission is assuring that our report gets the most wide distribution and presentation of our information and what we're proposing to do about it as possible.

And I know, David, there has been some work done with staff. I don't know if it's risen to the level of Commissioners dealing with it, but in terms of what is going to be the distribution of this report, we, of course, are obligated to start with the President and the White House and the Congress, but there are other things that we can do, including one of the things we talked yesterday about, for example, statewide conferences on this so that in a culture, in an environment, in a climate, that we're living in, in which there is a lot of stuff going back and forth on the airwaves, it's easy to leave children out of that mix, but I think that's what's

happening right now, and the only way it's going to be brought to the public's attention is if we make sure this information leaves the Beltway, is not confined to the Hill, is not confined to the Administration, but spills out into the field generally. I have no doubt that the public will support an aggressive agenda on behalf of children.

So those are my recommendations, David.

CHAIRMAN SANDERS: Thank you, Commissioner Petit.

Maybe just if I could start with a question for Commissioner Bevan because it seems that there are a couple of these that are consistent with what you had in the policy document, particularly the modification -- I believe there is a section on the modifications of CAPTA related to release of information and child fatalities and also there was one other.

COMMISSIONER DREYFUS: Governance.

CHAIRMAN SANDERS: Governance, that's right. Because partly what I would like to do, if those two are the case, we could -- because I would also like to talk about the five big ideas from the Policy document, maybe if can merge those in conversation if it seems reasonable. If not, then we can have a separate conversation of those.

COMMISSIONER PETIT: Yeah. David, I would just say with regards to the biggest, there are several there, but I would like to have them perceived as an up-or-down kind of position on them as opposed -- you know, when you walk away, you'll have an understanding as to whether we're divided, whether we're in concert with one another, on these.

COMMISSIONER DREYFUS: Can I ask Commissioner Petit a question?

CHAIRMAN SANDERS: Yes, Commissioner Dreyfus.

COMMISSIONER DREYFUS: Thank you.

Commissioner Petit, on the CAPTA piece, again just trying to figure how this stuff pulls together. Yesterday we talked about this notion of the surge, and I still am not liking that word, but to me in essence what it is, is through saying to the country we've got kids today that aren't safe. We've got to look at these kids and make sure they are safe and do what is necessary to help them to be safe, but in the process of doing that, we're going to learn one heck of a lot, and it's going to influence a redesign of child protective services. Right? I mean, that's the whole idea behind it, it's not just reaction, but learning and application of what we learn to what is really a redesign into this 21st century notion of CPS. Right?

COMMISSIONER PETIT: Right. Yes.

COMMISSIONER DREYFUS: It seems to me that there is a second element, and that is funding. We've got a grossly underfunded CAPTA system in this country. And, I mean, as a former state leader, it was almost like a joke, all that the feds would tell us to do under CAPTA for like, you know, some ridiculous amount of money. And so I think there is a legitimate funding issue.

And then the third piece to me that fits altogether with this, that's why I'm wondering if that first big idea around CAPTA, this all kind of fits together, is governance. I think it's absolutely

right that CAPTA should be moved under and be part of the committee of jurisdiction with IV-E, it just makes sense.

So I think there are three elements to this: there is redesign of CAPTA, the surge is an integral part of that; there is funding; and there is governance.

COMMISSIONER PETIT: Is that the question?

COMMISSIONER DREYFUS: That's the question. Is that what you're --

COMMISSIONER PETIT: Yes, yes. Look, so I want to frame this in a nonpartisan way. There are significant differences in the culture about the role of the federal government and state government on a wide range of issues; right? Like, for example, the environment and climate change. There are vast differences in what some people think the federal role should be or the state role should be.

I would argue that in this area of child protection, we now have enough knowledge and experience that it isn't simply a question of, well, this is a state issue versus it's a federal issue. It's both of the issues. The federal government is not going to employ people as they do with the Social Security Administration. You travel all over the country and there are Social Security officers everywhere you go that are staffed by federal employees. Nobody thinks that there should be federal employees involved in a protection delivery of services to children.

So I think, Susan, with respect to your point, from my part, we are talking about a national child welfare system and a national child protection piece in which there are things that we've learned that it just would be wrong to ignore them because we know that they are more likely to succeed.

So what I'm saying is that as we look at what the role of the federal government is on this, which we have a tiny contingency of people in Washington that are working on this in comparison to agriculture, in comparison to a wide range of issues, that there needs to be a beefed up governance capability at the national level that ties all this stuff together that makes sure information gets distributed, that makes sure that information gets collected, that makes sure that there is compliance with a national commitment to protect children.

So there is no question that this relates back to this political question. If the political process wanted to create a vehicle, it could. It could create the administration of that, the content of that, it could frame it, and then we would have significantly more people working to help with the states on the specifics of what we're talking about.

So I think that we have learned an immense amount of learning over the last 20, 30 years, we've got research all over the place that says do this, do this, do that. We have failed to put that in place universally across the board, a jurisdiction here, a jurisdiction there, but not in a comprehensive way, and that's the problem that if you don't do it that way, you leave individual children up to what's happening in an individual jurisdiction that may or may not be doing a good job at protecting the kid.

So major learning, constant, continuous feedback, you know, making modifications --

COMMISSIONER DREYFUS: But are you recommending that you're seeing that all as part of the big idea around CAPTA: redesign, funding, governance, and now you've just added a fourth, and that's accountability?

COMMISSIONER PETIT: Yes, yes, yes. Yeah, that's right. This is elevated to the level of a national political priority, a national governance priority, and we're going to pay attention to the 6 million children that are reported in to the Department, to state agencies, each year, a number which we know is significant in the states, and if somebody wanted to trumpet it, it could make the number much bigger.

So there is a large problem that is feeding this adult homelessness, this adult mental illness, this adult poverty that we see. So, yes, a strong national presence, which is completely dependent at some point on states' cooperation in doing the job. So, I mean, it's still a balance between the federal government and the state governments.

So move. That's a joke.

CHAIRMAN SANDERS: So we may end up thinking of this similarly and maybe not. For the proposal number two, new funding for states at a scale large enough to be effective in eliminating child fatalities, I believe our role is to identify the policy, and then to the extent the policy will require additional funding, to identify how much funding. I think to start with the funding separate from an identification of specific policy is not something that I would be supportive of.

Secondly, I'm not sure we heard a correlation between spending just generally and reduction in fatalities. I think we do believe that there are activities that aren't currently being carried out which will require more resources, and we should identify the funding necessary to accomplish that, but I think to identify a number in the absence of the policy changes, I don't see that, and I'm not sure that's what's being said here. So --

COMMISSIONER PETIT: Well, what I would say is that, first of all, it would not take us long to cumulatively show that there are significant deficiencies in funding right now, whether it's at the CPS level directly of workers and families and so forth, or it's on the purchase of services, David. So I think that we've heard a lot about it, there's a lot that's been written about it. So I don't think it's introducing a number; the number is in response. And one of the things that I've talked about is presenting the information from state to state in terms of caseloads in terms of what they have.

I think that the piece that you raised about correlation of high spending with fatalities I don't think is particularly germane to this because I don't believe that the monies were targeted for that purpose, they haven't been organized that way. It's a question of execution. It's also related back to policy. So to just say that the states are spending money, and some that spend a lot, don't have differences or lower child mortality rates, I don't think that A and B are connected here.

CHAIRMAN SANDERS: Then I'm not sure how we start with saying we want more money for the system as it is if we can't point to --

COMMISSIONER PETIT: We can point to it, and I think it's a question, for example, if we start off with workload, that we have this many cases being brought to the attention of

government, and we have this capacity. And so, for example, the Child Welfare League standard is you should carry 12 cases for investigations in open CPS cases. In some jurisdictions, it's 40, 50, 60, 70, 80 in some of those jurisdictions. And if we said everyone needs to meet national standards of worker ratios to caseloads -- yes?

COMMISSIONER MARTIN: He wants you to finish and then (off microphone).

COMMISSIONER PETIT: Where was I, David?

CHAIRMAN SANDERS: Workload.

COMMISSIONER PETIT: The workload question. Look, this is labor intensive, it's all about personnel interacting with kids. It's not about technology, it's not about high capital expenses, it's about a workforce of professionals, administrators, hands-on people, foster parents, it's all of that. It's an inadequately funded system and that has been stated time and time again over the last 2 years in state after state after state, that they're proposing, they've added additional resources. Some states have been unable to do it.

CHAIRMAN SANDERS: Commissioner Rubin? Let Commissioner Martin go first, she was recognized, and then Commissioner Rubin.

COMMISSIONER MARTIN: So, you know, one thing I want to know, Commissioner Petit, do you know any jurisdictions that come within the recommended guidelines for case worker and client ratios?

COMMISSIONER PETIT: Yeah, yeah. There are a number of them.

COMMISSIONER MARTIN: Okay. And do any of those that do come within the recommended guidelines, do they suffer child deaths?

COMMISSIONER PETIT: Sure.

COMMISSIONER MARTIN: Okay. So I don't know that we can say just supporting and putting the ratios in place would negate child deaths.

COMMISSIONER PETIT: Right, and I would be the last person to say that. It will reduce them. It can prevent them. But if you went to a Chief --

COMMISSIONER MARTIN: But that's my point, though.

COMMISSIONER PETIT: If you go to the Chief of Police in Chicago or if you go to the Chief of Police in Washington, and you say, "We will give you any amount of money that you want, all you have to do is guarantee there will not be one murder in the District of Columbia or Chicago this year," they would never be able to do that even if you said, "You've got a billion dollars," they wouldn't be able to do that; right?

COMMISSIONER MARTIN: I live in Chicago, so I know that for a fact.

(Laughter.)

COMMISSIONER PETIT: And the whole country knows it for a fact; right? And so we know that it's not just a question of spending on this thing, but you have to have a fundamental

floor. You can't have workers who should be doing 12 cases doing 20 cases or 30 cases because they're going to compromise those cases.

So one of the things that we haven't done, Judge, is actually look at that particular question. And so we either chose to not devote the resources to look at it or we forgot it or whatever it is, but we have not answered that question.

COMMISSIONER MARTIN: And I guess that's why -- I'm not trying to be difficult, I'm just trying to understand the logic that you're using. If in fact we say that one of the things we need to do is make certain that our jurisdictions come within the recommended ratio of clients and social workers and that's going to reduce deaths, and then someone points to me to a jurisdiction that is within those ratios and they are experiencing deaths, then I'm losing the argument.

COMMISSIONER PETIT: Well, there may be other reasons that are contributing to what it is you're talking about, but if you're a worker and you have 24 cases instead of 12, you're still going to do a 40-hour workweek. What it means is that the people that you're supposed to be seeing every week for a half an hour you're going to see every other week for half an hour or you're going to see them for only 15 minutes on this thing. Instead of making calls to five collaterals, you're going to make calls to only two. Instead of going in to examine the household circumstances or instead of being able to say, "You know what, I'll have home community work to do, I'll have a public nurse come in, and we're going to help you get this thing straightened out," you wouldn't be able to offer it.

So the CPS piece -- and if you're a supervisor and you're supposed to have only six people you're supervising who have 20 cases each, and instead you have 10 workers with 25 cases each, you've got 250 cases that you're responsible for instead of 120. So they're constantly triaging and going to bed at night saying, "I hope that this was the right one that I visited today and it wasn't the other one."

And, of course, what happens when they triage is the press always says, "And they knew about it. It was brought to their attention." Yes, it was brought to their attention and then it was screened out as not being as important or as obvious as something else.

COMMISSIONER MARTIN: Don't misunderstand me, I do think that our CPS systems nationwide need to be supported with the adequate resources. I don't argue that point.

COMMISSIONER PETIT: Okay.

COMMISSIONER MARTIN: The point I'm concerned about is isolate -- when we talk about monies that we're asking the feds to do --

COMMISSIONER PETIT: Right.

COMMISSIONER MARTIN: -- what I don't want to do is be in a position asking for monies to support a particular area when we can't show that that area is devoid of deaths or it has reduced deaths. And so that's all I'm trying to do.

COMMISSIONER PETIT: Yeah, no, I know.

COMMISSIONER MARTIN: I just wanted to - -

CHAIRMAN SANDERS: Commissioner Rubin had a comment.

COMMISSIONER DREYFUS: Oh, I'm sorry.

CHAIRMAN SANDERS: Commissioner Rubin?

COMMISSIONER RUBIN: Oh, I'm just listening. I have no specific comments.

CHAIRMAN SANDERS: Commissioner Dreyfus?

COMMISSIONER DREYFUS: So I want to go back to what Chairman Sanders said, and again I appreciate that caseloads are a piece of this, but they are but a piece of this, and I just remind us all that CAPTA is a lot about a lot more than just workload standards and ratios.

COMMISSIONER PETIT: Right.

COMMISSIONER DREYFUS: And I think what Chairman Sanders said is right. I don't think any of us would support just picking a number out of the air and saying, "Here, here's a great big number, throw it at the problem."

COMMISSIONER PETIT: Right.

COMMISSIONER DREYFUS: I think what we've got an obligation to do -- and that's why I like the CAPTA frame on how we frame the idea of the surge, what's necessary in the 21st Century Child Welfare System in terms of CAPTA, that now when we're looking at recommendations, when we know it's going to have a price tag -- right? -- our job is to estimate what that price tag is, but based on an actual recommendation, not just a number.

COMMISSIONER PETIT: Right.

COMMISSIONER DREYFUS: So I don't think any of us were just talking about throwing out a number, a billion dollar number, or whatever, but being very specific, here are our recommendations, but to Judge Martin, absolutely. Just change caseload ratios? That's not going to be enough.

COMMISSIONER PETIT: No, I agree completely, but what I'm saying right now is there is not enough money in the system to allow us to do what it is we want to do. For example, the creation of CACs, there ought to be a CAC in every single jurisdiction in the country, but it's going to cost money to be able to do it. And right now, we've been here for the last 2 years, if we have read those state reports that have come out repeatedly, resources is always a significant aspect of what they're recommending. I haven't seen a single state report that was done by Republican governors, Republican legislators, Democratic governors, Democratic legislators, who haven't said the system is significantly underfunded.

And I think the field -- my strong belief is the field is certainly hoping that we're going to propose increased financial support to maintain and improve a system, and when I say the system, I'm not talking about just CPS per se, but the other stuff as well, but starting with CPS because that's where the life/death stuff is being done right now and that people are not able to be responsive to what is presented to them.

So it's not a question -- it's easy to say we'll just pick a number and put it on the table. I'm not talking about that. I don't think it would be difficult to construct how you get to a billion.

And, David, one of the things we ought to have is either CBO or OMB or somebody else help us to do the costing work on this thing. It is complicated. The states need to be a party to it. They're not challenged on this sort of stuff. But I don't know how soon before you have to put this report to bed and off it goes, but we could get something after we have decided on which of these measures we're in support of as a group to have OMB or CBO or somebody run the numbers on what this would cost, and whatever those numbers are, then we can decide whether -- you know, they can decide whether they want to support those, and we say, "Here's what we think should happen," somebody else costs it out, and the political process says too much, too little, or just about right.

AV TECHNICIAN: Commissioner Horn has indicated he would like to speak.

CHAIRMAN SANDERS: Commissioner Horn.

(No audible response.)

CHAIRMAN SANDERS: Commissioner Horn, are you there?

(No audible response.)

COMMISSIONER PETIT: Is he there?

AV TECHNICIAN: He appears to be there, yes.

CHAIRMAN SANDERS: Commissioner Horn? Commissioner Horn, we aren't hearing you if you're speaking.

(No audible response.)

CHAIRMAN SANDERS: Let me ask a question as we're waiting for Commissioner Horn because I want to make clear what we might end up voting on, on this. There is -- the way it's stated, we would start with an amount and request funding for the service. Is that what's being proposed versus we are identifying specific policy that we know needs to be changed in order to reduce fatalities, and we will identify the amount based on those policy recommendations?

COMMISSIONER PETIT: David, start with the second paragraph, not the first paragraph. On Item 2, New Funding for the States, whatever that page number is --

COMMISSIONER MARTIN: Page 3.

COMMISSIONER PETIT: -- but skip the opening sentence, which is not best and final offer, I just was tossing it out there, New Funding. The issue that I would start with is during its tenure, we have witnessed numerous accounts of CPS agents, witnessed, learned about, et cetera, countless news stories, et cetera, all of this could be given numbers, David. I mean, it would not be hard to assign numbers to this stuff in terms of -- but that paragraph and what falls -- all new funds should be contingent on federal standards, direct purchase -- I mean, if you take a look at these things, it covers some of the things, but we can refine this. I mean, we've covered a bunch of those points.

But, no, I don't want to start with we need money, we start with here's what we've seen, this many kids dying, this kind of capacity to respond to it, is what we need to be able to show.

CHAIRMAN SANDERS: Commissioner Martin?

COMMISSIONER MARTIN: So I'm trying to kind of put this together, and I agree with Commissioner Petit, that we have heard all across this nation that our CPS systems are sorely lacking in resources, some of them in certain areas, and others in other areas, and I don't think any one of us is denying that, and I do think that that's kind of why we have made this global or we're trying to put this global recommendation together about a 21st century that has a strong CPS system. That is going to require money.

COMMISSIONER PETIT: Right.

COMMISSIONER MARTIN: There is no doubt about that. And so I guess what I'm trying to find out from you with respect to the second recommendation you have, are you talking about monies in addition to what has been globally recommended for strengthening CPS within the system, we're talking about this multidisciplinary, you know, safety system for kids?

COMMISSIONER PETIT: Yes, because we haven't actually recommended any funding. We've been identifying the fact that the system is underresourced, and Congress at some point is going to receive this report, and one of the first things they're going to look for is, "What is this going to cost? What are they actually proposing?" and we need to be able to show that, "Look, we want to do A, B, C, and D. If you want this problem to go away or you want it to be significantly improved, you need to make this kind of an expenditure."

COMMISSIONER MARTIN: So let me make certain you and I are talking about the same thing. So we are, as a Commission, recommending a 21st century that has a real strong CPS system. We know that to get a real strong CPS system, we need additional funds, resources --

COMMISSIONER PETIT: Right.

COMMISSIONER MARTIN: -- for that system. We have not had that itemized out, so we don't know if that's one dollar or one zillion dollars; right? We have no idea because we --

COMMISSIONER PETIT: We have an idea.

COMMISSIONER MARTIN: Okay. You have an idea. I don't have an idea.

(Laughter.)

COMMISSIONER MARTIN: And I don't think the Commission has recommended a number yet.

COMMISSIONER PETIT: No, it hasn't because we haven't gone through the analysis necessary to show it.

COMMISSIONER MARTIN: Well, let me get at my question; okay? And so you have an idea, but the Commission, as a body, has not recommended a number --

COMMISSIONER PETIT: I know.

COMMISSIONER MARTIN: -- that will make the CPS system strong like we're recommending.

COMMISSIONER PETIT: Right.

COMMISSIONER MARTIN: If we put a number on that, so let's put five dollars on it for sake of argument, are you recommending additional funds over that five dollars or are you

recommending -- or is this your way of making us get to a number for our overall recommendation? Do you understand my question?

COMMISSIONER PETIT: Yeah.

COMMISSIONER MARTIN: Okay.

COMMISSIONER PETIT: I think it's more the latter on this thing. I think that there are two distinct portions for getting a broad question of safety net issues, the two principal issues right now I think financially in the system are, is CPS and the 3,000 jurisdictions or so that it operates adequate to the task in terms of training, numbers, and so forth?

COMMISSIONER MARTIN: We all agree that it's not.

COMMISSIONER PETIT: Okay, so, no, but that's one thing that it addresses. And the second thing it addresses is the purchase of services by the Department in working with them, whether it's through the mental health system, whether it's through the health system, or whatever, and the resources necessary to do locally the kind of coordination that we've seen CACs do in a lot of jurisdictions and what we've just gotten a policy recommendation from Cassie and others to do at a federal level.

So that has to be paid for at some point. It's not a huge amount in terms of supporting it locally. It's not a gigantic amount, the gigantic amount is in staff and services, but that's the other part that this would fund.

AMY TEMPLEMAN: We have Commissioners on the phone who have been waiting to talk. Can we break in for them?

AV TECHNICIAN: Commissioner Horn, if you could go ahead.

COMMISSIONER HORN: So hopefully you can hear me now.

AV TECHNICIAN: Yes, we do.

COMMISSIONER HORN: I've been trying to join the conversation for the last hour and 15 minutes. So I apologize if some of my thoughts are a bit retrograde to where the conversation is at the moment, but while I've got the floor, I thought maybe I would actually share some of my thoughts.

First on this issue of funding, if there is somebody on the Commission who believes that CAPTA does not need any more funding in order to fulfill its mission in terms of protecting children, please raise your hand now. I'm assuming there isn't a single hand raised.

So to say that we don't have consensus that -- and maybe there is and if somebody raised their hand, please let me know -- but to say that we don't have consensus that the CPS system is underresourced significantly enough that it's not able to fulfill its critical mission of saving children I think is to ignore both the testimony we have heard, our own personal experience with the child welfare system, and the newspaper articles that are sent to us every single day.

Now, there are two ways that we can approach that fact, again assuming that there is consensus, that there isn't a Commissioner who believes that the CPS system is adequately resourced.

One is to say let's do a study to determine precisely how much more money is needed under CAPTA so that CAPTA can do its critical mission, which is to protect children. That is one thing we could do.

Another thing we could do is we could say what we need is a significant down payment, whatever the ultimate number is, in order for CPS to fulfill its responsibilities, whatever that number is, we, as a Commission, believe that, yes, there should be those who go and study that and come up with whatever the number is, unless we want to do that work, but the alternative is to say someone should do that, but there is a significant down payment that we believe has to happen in order to move towards a CPS system which has the sufficient resources to fulfill its critical mission of protecting children.

Now, is that the only answer? I've heard people say, well, you know, it's not just about funding. Of course, if anybody on this Commission believes that the only thing we need to do is to increase funding under CAPTA and everything will be well with the world and all kids will be safe and no one will ever again be the victim of fatality of abuse and neglect, raise your hands. If you're seeing no hands, and assuming that nobody believes that, then it seems to me that we have consensus on this issue.

And I think it is reasonable for us, as a Commission, to recommend a significant down payment on increasing those kinds of resources, but that's not the only thing that we have to do, and so let's take that off the table as well because I think we have consensus on that.

I also believe we heard significant testimony that there needs to be more flexibility within the title IV funding stream to allow for more than just supporting the cost of kids in foster care and the administrative costs surrounding the administration of a foster care system. And I would be in favor of also making a recommendation that says that title IV-E, there should be more flexibility in how states are able to spend the money under title IV-E.

So I absolutely agree with every single thing that people have said where they say that we do not -- it is not just about funding, that is correct, but if we ignore the issue of funding, if we do not suggest that there is a significant down payment that we, as a Commission, recommend in order to move the CPS system to a place where it can fulfill its critical mission, then it's hard for me to see myself supporting this report.

Now, I want to talk to something David said because there was a brief exchange about constitutional rights when it comes to parents. The U.S. Supreme Court has consistently, consistently maintained that parents do have what's called a fundamental right to rear their children as they see fit.

There are three levels of rights, and Judge Martin is much more expert than I about this. There is what's called an ordinary right, a fundamental right, and an absolute right. An ordinary right is something that can be abrogated by government simply by majority vote. A fundamental right is one that says that government can abrogate it, but it can't do it willy-nilly and it can't do it simply because 51 percent of the American people want it that way, that there has to be a compelling reason. There used to be something called a strict standard

test which some recent court decisions have brought into question, but it is not an absolute right.

So, David, Michael, to your point, government always has a right to intervene in cases where a child is in danger, but that is not to say there is not a fundamental right on the part of parents to rear their children.

So on those two issues I just wanted to be heard, and I thank the rest of the Commission for your forbearance on my little speech.

CHAIRMAN SANDERS: Others on the line? Was anybody else requesting?

COMMISSIONER RUBIN: Hello, this is Dave. Can you guys hear me?

CHAIRMAN SANDERS: Yeah, we can hear you, Dr. Rubin. Go ahead.

COMMISSIONER RUBIN: Yeah. First of all, I totally agree with you, Commissioner Horn. I think you made a lot of great points, and I actually think that I'm glad you brought up the issue of IV-E flexibility as well because that was heard in every state. I do not attend a meeting where human services leadership heads did not request that level of flexibility, so I'm glad you brought that up.

I think in terms of how we pivot the funding, my only suggestion was that there was specific recommendation that we are making here in terms of interdisciplinary response, mandatory response within certain age groups, and I do believe we had a fair amount of testimony about appropriate caseloads and what the workforce needs truly were the CPS to fulfill its mission, and my only suggestion is rather than sort of saying we need a surge, it's just to pivot it to those actual recommendations because I think that provides some concreteness to why we're requesting the surge, and so I think that would be helpful.

I think my second issue that I would want to see that's sort of back and forth, you know, I heard from Jennifer Devlin this morning about a request from Reuters to respond to the article that Commissioner Covington was also quoted in around the relationship in terms of these -- mostly child neglect cases, some physical abuse cases, with respect to opioid addiction, and for those of you who haven't read that really well-written article, I suggest you do so because there is concrete data there into what we're sort of talking about.

When you look at what -- you know, for these moms who are delivering infants in hospitals, CPS often does not have an opportunity, and we can debate as to why these moms are not being universally reported, but we actually receive testimony in Florida about how they're teaching moms in substance abuse treatment programs to self-regulate and use the box in terms of protecting children from sleeping deaths. There are stories in that -- there are individual case histories in that article that's out this week that actually talk about failure handoffs of those families, whether it's on giving services or whether it's substance abuse treatment services or it's a pediatrician or whoever, those are all there.

And so to me what that article does is illustrates why this is a two-sided response with what we do to make child protective services more -- better able to fulfill its mission under CAPTA, but also how we hold other systems accountable. I saw some of that language in Commissioner Bevan's report around the plans of safe care. We haven't talked much about

plans of safe care except to say that this goes beyond just the nursery, and so that accountability has to be there as well.

And so I'm just reminding us that I think that we can achieve both things well and I think that this week's article from Reuters really illustrates what we're talking about.

CHAIRMAN SANDERS: If I could go back for a second to Commissioner Horn's comment because -- and I would like to respond, and I know Commissioner Dreyfus has a comment. So -

I'm sorry, I didn't see your hand over there. Commissioner Covington, I will call on you after this.

COMMISSIONER COVINGTON: Okay. (Laughing.)

CHAIRMAN SANDERS: So I think, Commissioner Horn, that my reaction as to what's written here, which seems separate from a policy statement about what needs to be improved -- and I could be misreading it -- if, for example, we're saying -- and these numbers are off the top of my head, so it may be inaccurate, but there are about 3-1/2 million investigations a year of about 6-1/2 million children, and if we look at less than \$500 million that the federal government contributes to those investigations, that's something like, if it's at 200 million, it's about 3 cents per child, I think we would all agree that that's insufficient to actually investigate and that we could call for a stronger state-federal partnership on this and that more resources are needed to conduct the basic responsibility of investigations and that we identify a down payment or some resource. I think that to me begins to make sense. I think to identify a dollar amount saying the systems are inadequate and we don't target where some of those dollars should go, I think that's where I have the reaction, and I think it may be in the way it's written. I don't know if that's what you're intending, Commissioner Petit.

COMMISSIONER PETIT: No, that's right, David. I think that in the end they do go back to specific policies and actions, so that we would say that instead of having -- just dealing with CPS for the moment, instead of -- the states should meet national standards. And what's the national standard? Here's what it is. They should have resources for whatever -- what's that? No.

So, yes, I tie it back to policy, but I think as Commissioner Horn has stated, it's not going to be difficult to reach a billion dollars with the policy changes that we're talking about, but it is a big enough number so that it is a significant down payment that alerts people to the fact that we're about to treat this more seriously than we have been.

So I don't think it would take a lot to link it back to some of the specific policies that we said in which the resource would pay for A, B, C, D, and E, and we could just enumerate what those are going to be, but I do think we need to leave some flexibility in there for how the feds would finally put this package together.

There is this question of surge that we talked about yesterday and, Commissioner Dreyfus, did you want to comment on that?

COMMISSIONER DREYFUS: Yeah, if I could.

COMMISSIONER PETIT: Yeah, yeah, rather than me saying it, I would rather --

CHAIRMAN SANDERS: I have a couple people who are ahead of Commissioner Dreyfus.

COMMISSIONER DREYFUS: That's fine.

CHAIRMAN SANDERS: Commissioner Covington?

COMMISSIONER COVINGTON: Well, to say something about surge, I thought we spent about 2, 3 hours yesterday on Recommendation 1.1, in which we addressed the surge. I thought we put that one to bed. So are we bringing that all up again to start talking about it again?

COMMISSIONER PETIT: No, the part -- no. If I can -- well, I think that you should just interject this, or else I'll do it.

CHAIRMAN SANDERS: No, let's have Commissioner Covington make the comment that you were going to make.

COMMISSIONER COVINGTON: And then the other thing is I'm kind of confused about process right now. I feel like we came in today with a report that we were supposed to go through with a whole set of recommendations, and we're getting recommendations kind of coming in at us from many directions.

CHAIRMAN SANDERS: So these recommendations are essentially either adding to what's in the report or replacing.

COMMISSIONER COVINGTON: Okay.

CHAIRMAN SANDERS: I'm not sure of that, but Commissioner Petit presented five recommendations which he would identify as either adding to those five that we talked about yesterday or replacing them.

COMMISSIONER COVINGTON: Okay. Is there somebody that can -- because I agree with Commissioner Horn completely on his ideas about funding stuff. Is there a way for somebody to create a written recommendation that we can respond to so that we have it in front of us? I just feel like we're going to -- this is -- we're going to be here for another year at the rate we're going.

CHAIRMAN SANDERS: Commissioner Horn, would you attempt to put something in written unless you want an up-or-down vote on what you have here in writing, Commissioner Petit, which we could do?

COMMISSIONER HORN: And I don't have it in front of me unfortunately what Commissioner Petit has put together. But let me just add just one additional thing that actually ties this funding recommendation back to some statistic that we repeatedly use in the report, and that's that 40 percent of the cases are not ever investigated.

Now, there's a couple of ways or a few ways that you can do that statistic. One is that that 40 percent that is never investigated is appropriate, that somehow CPS has the ability to determine that cases that don't need to be investigated are not and that all of those cases are appropriately screened out from any investigation or anybody seeing the child and that no child is ever left at risk for being a fatality because they were not investigated. I think that the weight of at least anecdotal evidence suggests that that's not true.

The second is to say that while CPS could have seen all of them, but they're just lazy, I don't think there is any evidence to suggest that CPS is lazy. I absolutely agree with Commissioner Dreyfus, they are professionals, they are doing the best job they can.

So to me, it leaves only one possible explanation for that, which is that they would love to see more of these kids, they just don't have the resources to be able to do it.

And so it seems to me, you know, hopefully I'm not grabbing a lack of consensus, that we have consensus here on this funding issue, but it does seem to me that we ought to have a recommendation that talks about a very significant down payment, that we have seen sufficient evidence of a lack of resources in CPS that makes it impossible, I'm not even going to say difficult, I think it should be said impossible for them to fulfill their central charge, which is to protect children, and that unless we have an increased funding for that system, and it's not just about funding, absolutely not, there needs to be lots of other things that goes on, but unless there is a significant increase in funding and that we recommend X, because I think if you just say, hey, you know, give them more money, nothing is going to happen, but if you give them a dollar number and say this is not everything, it's not the entire amount they need, it's not everything that needs to happen, but this is a number, this is a number that says we're serious about it, and this is something that is a down payment, that's the kind of specificity, it's the kind of recommendation that has a predicate, that has evidence to support the predicate, that comes to a conclusion, and has a specific enough recommendation, a number, that someone then can react to or say, "No, we don't really care about that."

COMMISSIONER PETIT: David, those are my sentiments.

CHAIRMAN SANDERS: I'm going to mention some language, Commissioner Covington, and see if we can put something together.

Commissioner Petit?

COMMISSIONER PETIT: The sentiments that Commissioner Horn has just stated are my own, and I would be happy to work on refining the statement with him or anybody else. It was meant to prompt a discussion. I think it's done that, and now it needs to be reduced to a specific proposition.

CHAIRMAN SANDERS: Any other comments on this?

Commissioner Dreyfus.

COMMISSIONER DREYFUS: So I want to go back to the earlier conversation from the Policy Committee report because I think there is something here, and I completely support everything that Commissioner Horn has said about CPS being underresourced, and I really appreciate him bringing in the IV-E flexibility issue. I think for us to be silent on that would not be appropriate, but I do think where this gets to me is that first big idea around CAPTA and that there is a number of things that could become a part of that. Right? We know that by virtue of the surge idea that it isn't just about making sure that kids who are unsafe today get seen and hopefully are safe, but that there is a lot we're going to learn about through that experience that is going to help further improve child protection around the country.

We also have talked about issues of accountability and that there are more players accountable to this around mandatory reporters, i.e., what we just got done talking about in terms of the Reuters report.

We've talked about governance, whether or not CAPTA -- what committee of jurisdiction CAPTA belongs in. We've talked about that there are a number of pieces in CAPTA, it isn't just about the resources needed for workload standards in child protection that moves this. And I'm just wondering if the Commission would be willing to take that first big idea in the Policy report but expand it around CAPTA in general that's about funding, that's about the surge that is becoming this learning laboratory, that is about accountability, and about governance.

And I just would like to hear some comments on that because, Chairman Sanders, otherwise this report just has this and this and this, and the thing I like about that big idea is that CAPTA, this country has not been investing in its child protection function, and yet there is more to it than just the workload issue.

CHAIRMAN SANDERS: Commissioner Covington?

COMMISSIONER COVINGTON: Well, going back to this process issue for me, I feel that we were given a report that we were going to deliberate on that we've barely gotten through that has a whole lot of recommendations, and then -- and I'm not saying this in a critical way because today we got a policy paper that has a whole lot more recommendations, some of which are consistent with what's already in the first -- the draft we have, some of which are brand-new, and then Commissioner Petit presented us with some more recommendations today, and now we're having this conversation about CAPTA.

We have less than an hour to finish deliberations today. There's a part of me that says what we need to do is staff or someone -- sorry, guys -- needs to go and consolidate all of these new recommendations into this report in some way that seems to make sense so that we can start with a whole set of recommendations.

I don't see how we're ever going to move forward if we don't somehow or another put all of this together because right now it just feels like we're all -- we're here and here and here and here.

CHAIRMAN SANDERS: There are actually several pieces, and let me just walk through them because I think they require something different.

So the start of Chapter 1 -- or Chapter 1 really includes the kind of five ideas that really reflect the urgency of this issue. And I think the Policy report calls them five big ideas. Commissioner Petit presents five or six ideas. So that's what we've been spending the time on, on those five ideas, because we have to have consensus on that, and those we have to believe in strongly. This is what we're saying first and foremost to Congress.

We also have the 21st century child protection model, which is -- and I hate to call it longer term because there are steps we should be taking, but there is that. So we need to be clear about what that looks like because that really should define what all the other recommendations are, that they really should be building toward that 21st Century model.

So I think that the Policy paper and the proposed additions from Commissioner Petit, that we need to have a process for those, the five big ideas particularly, Commissioner Petit's ideas,

and the five that are in the document, and come up with five or six things that we have as priorities that we are going to be emphasizing.

I think some time needs to be spent relooking at the 21st Century Child protection model, which I think I heard earlier a lot of the conversation about this is much stronger related to prevention and public health. So I think that will be a piece.

And then the remainder of the report will be easier to write once those things are completed. We don't have to go through every recommendation because we need to relook at the 21st Century model and we need to have clarity on these five or six big ideas.

COMMISSIONER COVINGTON: But I guess my confusion is some of those five big ideas show up in Chapters 3 and 4 around, you know, who -- accountability and where CAPTA is placed. A lot of these ideas are woven all the way through these different -- everything is kind of in a mess for me right now, and I'm having a really -- I don't when we talk about five big ideas what the heck five big ideas are because I think some of the things we talked about yesterday to me aren't the big huge global big ideas, they might be more -- you know, they're smaller pieces for me.

So I'm not even sure when we're talking about immediate action now, is funding -- restructuring where and how CAPTA is funded, is that a big idea? I mean, so it's all over the place for me right now.

CHAIRMAN SANDERS: Actually, what I was going to suggest is that in the five ideas, because they are laid out as the things, what we replace the surge with is one of those ideas, 1.1 to 1.4. What wasn't included was the how-to section. So part of the how-to is through CAPTA. Part of the how-to is the recommendation that the Children's Bureau is elevated to a cabinet level. I mean, there are things that we haven't talked about that aren't the ideas of what to do for children tomorrow, but they are ideas about how you get to that, I mean, what you need structurally to support it, and that's something we haven't had conversation about. Dr. Rubin laid some of those out, though, as ideas, and Commissioner Horn and others have proposed those ideas. So they are slightly different.

I think what we need first and foremost, though, is consensus on what those five things, six things, one thing, that we're kind of -- are what is leading this conversation, and I think the idea has been about the urgency to do something immediately because we know children are dying, and that urgency has to be expressed.

Commissioner Martin.

COMMISSIONER MARTIN: So I have a fundamental question, and I keep trying to make certain that we, as a body, check to make certain we're within the guideposts of our enacting legislation. I don't disagree about the need to look at money and funding, but I want to make certain that we can justify it in our report.

So our enacting legislation did not tell us to give recommendations about funding. If we look at some of the recommendations we received across the nation, most of them are global, like restructure and give me more flexibility with IV-E and reform finance, do finance reform. Those are the terms I heard. There was nothing specific, more specific, than that.

And I'm not saying I disagree, I just want to find out how we're justifying it. Because I think part of our report has to make certain that we build the case for, everything we recommend we have to build the case for, and I just want someone to give me -- and it doesn't have to be an elaborate oratorical report, but I just want someone to walk through how we get to the point where we're able to start sitting down and giving the numbers that David recommended or similar numbers in this report.

CHAIRMAN SANDERS: Say the last part again?

COMMISSIONER MARTIN: I guess what I'm trying to find out, I keep going back to our legislation and seeing what we were asked to do. I don't see anything about funding in there. I know that we had heard about funding across the nation in two specific areas: one was, "Give me more flexibility in IV-E," and the other was finance reform. Those were kind of global issues that came across during the testimony, the written and oral testimony. And what I'm trying to do is make certain, at least in my mind, I can justify everything that we're attempting to put in this report. And so I just want someone to walk through the logic of where we're getting to the numbers that you proposed earlier. Does that make sense?

CHAIRMAN SANDERS: Let me give a specific example because I think this -- this may be much narrower than what we've just talked about, about trying to get at potential language for this issue of funding, and which I think begins to answer what you're asking.

So this is an attempt to pull all of this together, and again it might be too narrow, but as an example, we see a lack of resources, federal resources, devoted to child protection to investigate children at risk for later fatality. We believe the federal government has an obligation to assure all children at risk of child abuse and neglect fatality are investigated. CAPTA provides X dollars per investigation. We believe that there should be an enhanced contribution from the federal government to support a greater capacity to investigate current children as well as all children who are called into child protection hotlines. Something along those lines. And then we can specify a dollar amount out of that. Which could be a down payment, which could be - - but that's the kind of thing that I was thinking of. Commissioner Petit, how does that --

COMMISSIONER PETIT: Yes, I do think that it's part of our charge. The Commission mandate is to recommend a nation strategy and a national strategy includes laws, policy changes, spending to support the laws and policy changes. So I think that money is in the end what pays for us wanting to do these different things and that means an appropriation. The other thing that I've noted in here that we need to pair the money with is this business of standards. So this adoption of standards in many different ways needs to be incorporated into the federal disbursement of money to the states. Not the initial go around. I think there's an immediate case can be made right now to put money into a surge, to put money into beefing up CPS right now. And then there's a longer way that that unfolds.

COMMISSIONER MARTIN: What surge? We don't have a surge anymore.

COMMISSIONER PETIT: We don't?

COMMISSIONER MARTIN: We don't have a surge anymore.

COMMISSIONER PETIT: We did yesterday.

COMMISSIONER MARTIN: No one agreed to - - I did not agree to a surge yesterday.

COMMISSIONER PETIT: Oh, no one agreed to it? Oh.

COMMISSIONER MARTIN: I did not agree to a surge yesterday.

COMMISSIONER RUBIN: It's 1.1.

COMMISSIONER MARTIN: Because I specifically asked you are you talking about something that goes to paramours. You told no verbally and the document you gave me today on page three starts with the idea of this multidisciplinary team is to go in to find the violent paramours that have been released from prison and are back in the home. So we don't have a surge as far as I know.

COMMISSIONER PETIT: Well --

COMMISSIONER MARTIN: But everybody keeps talking about a surge. And if it's a surge that's not what I agreed to. But so --

COMMISSIONER PETIT: Comment made about paramours that you asked me about what?

CHAIRMAN SANDERS: Let's stay focused. So going back to what I wrote, Commissioner Petit, does that meet the intent of what you were thinking of?

COMMISSIONER PETIT: What you just read?

CHAIRMAN SANDERS: Yeah.

COMMISSIONER PETIT: Yes. I'd like to see it again, but it sounded like it, yes.

CHAIRMAN SANDERS: Commissioner Horn, did you hear what I read and is that consistent with what you were thinking?

COMMISSIONER PETIT: Can you read it again?

CHAIRMAN SANDERS: I will.

COMMISSIONER HORN: Yes. I mean there's alternative ways to frame it but yeah, the idea that we make an argument that suggests based on the evidence that is under the resource systems (and I think that's a reasonable way of approaching it. I like the idea of calling it a down payment, as opposed to we have done the analysis is exactly what CPS needs. Because I don't think that we either have the time to be able to precisely determine what that amount is. And I do agree with Commissioner Petite, I think that looking at the current funding streams and resource issues is part of our charge. I understand that others may disagree with that. But again, I don't have anything in writing in front of me so I don't want to wordsmith. Mr. Chairman, what you said about in principal I'm agreeing with it.

CHAIRMAN SANDERS: So let me read it again. "We've seen a lack of federal resources devoted to child protection and to investigate children who are at risk for later child abuse and neglect fatality. We believe the federal government has an obligation to assure all children at risk of child abuse and neglect fatality are investigated. CAPTA provides X number per investigation. We believe that the federal government should increase its partnership

with states and the funding of investigations and therefore would recommend this amount as the down payment," something along those lines.

COMMISSIONER PETIT: Yeah. And this amount and that payment, so just to be clear on where this is going to end up with in terms of how we're all going to fall on this piece. And beginning with a down payment of a billion dollars. I mean I think we need to actually say a number on this thing and it has to be a large number. And a billion sounds large to us, but it's not large in the context of what the federal government spends money on. So I think we need to say that because it's specific and concrete and will give people something to react to. And then we can negotiate from there in terms of what needs to be happy.

CHAIRMAN SANDERS: I actually think that starting point is looking at how many children are investigated, what the cost of those investigations are and then to look at what we believe from a logical perspective would be a max for the federal government to support us.

COMMISSIONER PETIT: Yeah, I'm 100 percent confident that that would satisfy, once you actually went through that and other related pieces, it would actually satisfy a billion and starting a down payment. So if we can go through the trouble of actually doing what you just said, I'm happy to go that route. The number will be larger actually, but we can talk about phasing it in over a period of time.

CHAIRMAN SANDERS: Commissioner Horn.

COMMISSIONER HORN: So, Chairman Sanders, can I add one -- make one suggestion and perhaps one small edit. So one suggestion is that I think one of the things we ought to do in the report is we ought to show the history of funding under CAPTA and how the funding for CAPTA has simply not kept up over time. I think that is an important sort of contextual piece for a report to be able to document what was CAPTA funded at back in 1974 whenever that was first enacted and what has been the history of funding over time. I think that it's factual and takes a picture of how at least in my mind funding CAPTA kept up over the years. The second is I think it's a little bit more than just investigations. Because as I've read a lot of these reports, a lot of these kids that wind up dying it's not -- yes, for some of them it is a lack of an initial investigation, but for a lot of them it's a lack of follow up of these kids ever being visited again. So they come out and they say, you know, there's a recent case I'll get to where this is kid who has been living on a boat and either starved to death or fell into the water and drown, I forget which way it was. But there is an initial investigation, but there was no follow up. And so I think it's a bit -- I would suggest that we broaden that just a little bit and say that it's about investigation and follow up by CPS agencies to ensure the safety of children.

CHAIRMAN SANDERS: I'm fine with that.

COMMISSIONER DREYFUS: But are we not going to talk about CAPTA more broadly?

COMMISSIONER COVINGTON: We do.

COMMISSIONER DREYFUS: Governance.

COMMISSIONER COVINGTON: If you look later in the report there are places in there where that comes up.

COMMISSIONER DREYFUS: Well, I just hope this is all going to get bucketed accordingly.

COMMISSIONER COVINGTON: I hope so too.

COMMISSIONER DREYFUS: And that stuff isn't just going to like sit there and isolation.

COMMISSIONER COVINGTON: I know.

COMMISSIONER DREYFUS: That's why I kind of like the idea of the report now talks about these five big strategies. Commissioner Bevan has added like these five ideas. I don't really care what it is, I would just like to see everything bucketed --

COMMISSIONER COVINGTON: Correctly.

COMMISSIONER DREYFUS: -- as comprehensibly as possible within each one.

CHAIRMAN SANDERS: I think there is going to be no disagreement on that. I think the idea is do we agree on a set of the high most important strategies.

COMMISSIONER COVINGTON: I don't, because I don't even know what they are yet. I mean I don't feel that --

CHAIRMAN SANDERS: Well, you voted yesterday on one of them, on two of them.

COMMISSIONER COVINGTON: Well, I know, but those to me are -- those weren't the most or those to me were the buckets, those were the strategies that were related specifically to kids at immediate harm today.

CHAIRMAN SANDERS: Right.

COMMISSIONER COVINGTON: I don't see that that's any more important than other recommendations that we're going to have. If you look at Chapters Two, Three and Four there's all this other stuff. So I'm still not really clear. I mean a couple of the recommendations that Michael presented today are already addressed in the report in further sections that talk about the, you know, the whole confidentiality. So I don't see those as new big ideas, they're already in the report.

CHAIRMAN SANDERS: But this is clearly, this one clearly is, that's the request.

COMMISSIONER COVINGTON: The CAPTA funding?

CHAIRMAN SANDERS: Right.

COMMISSIONER COVINGTON: Yeah, I'm totally supporting that.

CHAIRMAN SANDERS: Right. So we haven't discussed any of the others in that context.

COMMISSIONER COVINGTON: Right.

CHAIRMAN SANDERS: So right now would be 1.1 to 1.4, plus this one, if that's what the Commission --

COMMISSIONER COVINGTON: Yeah.

CHAIRMAN SANDERS: -- ends up supporting.

COMMISSIONER MARTIN: So not to be too technical about this, but you keep saying 1.1 to 1.4 and up there is 1.1, 1.3 and 1.4. There's no 1.2, right?

CHAIRMAN SANDERS: Right. We didn't -- nobody raised that yesterday as something to amend.

COMMISSIONER MARTIN: Okay. And I --

CHAIRMAN SANDERS: So it would be as it stands right now.

COMMISSIONER MARTIN: And so those, 1.1 is supposed to be one of the five global issues we're agreeing on.

CHAIRMAN SANDERS: Right, exactly.

COMMISSIONER MARTIN: So those aren't recommend --

CHAIRMAN SANDERS: Well, maybe it's not global issues, but the things, as they're defined in the report, things that should be done today to impact kids immediately.

COMMISSIONER COVINGTON: Right. That's I think for me it's that language piece. To me these are not our global overarching strategies. They're just in that section the things that we could do today for kids at risk.

CHAIRMAN SANDERS: But I think the important message has been that we need to emphasize there is an urgency. That's what we've heard for the last two years. And that's what was missing from the first report. So that these five things now, this would be a sixth if this is what we propose.

COMMISSIONER MARTIN: The things we're saying need to happen right --

CHAIRMAN SANDERS: Yeah.

COMMISSIONER COVINGTON: Yeah, but I don't --

CHAIRMAN SANDERS: Need to happen right away.

COMMISSIONER PETIT: David.

COMMISSIONER MARTIN: You guys wait, if you don't mind. Let David finish his statements so we can understand what David is saying.

CHAIRMAN SANDERS: Right. So these are the five things or we would potentially add another, we have those that we discussed yesterday. The others did not yet at this point proposals to amend them, so they are incorporated right now into the report as the five things that we're saying need to happen right away to express that urgency. And this would be a sixth.

COMMISSIONER PETIT: So somebody identified those five things. And I hate to be stupid about this, but recommendations --

COMMISSIONER COVINGTON: I can do them.

COMMISSIONER MARTIN: Huh?

COMMISSIONER COVINGTON: I can do them for you.

CHAIRMAN SANDERS: They're in the report. They're what we started with yesterday from the report, section --

COMMISSIONER RUBIN: Chapter One.

CHAIRMAN SANDERS: In Chapter One, which would've been the document that we discussed yesterday. And the five that are suggested --

COMMISSIONER MARTIN: So those are three. (inaudible) funding, and that's four.

CHAIRMAN SANDERS: There are five in there though.

COMMISSIONER MARTIN: Oh, okay.

CHAIRMAN SANDERS: We never -- right. So that was the starting point was those five. Those were the amendments to those five, the three that were made yesterday. Then this would be --

COMMISSIONER DREYFUS: I thought Commissioner Rubin said --

CHAIRMAN SANDERS: Right, we haven't --

COMMISSIONER DREYFUS: -- as written about 1.2.

CHAIRMAN SANDERS: Right. Yeah. We have yet, we didn't talk about Commissioner Rubin.

COMMISSIONER PETIT: And, David, the issues of confidentiality that I drew in, I know it's referred to also, but it's not referred to clearly also as far as I'm concerned in terms of what we were actually prescribing. And then the issue of standards, Theresa, Therry, I don't recall it as a strong piece on standards, national standards in child protection, which is one of the recommendations that I'm making, we're making. It just needs to be -- that is a longer term important upfront consideration is this business of standards.

COMMISSIONER MARTIN: With all due respect, you recommended it. I don't know if the Commission is recommending it.

COMMISSIONER PETIT: No, listen, you know, just to trace the history of this thing, we had a document sent to us two or three weeks ago and we were invited to comment on it. I looked at it and said this is what I'd like to comment on. I sent that everybody about nine days ago, ten days ago. I understand it's my opinion at this point. Hopefully we all agree with respect to some of it. But it needs to be produced for the SNL proposition. And to me looking at the document there was not enough clarity on confidentiality. There was not enough clarity on standards and there was no reference to dollars, per se, except to say we need resources. And I wanted to bring it to something specific for us to actually act on.

COMMISSIONER MARTIN: And that's what I'm trying to say. We can't include that in figuring out our finances until we agree on it, right? And that's all I'm trying to say.

CHAIRMAN SANDERS: Agreed, that's right. So what we have before us, every -- what I've heard from both Commissioner Horn and Commissioner Petit that we need a funding recommendation as one of the fundamental starting points to say this reflects the urgency. So

this would be added to the five that are part of the report, three of which we've amended. And so that's really going to be the question. But for this, does this capture -- is this something that we want to support? Commissioner Covington.

COMMISSIONER COVINGTON: I support this, but I think to just, you know, within a few minutes be able to say I support everything else other than what we talked -- I mean it took us a whole day to do three of these yesterday. And I feel like I have real problems with 1.2, you know, and we never even got to that. I don't have any problems with 1.5. But some of this is new to me and I feel like we just got and it's really hard to react to it.

CHAIRMAN SANDERS: Some of it which is?

COMMISSIONER COVINGTON: Well, some of the stuff Commissioner Petit presented today, the thing about national standards and what have you. I just --

COMMISSIONER PETIT: And we have this 56- page document that we got last night.

COMMISSIONER COVINGTON: And we should have been incorporating into what we were working on.

COMMISSIONER PETIT: Yeah.

COMMISSIONER COVINGTON: Because it feels like we're getting pieces thrown at us from a lot of different directions.

CHAIRMAN SANDERS: Well, actually it was included. Go ahead Commissioner Martin.

COMMISSIONER MARTIN: So I have two comments to make. In the proposed recommendation that Amy has been so gracious to write up on the board for us, where it says "CAPTA provides blank per investigation". And that's that three cents I think that you --

CHAIRMAN SANDERS: Well, we have to --

COMMISSIONER MARTIN: Right. But that's roughly what we've talking about. Rather than going into we feel that the government should increase that, we should tell them why we feel the government should increase it. I mean it's obvious that three cents per child is not sufficient. But I think it's imperative that we talk about if we're going to make this recommendation the basis for why we need to increase this. So that's one thing. The second thing is for me, and I'm feeling some of what Therry's feeling. And I don't if the rest of the Commissioners agree with me. And David, I don't want step on your toes, but I would ask that the staff take all the recommendations that we have, the ones from Commissioner Petit, the ones from Commissioner Bevan, the ones from Commissioner Horn, and put them on a list. Because right now what I see is the recommendations that are made I agree in parts with the majority of them, but I don't see where they fit. And I think we have to sit there and decide do we think recommendation one, whoever submitted it, is good? And if we think it's a good one, where would that fit in our global 21st Century theme? And is it going to help us get to our goal? And that's my problem, I can't -- and maybe it's just me, but organizationally I have no sense of where to put it in context, so it's hard for me in isolation to agree with X, Y and Z until I have some context in which to put it. Does that make sense? Or at least you understand what I'm saying.

CHAIRMAN SANDERS: Yeah. And I think that staff had organized it in a way that they could explain what it looks like. But it may not be understandable for everybody. So I'm going to ask Amy, can you talk about how this is structured with Chapter One, Chapter Two, Three and Four in terms of the recommendations?

AMY TEMPLEMAN: The way the draft report that you received for the purposes of this meeting is organized is that the immediate recommendations are all in Chapter One. And then Chapters Two, Three and Four represent the core components of what it takes to build a 21st century child protection system or child welfare system. So that would be the chapters on leadership and accountability, followed by the data chapter, decisions for grounded and better data, and then the multidisciplinary support for families is the final chapter. What we did last week when we sent this out was we were receiving recommendations kind of at the last minute that we didn't have time to incorporate and some of them came in after we sent the draft out to you. So we wanted you to have at least five days to sit with this draft before you received all of the other pieces. But we can certainly go back and add some of those in.

COMMISSIONER COVINGTON: So, for example, the paper that we got, the white paper, has a whole lot of recommendations. Some of which are consistent and already in here, some of which are brand new.

CHAIRMAN SANDERS: What white paper?

COMMISSIONER DREYFUS: What white paper?

COMMISSIONER COVINGTON: The policy paper.

CHAIRMAN SANDERS: Oh.

COMMISSIONER COVINGTON: It's called a white paper. There's a lot in there that are new. You know, I personally feel the measurement recommendations that Rachel and I presented in Vermont are not in here. And I'm going to make a plea that those get put back in here. But some of those are different than the measurement recommendations that are in this paper. So I'm just, I feel that there's got to be -- somebody's got to take all these recommendations, rather than us -- I just feel like they're just flying at us right now. And what I'd really like is them to be put in an organized way where we can compare and contrast. If there's recommendations that are similar but different so that we can look at those and make some decisions. And I didn't mind the structure of the way the report came through with the recommendations, I got that. It's all this other stuff that's flying at us today that's sometimes different, sometimes the same.

COMMISSIONER PETIT: David, can we pause for a second on this? I mean I think the question of organizing this thing, given the fact we've got an hour left today before we adjourn. And the holidays are upon us. We don't have a phone meeting scheduled or a face-to-face meeting scheduled. There's a lot still that we need to process. I mean is this it today and is the rest going to take place by mail and telephone? I think we need to talk about that. As much as I hate the prospect of having to spend two more days face-to-face on this, I don't know how we avoid it.

COMMISSIONER RUBIN: You don't like seeing my face?

COMMISSIONER DREYFUS: But I like seeing your face.

COMMISSIONER PETIT: All I want to do is go fishing.

CHAIRMAN SANDERS: So let me back up. I think we're making this more complicated than it is. So we did the initial report that was submitted. There were a lot of concerns that the report did not lay out, did not reflect the urgency that we had across the country. And so what we agreed was that there should be some immediate recommendation. For lack of a better term, there are things that we want to do immediately. Those are the five that are laid out in Chapter One. The idea was to say there has to be a clear message from the Commission that there is urgent action that needs to be taken. So that's those five recommendations. And again, this would be a potential sixth. So my idea has been we have to either agree on those five or not. But there is a set of recommendations that we as a Commission have to agree on. And that's batch one of those six. The second part then is we have talked about the current system and the lack of -- the inadequacy of the current system and we need a 21st Century Child protection model. And that is the second piece of Chapter One that talks about what the 21st century child protection model should look like. Chapters Two, Three and Four actually are the detailed recommendations for that 21st Century model. So there are those two sets of recommendations. What we have not included in detail in the report is a kind of how to section. So talking about CAPTA, talking about the structure of the Children's Bureau and so forth, which may be a separate set of two or three or four or five recommendations that we haven't included, right. I think, and so we've had some - - Commissioner Petit submitted some things in writing saying he preferred other areas as immediately needing to be addressed. One including funding. So that's the written document that Commissioner Petit had.

COMMISSIONER MARTIN: And that would add onto these five.

CHAIRMAN SANDERS: Exactly.

COMMISSIONER MARTIN: Okay.

CHAIRMAN SANDERS: Commissioner Bevan and the Policy Subcommittee presented their document last night that included many things that I think we should consider. We didn't have that document before, but it's critical to incorporate it. And so I think we need to develop a process to incorporate it. So it's not -- that's it. We have the five things that we're proposing to say there's urgency and those are the recommendations that are included in Chapter One. We have a description of the 21st century child protection model. And then Chapter Two, Three and Four basically contain the recommendations for each of those components

COMMISSIONER MARTIN: And so I guess what I'm saying is some of the things that came from Commissioner Bevan's committee are actually amendments to some of the recommendations we already have, right? I mean that's the way I look at them. Because some of them refer to things that we've already talked about and proposed recommendations right now. And it seems to me that if we can organize that into like let's just say white paper recommendation one amends recommendation five. You see what I'm saying?

CHAIRMAN SANDERS: Oh, exactly.

COMMISSIONER MARTIN: So I can pull those together. And maybe -- okay.

CHAIRMAN SANDERS: So, no, I agree entirely. But since we have now a very thorough policy analysis of CAPTA that we didn't have before that's included in that document, some specific ideas, that I think is the next step. And so we need to incorporate that in its entirety with what's been put together so far and see where it fits.

COMMISSIONER PETIT: David.

COMMISSIONER DREYFUS: Is there anything that Commissioner Bevan presented us that belongs under urgency?

COMMISSIONER PETIT: No.

CHAIRMAN SANDERS: I think it does. And so that's why I'd like to get --

COMMISSIONER RUBIN: (inaudible)

CHAIRMAN SANDERS: I think there are some things that we have to consider and that's why I'd like to get -- let's see if we are in agreement with or close to agreeing on what's on the page. And then I would suggest there are one or two of Commissioner Bevan's Policy Subcommittee five big ideas that we need to have at least a brief conversation about to see if we can incorporate those or not.

COMMISSIONER PETIT: Yeah. So, David, the ones that I submitted, and per Commissioner Martin, there is an overlap, of course, among all of these things. So there is some redundancy and a good editing job will take care of some of that. But on something that sounds at first archaen, but I propose and anyone else obviously has the opportunity to do the exact same thing, I mean I'd like to get an up or down, we're either going to do it or we're not. If you say, if the majority of people say we're not going to do it, fine, say it. But for example, this one that I've said about a DOJ type investigation into a local CPS operation in terms of protecting children I think it's an important one. Right now what we have is an enforceable protection and right under IV-E, because it's an entitlement. But we don't have something similar to CPS. There isn't a CPS statutory entitlement of any type to get protection from the government on anything.

CHAIRMAN SANDERS: So let's --

COMMISSIONER PETIT: Do we agree we've got to do something or not?

CHAIRMAN SANDERS: Let's do this, we're going to vote yes or no on that and then we'll make sure that we do it on the others.

COMMISSIONER PETIT: Good.

CHAIRMAN SANDERS: So with what we've put up, so this would be a sixth thing to do immediately, the idea of funding would emerge to the level of the other things that we have.

COMMISSIONER COVINGTON: Well, can I say it would be the fourth, because we haven't discussed a couple of them. So we've got three up there and this would be the fourth at this point.

COMMISSIONER DREYFUS: And this last one is comment. I really agree with Commissioner Horn, this is way too narrow, just funding investigations. So, and again, I just think we are

oversimplifying. CAPTA is -- the resources of CAPTA are absolutely insufficient. But there's a whole lot more that's expected of states within CAPTA than just investigating. It's about --

CHAIRMAN SANDERS: So I was --

COMMISSIONER DREYFUS: It's about the lack of investment in the child protective services function in communities that is so woefully underfunded. Because there's a lot more pieces than investigations. And so I just (inaudible).

CHAIRMAN SANDERS: So how would you restate it? Because --

COMMISSIONER DREYFUS: In funding the child protective services function. The child protection function.

COMMISSIONER PETIT: And you would reduce it --

COMMISSIONER DREYFUS: Because there's so much more to it than just intake and investigations.

COMMISSIONER PETIT: Right. And that's what the introduction would do, is it would justify what you just said. A, B, C and D are deficient, therefore we need resources to address it.

CHAIRMAN SANDERS: So I'm fine with that too.

COMMISSIONER BEVAN: Well --

CHAIRMAN SANDERS: Commissioner Bevan.

COMMISSIONER BEVAN: I'm having a problem with this, because when you say federal resources, you know, it's a 50/50 match here. Are we talking federal/state, are you just talking federal?

CHAIRMAN SANDERS: No, I think my point is that, if I'm not mistaken, there isn't a 50/50 match under CAPTA. And so for investigations, purely for investigations.

COMMISSIONER BEVAN: Okay.

CHAIRMAN SANDERS: That's why I included investigations narrowly, because there is no match for investigations. So that was --

COMMISSIONER BEVAN: So how much is there for investigations now? What are we exactly talking about?

CHAIRMAN SANDERS: That's the amount that we'd have to look to. I think --

COMMISSIONER BEVAN: John, you know.

JOHN SCIAMANNA: 26 million, about 233 in SSBG.

CHAIRMAN SANDERS: Say that again.

JOHN SCIAMANNA: It's about 20, well, it's 26 million (inaudible) and it's about on average 233 million through SSBG.

COMMISSIONER BEVAN: Which is --

CHAIRMAN SANDERS: So for CAPTA John Sciamanna is saying it's 26 million.

COMMISSIONER DREYFUS: For what? I mean CAPTA has a lot more requirements than just everything.

CHAIRMAN SANDERS: No, I understand that.

COMMISSIONER DREYFUS: Not just investigation.

CHAIRMAN SANDERS: I'm understanding that.

COMMISSIONER DREYFUS: Okay.

CHAIRMAN SANDERS: We're trying to put a dollar amount to how much per child. This isn't (inaudible).

COMMISSIONER DREYFUS: Okay. So I would agree with the number of children being served in the child protection function. But there's just a whole lot more that's expected and not just of the CPS agency under CAPTA.

COMMISSIONER PETIT: That would be a for example. I agree, you don't -- the recommendation isn't go up from 3 cents to 30 cents. We're saying beef up the ability to investigate all cases, among other things. And you could use what an example that would be. Rather than the three cents.

CHAIRMAN SANDERS: So are there other changes to this that would better reflect the role of the Commission?

COMMISSIONER DREYFUS: So I guess --

CHAIRMAN SANDERS: Let me make sure. Commissioner Bevan, does that answer your question?

COMMISSIONER BEVAN: It does and it doesn't. Because investigation requires training. Training as we found out is not in the IV-E training does not specifically state case workers to investigate. So we do need to have -- I don't like the fact that we're sticking money in here. I mean I just think that's up to Congress to figure out the money. I think it's us to lay out the problem and the problem is we don't have training for these investigations. We don't have -- the investigations aren't going on and the investigations relies so much on the quality of the training and who's doing the investigations. So I think we have to have some mention of training and it's in a different section. So therefore, I think we shouldn't be so narrow, I think we should be, you know, state that CAPTA as its currently functioning is not working, it's not meeting its goals and it needs critical attention by Congress, including, you know, the training investigation and services. I mean the services, most kids don't get any service. I mean the service they get is removal to foster care. They don't get anything else. So I mean I think that kind of stuff needs to be said in regular words rather than starting out coming up with some, you know, numbers. I just don't think Congress is going to take up the numbers. I think they will take up the ideas.

COMMISSIONER PETIT: But what Cassie is saying, in the end it's the policy and the practice and the intervention that defines what it is that's needed. So I'm good up to that point. Which in our estimation begins upwards of a billion dollars. I think we need to say the words. I don't

think we should shield the Congress from the numbers that we're talking about. It doesn't need to be a precise number, but it gives them an idea that we're not talking about, you know, a crummy \$50 million to beef up something, because that's not going to do the job. A billion is a modest amount in comparison to how we spend other monies.

CHAIRMAN SANDERS: Commissioner Martin.

COMMISSIONER MARTIN: I don't know if a billion dollars is the right number. And I don't know if it's a down payment or if that's the number we're asking for. But I'm not prepared to ask for any number unless we can justify the number and we can somehow say this is what the number goes to. And I do agree with Cassie that particularly the way this is proposed it says "CAPTA provides blank per investigation". But then we're talking about strengthening and adding money for everything CAPTA provides. And it seems to me that we're talking about investigation first and then everything else under the underneath. I think we need to be consistent. Does that make sense?

CHAIRMAN SANDERS: So I'm open to anybody else developing language.

COMMISSIONER COVINGTON: Yeah, because if it were me what I would do is make it a formal recommendation and put things like about what's currently being funded in terms of investigation at three cents, or whatever, as part of the introduction leading up to the actual written recommendation.

COMMISSIONER MARTIN: So CAPTA provides for investigation training dah, dah, dah, dah.

COMMISSIONER COVINGTON: Right.

COMMISSIONER MARTIN: And that comes out to about three cents per kid.

COMMISSIONER COVINGTON: Yeah.

COMMISSIONER MARTIN: And because of that we need to increase the --

COMMISSIONER COVINGTON: Right. And then put a recommendation about increased funding.

COMMISSIONER DREYFUS: I have recommendation language. Okay. So "we believe the federal government" -- oh, you got to keep it there. I can't -- I've got to read what's there. "We believe the federal government has an obligation to ensure all children who come to the attention of the child protection system," right, "come to the attention of child protection receive quality," you know, blah, blah, blah, "response". It isn't just investigated, it's about quality. It isn't just about that they get investigated, right. And that that's what we believe. And this idea that all children at risk of fatality, you know, I don't get that. So we believe -- this to me is about the federal government making a significant investment in child protection, right. For all children who come to the attention of the child protection system. And that we want it to be a quality consistent response. And then I agree with the way you guys talked about it at the front end of it as you described CAPTA, all that CAPTA is supposed to do. And if you just look at it in the amount of money per child that is actually screened in and investigated it comes to X, that in and of itself just screams how, you know, ridiculous amount of money is this. But I just think that then the recommendation isn't just about investigations. So to me it wouldn't just be at risk of fatalities, it would be about all children

who come to the attention of child protection and what they should be assured of. And it's more than just that they get investigated, it's about quality, it's about consistency.

CHAIRMAN SANDERS: Let me back up. So part of what I've heard are two different things. One is that there are new things that we're going to ask as a result of our report that states do in terms of their response to the abuse and neglect, early intervention, prevention, etcetera. There are also basic functions that currently exist that the federal government is not supporting. That's what I've heard. And that that is the current system that needs to be beefed up. I'm not saying I agree on that, but that's what I've heard. And so that was the point of identifying a function that is currently carried out by systems, investigations and saying that the federal contribution to that is not -- that's an example of where there's not sufficient resources in the current system. And so that was the purpose of saying it that way. There is -- we could talk about the new things that we're recommending. If we support 100 percent of kids being seen that costs more money. But I was understanding the current investment isn't sufficient and that's what we're trying to capture.

COMMISSIONER PETIT: Yeah. And, David, I agree with that. And you added something that just I think simplifies it. You said, for example, that's all. We're not saying the three-cent thing is the one thing or the only thing or the major thing. It's an example of where federal support for the states is insufficient. And in this case I'm looking at the money going into the states, not with any federal match at this point. Maybe some effort maybe, but not of any federal match. And what we don't want is 10 states saying we'll do it and 30 states sitting on the sidelines because they can't raise the match. This is meant to protect all children as soon as possible.

CHAIRMAN SANDERS: Well, the states currently pay for investigations, they are matching it already. So the idea is that we have a model in other systems where they've actually matched. This is one where there is --

COMMISSIONER PETIT: The issue would be if they chose to not expand it and they are way over, because they don't want to come up with the match. So then that's a separate question then right now. Because then we're getting into too much detail. And the big thing is, is there additional resources needed in the system? Yes, there is. And to satisfy Commissioner Martin's point about show me the evidence, I mean it's there, it can be pulled together. I don't think it's a long stretch.

CHAIRMAN SANDERS: Commissioner Bevan.

COMMISSIONER BEVAN: I think we're getting too detailed about telling Congress what to do. I do think that we can recognize that CAPTA is the only vehicle dedicated directly to saving the lives of children. It's not IV-E, it's not IV-B, it's CAPTA. And the CAPTA is under resourced and that it has been -- it's not just under resourced, it's not collaborated with in terms of running at the level of government, there's no collaboration with CAPTA. CAPTA is off by itself in a B committee. But it's in a B committee that only health people would know, but it's not getting the prominence it deserves, it doesn't get the federal oversight it deserves, it doesn't get the executive branch, it's higher up. And we have that somewhere. But there is no coordination effort at the federal level to look at CAPTA and to look at the all the places where we have CAPTA money. There are other places than just CAPTA. But we need - - it has to be organized

and there has to be attention paid and had gotten very little federal oversight. And that's what we've heard in all the hearings, they all say that.

COMMISSIONER DREYFUS: And I just think all -- and she just said it -- belongs in the urgency part. CAPTA belongs in the urgency part of this, what we need think needs to happen with CAPTA and not just this one piece. That's been my thing. That's why I liked in the policy document, if Commissioner Bevan could re-envision that number one big idea to think more broadly about CAPTA than just about governance. I think that belongs, Chairman Sanders, in the urgent section.

CHAIRMAN SANDERS: So this is then closer to what we would propose, something included in the policy document, CAPTA is underfunded, isolated, ineffective. And as an example of how underfunded it is, this is what it looks like for investigations as an example. And that we would propose -- and I'm not -- go ahead. Was that Commissioner Horn?

COMMISSIONER HORN: Yeah. So, Chairman Sanders, a couple things. First of all, I agree almost entirely with everything that those Cassie just said and also Commissioner Dreyfus. Except I do want to very respectfully, because you know how strongly I respect Commissioner Bevan. It is our job to tell Congress what to do. That's why Congress authorized us. We're making a report to Congress and it is our job, that's what we are supposed to do. They don't have to listen to us, they don't have to agree with it, they certainly don't have to do what we recommend, but it is our job. And I don't think we should shy away from that. We may have a disagreement about what specifically we should tell Congress to do, but I think that is our job. That's what we were organized to do. And also to tell, frankly, the administration what to do. Again, they don't have to listen to it, they don't have to agree with it and they don't have to do it, but that's our job. I think that we are getting -- just and the second point I want to make is to remind us what I thought was the purpose of this meeting, which was not to finalize the exact recommendations, but to get a sense of the Commission, where we are with votes, if necessary, so that the staff can take the next step in drafting the next version of the report for our final -- for our consideration. And it may not be the final consideration, there may be additional iterations of it. I didn't -- that's why in the last phone call I asked, "Are we voting on actual recommendations, or is it just the sense of where the Commission is so the staff can continue to write the report?" I thought the answer I got was to help the staff understand how to continue to write the report. So if that is true then I think we are getting a little off in the level of detail here about wordsmithing a specific recommendation. I think I'd rather hear us say, you know, and I do her some consensus, it's under resource, great, let's go work on a recommendation about that. Should there be a number put into it? I think there's disagreement on that. I think Commissioner Bevan would say no. I'm not sure where Judge Martin is. Certainly Michael and I say yes. And I like the billion dollar number because it's got a ring to it and it's a down payment and it certainly suggests the seriousness of the recommendation increase its funding. But I'm just not sure we have the ability to wordsmith the exact working of a recommendation today essential to this report that this recommendation is.

CHAIRMAN SANDERS: Commissioner Horn, I appreciate that, I think that's exactly right. What I was going to suggest is that I think we have consensus of the words that we have in the policy document about CAPTA and its ineffectiveness. I think we have -- for me I am fine if we can get examples of why we believe CAPTA is underfunded, etcetera. I don't think we

should just say it, I think we should have reason for that. I think investigations is one of the reasons that can be vary glaring. The third piece is I do think that if we have something specific we can put a dollar amount to that. Then we can decide do we want that in the report or not. But I think if in fact we believe there is an amount that approaches a billion dollars it should be for something that we can identify. And I think we have consensus on that. And if so, then we should leave it to staff to figure out is there some formula that we can use that comes up with a logical amount based on what we believe should happen.

COMMISSIONER DREYFUS: And, Chairman Sanders, does that include under the urgency with CAPTA governments bringing it together with IV-E under urgency, or are we just simply, are we looking at CAPTA overall, or are we just looking at this -- again, I just get so frustrated when we're not thinking about things in a larger systemic way. That's been the problems all along in this country. And so in what you're saying would that include other things under CAPTA that creates a quality child protection system in our country, which includes the role of the federal government in it?

CHAIRMAN SANDERS: Let me back up.

COMMISSIONER DREYFUS: Or that doesn't include --

CHAIRMAN SANDERS: The proposal in front of us is about money. So that doesn't mean it can't be changed, but that what the proposal was about, adding money to the system. I think we do have to -- and I do attend to agree completely with the policy recommendation number one about rethinking CAPTA. And I think there's a way to merge the tow. But this was a recommendation about money. Commissioner Petit, are you fine with changing that to a structure under CAPTA?

COMMISSIONER PETIT: I am, as long as there's a number that we're talking about which gives it a serious -- it will draw more serious attention. Yes.

CHAIRMAN SANDERS: So do we believe that the language that's I think up there, is that -- oh, it's been truncated. Do we have somebody who can --

COMMISSIONER PETIT: But I don't think the language can capture fully. I don't believe that we can compose it while we're here. I think I agree with Wade that somebody ought to just take a crack at it.

CHAIRMAN SANDERS: No, we can't leave it to staff without more direction that we're just saying try and figure this out. Because that --

COMMISSIONER PETIT: Well, all we're looking for is a short introductory. I mean I'd be happy to work with somebody on it or Wade can work on it, or you can or Susan can or somebody can. But I mean I don't think --

CHAIRMAN SANDERS: So I think we have --

COMMISSIONER DREYFUS: What we have --

CHAIRMAN SANDERS: -- that CAPTA is underfunded, etcetera.

COMMISSIONER PETIT: Right.

CHAIRMAN SANDERS: That we can use examples for how it's underfunded.

COMMISSIONER PETIT: Right.

CHAIRMAN SANDERS: And that we have a recommendation for an amount.

COMMISSIONER PETIT: Yeah. Well, the recommendation for the amount isn't necessarily just what CAPTA's been doing, it's just broader child protection system of the states and the government we used to value with.

CHAIRMAN SANDERS: And so that goes back to what Susan (inaudible) a different proposals.

COMMISSIONER MARTIN: Yes.

COMMISSIONER PETIT: No, I don't want to do a different proposal.

CHAIRMAN SANDERS: That's a different proposal.

COMMISSIONER MARTIN: And there's --

COMMISSIONER PETIT: The proposal is put a billion dollars or more on the table now and then going --

COMMISSIONER DREYFUS: Into CAPTA.

COMMISSIONER PETIT: Yeah.

COMMISSIONER DREYFUS: Or just for investigations?

COMMISSIONER PETIT: No, no, not just for investigations. CAPTA, which includes investigations.

COMMISSIONER DREYFUS: That's what I mean.

COMMISSIONER MARTIN: So why can't we have one recommendation if we've made a decision that we're going to make a recommendation about CAPTA? Let's have one recommendation about CAPTA and then let's have another recommendation about the other things that Mike is talking about and consider another recommendation.

COMMISSIONER COVINGTON: In the reporter there's a whole lot of recommendations about moving CAPTA places. In your policy paper you have a lot. And I think those are longer term systemic changes that we worry about. If we're talking about the urgency that's not going to happen to tomorrow or next year or the year after, but this is urgent in terms of funding.

COMMISSIONER BEVAN: We're not going to get a billion dollars right now, I'm telling you. And is anyone -- I know that Mr. Meyers, DDG, can you speak for DDG?

MR. MEYERS: Yes.

COMMISSIONER BEVAN: And we have other policy people here. Maybe, John, we can. But --

COMMISSIONER PETIT: I don't think that --

COMMISSIONER BEVAN: I don't want to argue with -- I don't want to put it out there and look silly. I don't want to put it out there and have that be the discussion.

COMMISSIONER PETIT: Well, it's a --

COMMISSIONER BEVAN: A billion dollars.

COMMISSIONER PETIT: It'll be a fight with the Congress perhaps, but Cassie, I don't think that the interpretation of what is politically feasible on this thing is part of what our task is. Our task is to identify what we think needs to be done. And then it's going to be up to the Congress to do the right thing.

COMMISSIONER BEVAN: But we made up the billion dollars and we made it up. There's no need, it's a headline.

COMMISSIONER PETIT: We didn't make it up.

CHAIRMAN SANDERS: So let's be clear that we don't have consensus on the issue of additional resources right now. And so in the interim we will go ahead and write up and incorporating what's in the policy document and what has been proposed. Some alternatives to look at CAPTA and funding separately as you suggested and see if we can come to consensus using that. But it seems like combining the two we simply don't have.

COMMISSIONER RUBIN: David Rubin, Commissioner Rubin.

CHAIRMAN SANDERS: Commissioner Rubin.

COMMISSIONER RUBIN: Yes, I've been trying to speak for a bit here. I actually just wanted to ask Commissioner Bevan a question, which was her linking, you know, trying pull CAPTA into IV-E in terms of an enforcement mechanism. And I just wanted her to expand on that a little bit, because I thought it was an interesting idea.

CHAIRMAN SANDERS: I think, well, let's actually, because we're getting to the point where we need to adjourn. What I'm going to suggest is that we work on -- we have the ones that we've agreed on. There are a couple that we have not, of the original filed proposals that we have not yet agreed on. I'm going to suggest merging to the extent possible of the policy document and the report that's been put together. And that we will then have in front of us a handful of those urgent issues that we need to do. And that will include CAPTA and will include funding. And we'll have language for that that we can discuss. And then the other piece is a rewrite of the 21st century child protection system. And, Commissioner Dreyfus, I know you volunteered to be part of that. It would be helpful for us to have language that better reflects the thinking for the 21st century model.

COMMISSIONER DREYFUS: Right. And I hope the Commissioner understands that what we do under urgent is starting to develop that 21st Century.

CHAIRMAN SANDERS: Right.

COMMISSIONER DREYFUS: It isn't separate, it's a part of it. And under the CAPTA piece I just hope that as we lay out this larger view of the child protection system in our country that's in jeopardy and needs investment that there's an urgency. I could go along with an absolutely urgency right now for Congress to make sure that there is adequate resources for intake investigations and the resourcing of those cases. So I could go with that.

CHAIRMAN SANDERS: The last piece that I'm going to propose that's not included in the report currently is a separate piece in Chapter One on kind of the how to. So it would include the elevation of the Children's Bureau, potentially include the merging of CAPTA with IV-E of the committee jurisdiction, things like that, that are all required, they're all vacant, but they aren't specific what will reduce fatalities tomorrow, but they're all critical components.

COMMISSIONER MARTIN: They're foundational components to get there.

CHAIRMAN SANDERS: Right. Yes.

COMMISSIONER MARTIN: I don't have a problem with that.

COMMISSIONER COVINGTON: Yeah, and for me I would like to call anything that we really put in there a recommendation rather than a strategy, because I think it has more power. So even in the how to section when we have an idea that we want to put forward we call it a recommendation. If it means giving it, you know, A, 1, 2, whatever. But I really don't like the term strategy, I think it weakens the approach moving forward.

CHAIRMAN SANDERS: And so if what Commissioner Horn said is accurate, we will then have a rewrite that hopefully gets us much closer to what our conversation was today. There's still going to be some pieces that I know we'll need to debate. But let's make sure we know exactly what those pieces are and what the questions are that'll be in front of us. So the rewrite should give us a sense of how far we need to go. Commissioner Martin.

COMMISSIONER MARTIN: I have two suggestions. On the rewrite can staff put the new language on the side in a color or in a margin or something? And then if in fact any other commissioners have recommendations that they would like to bring tell us what you are amending. Don't just give us a narrative, tell us what you're trying to recommend or change that's already on the table. And if it's new let us know it's new. But if it's something that we're already talking about, show us what you're trying to amend.

COMMISSIONER COVINGTON: You could do that by everyone agreeing to use track changes when the drafts are given.

COMMISSIONER PETIT: David, just in listening to all this, so just to assert. I think that with the surge so called that we do that is an MBT communitywide base initiative and it can be done right now. And the second piece in terms of funding CAPTA, when we say it can be done immediately, I can be done immediately upon the Congress passing something. The Congress could do something January 1st or they could do something in 2017, whatever it is. Because it's not going to happen until then. But that does bring immediacy to it is to investigate every single case. Go out on every single case. That's what we're asking the Congress to support is that government and its designees will conduct investigations of every child reported to be in harm of abuse and neglect. That's what the Congress will be agreeing to do.

COMMISSIONER COVINGTON: Well, that's not exactly what we agreed to do.

COMMISSIONER HORN: Mr. Chairman, can I ask a question?

CHAIRMAN SANDERS: Yes, go ahead.

COMMISSIONER HORN: Is it possible to get a sense of this Commission what may be a straw poll as to whether or not they fall on this or that side of this, which is do we say there needs

to be more resources and leave it up to Congress to determine what that amount is, or should we, the Commission, recommend a number, that's assuming that we can come up with some rational basis for that number so it doesn't look like we just sort of plucked it out of thin air? But it seems to me that this a fundamental divide. Are we going to recommend a number and call it a down payment, or are we going to simply say, hey, it's under resourced and we need more resources? Because how you write the report is going to really depend upon that. And again, assuming, and I don't want to argue about numbers right now, but if we could come up with a rational basis for a specific number should we include it? Is it possible to get a straw poll of the commissioners that are here so we have a sense about -- to me it seems to be a fundamental divide.

CHAIRMAN SANDERS: Sure. So anybody --

COMMISSIONER DREYFUS: Yeah, this is Commissioner Dreyfus. With the caveat that we have enough to justify the number I would say yes.

COMMISSIONER COVINGTON: I would agree, but it has to be justified, or at least given a -- yeah, never mind.

COMMISSIONER PETIT: Yes.

COMMISSIONER BEVAN: I would agree, but I want to know how to pay for it.

CHAIRMAN SANDERS: Commissioner Martin.

COMMISSIONER MARTIN: My only problem is I want to make certain that we can justify it and we spell out why we need it.

CHAIRMAN SANDERS: So I think at least around the table there's agreement on that. I would agree. Commissioner Rubin? Commissioner Ayoub? So I don't know if Commissioner Ayoub or Rubin can hear or made statements, but Commissioner Horn you have here. All right, so we will send out how Amy?

AMY TEMPLEMAN: How will we what?

CHAIRMAN SANDERS: How quickly do you think we will have it?

AMY TEMPLEMAN: Can we get back to you on that?

CHAIRMAN SANDERS: A week?

AMY TEMPLEMAN: We can get something out.

CHAIRMAN SANDERS: So the commissioners will get some rewrite within a week. So, and then we will have a chance to respond to that. All right, anything else for today?

COMMISSIONER COVINGTON: Before we leave, rumor has it some staff are going to be gone by the end of December. Is there an opportunity for us to know who that is and can we thank them?

AMY TEMPLEMAN: Tom and Marcy.

COMMISSIONER COVINGTON: Tom and Marci?

AMY TEMPLEMAN: And Holden.

COMMISSIONER MARTIN: Well, on behalf of me I'd like to say for all the work that you've done. It's been a pleasure working and meeting with you.

COMMISSIONER DREYFUS: Ditto, I really appreciate all the work the staff that are leaving have done. And all the rest of the staff that are staying.

AMY TEMPLEMAN: Thank you all very, very much.

COMMISSIONER PETIT: David, what's the process?

CHAIRMAN SANDERS: I haven't accepted their resignations yet. Just so that's clear.

(Laughter)

CHAIRMAN SANDERS: The report will be out within a week. I would like feedback about how close or far away we are, what questions there still are and then we'll decide exactly. We may need to meet again, we may be able to do much of it through other meetings. But it depends on how close we are with the rewrite of the report and I'd like a sense of that. And we have new information that we just saw today or yesterday that we need to --

COMMISSIONER PETIT: So on the particulars that I address, and there are others that others have addressed, but on the ones that I have specifically addressed when do we say yay or nay or maybe to them? When do we have a discussion on this broader confidentiality question?

CHAIRMAN SANDERS: Yeah. So we probably need to -- there will be some questions that are still about this, the first section of the report, the sense of urgency. And I think those are the ones we have to deal with next. Confidentiality will be at some point later in the report I'm guessing. Unless you're proposing that that's one of the first things that we do.

COMMISSIONER PETIT: I think it's one of the very first things that we do. I think it's blocking major transmission of information to the public.

CHAIRMAN SANDERS: Then we will have that as one of the early questions, because I have your document. And then we'll decide do we have a meeting around that, can we just vote on it over the phone, can we vote on it another way?

COMMISSIONER PETIT: If you look at the title I sent you it was my interpretation of what the "right now" intervention should be. So each one of those I was assigning a "right now" status to it. And if people disagree, fine. But we just need to all know.

CHAIRMAN SANDERS: Okay. All right, we are going to be adjourned. Thank you.

(Whereupon, at 11:46 a.m., day 2 concluded.)