



COMMISSION TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES

TELEPHONIC COMMISSION MEETING TRANSCRIPT

December 3, 2015

In Attendance:

- Chairman, David Sanders
- Commissioner Amy Ayoub
- Commissioner Cassie Bevan
- Commissioner Bud Cramer
- Commissioner Wade Horn
- Commissioner Patricia Martin
- Commissioner Michael Petit
- Commissioner Jennifer Rodriguez
- Commissioner David Rubin
- Amy Templeman, Acting Executive Director

December 3, 2015

CHAIRMAN SANDERS: Thanks, Brian. We are about to get started. We have a quorum of Commissioners, I'll let you know who is on for right now. We have Commissioner Ayoub, Commissioner Cramer, Commissioner Rubin, Commissioner Petit, and Commissioner Martin. I believe we have two or three others scheduled to join.

We will go ahead and get started. First, I want to thank all of the Commissioners for the deliberations to this point and the comments on the report that have been submitted in writing, which I think have been very helpful in providing clarification about the Commission's vision.

Those edits and changes are being incorporated into the document or have been incorporated into the document, and there are some that haven't been made, and I'll touch on that a little later.

The deadline for the final report is quickly approaching. As you know, our tenure ends in March, and we are hoping that the Commissioners approve the final content during the December 7-8 deliberations next week, so there will be time to do final edits and design and publish the report.

Next week's meeting is going to focus on the introduction, chapter one, and the full set of recommendations. Today's meeting is focused on the recommendations from the American Indian/Alaska Native Children Subcommittee, the recommendations from the

Disproportionality Subcommittee, and then we will close with the process that I'm proposing for approving the final recommendations next week.

With that, I believe we have Commissioner Martin available to go over the recommendations for the American Indian/Alaska Native Children -- actually, before that, are there any questions about today's agenda?

(No response.)

CHAIRMAN SANDERS: Not seeing any, Commissioner Martin, can you give us an overview? I know we all have a copy of it, but just in case we haven't had a chance to review it fully. Could you give us an overview of the American Indian/Alaskan Native outline and where we might want to start the conversation?

COMMISSIONER MARTIN: Sure. David, if you don't mind, if you could indulge me just a little bit. I've been asked to kind of give an overview of what our recommendations are trying to do, and then if we could go into the details, I think it might put things in perspective and help us as a commission to really understand where we are trying to go, and then solicit the assistance of the Commission to try to get there.

CHAIRMAN SANDERS: Great.

COMMISSIONER MARTIN: There have been a few things that we as a commission overall for the last two plus years have been concerned with. I think it's fair to say that we have not found a program that works to eliminate or minimize/reduce the number of deaths that we all think is going to be the golden answer, the golden key to recommend to the feds.

We have had some genuine concerns throughout this process, namely, you know, whether or not increasing CPS resources is the answer, or if it's part of the answer, broadening the accountability and the definition of what "child welfare" is, and making certain that we are all responsible, especially for the kids under three who are at risk.

Centralizing the assessment and treatment and building on that idea of the children's advocacy centers. Talking about whether or not there is new money or how we could finance anything that we would recommend.

Then really talking about whether we can be proactive and go to prevention rather than always sitting back and being reactive, and then overall, having such problems with data, whether or not we can help build in the long term a better database so that maybe at some point we can start looking at predictive analytics to be a better tool for us in this whole business of keeping our kids alive.

Those are kind of the things we have been concerned about, but we have learned a lot of stuff, too. One of the biggest things or the most profound thing, I think, I've learned, and I hope my fellow Commissioners have learned, is that child welfare can't do this by themselves, and the responsibility of a system has to include not only child welfare but physical/mental health, substance treatment, education, law enforcement, the judiciary, CPS, DV.

Not exclusively but certainly those core components that we have been talking about to really effectuate preventive measures and quality outcomes for our kids that reduce the deaths.

I think what we are trying to say in both subcommittees is that we really need demonstration sites to really see what works best, and we can't necessarily rely on the government to fund it.

What would it look like if we had a private/government blend of money that we would like to rely on, Annie E. Casey Foundation, James K. and Arlene L. Adams Foundation, MacArthur and those that work well with us, and who historically have worked with us in talking about our children and families.

We thought about that. This is what we think something like that may look like, taking in all the considerations we have had, taking in the lessons that we have learned from all of our experts.

What would it look like if we had something like an intake family court, traditionally the cases that would kind of go in there, think about the voluntary cases that we look at right now. It would be a little different.

To get access into this court, it would be any family that has a minor that's three years or younger. It would have to involve a case that the agency felt there was substantial risk that would warrant providing services or recommending services.

At intake, there would be a physical, so we immediately get medical personnel involved, and the medical field involved, so that we could have that follow up and that other extra eyes on our children.

The intake or family assessment for risk and providing services would include and build on that kind of child advocacy center where we would have housing, substance abuse, the issues that relate to that family in the assessment, involved in recommending and referring the services that are necessary.

We would do an evaluation of services. One of the things we are concerned about is in some of the underrepresented communities where minority children and Native children live, often times there are services, but the quality of those services are in question.

Often times, we will get services, methadone services, for instance, but they don't have sufficient resources to run it on a regular basis. For instance, in the State of Illinois right now, we're not paying service providers. Some of the services are lacking the needs for our families, but we are still sending people there because that is the best we have.

We would have the opportunity to do a little assessment of the quality of services. We would appoint a GAO for the child but because we don't have rights at stake for the parties, we don't have to appoint lawyers.

We would have a judge serving more in a mediator role or facilitator, someone to codify the social worker who is actually going to do their jobs. We are not going to have a social worker responsible for checking off boxes for diligent searches, we will have a social worker that really commands what's going on for the services for the family, making certain the referrals are outstanding, collecting the reports, and getting the information.

We have had a real problem dealing with confidentiality, and for this intake family court, for the purposes only of this court, each and every sign off on an information sharing agreement, only for this court.

If in fact this family later gets involved in a criminal case, the lawyer would have to do just like they do now. They would have to file a motion with the juvenile court to get those records, and then the presiding judge in Illinois, that's how we do it, would make a determination because these records would not be available for any purpose other than this proceeding, so we get over that hurdle about confidentiality and not sharing information.

We would then have the opportunity to sit down and really talk about what is needed for the family to protect the safety of our children.

Our subcommittees have come together, and that is what we think we're looking at, something like that, where we really expand the broad definition of what the role of the judge is, and making certain that we include the eyes we need.

The way a family would get recommended for this process would be from the doctors, from the hospitals, from the schools' social work, from law enforcement, from the agency. Anyone who has eyes on our children, who is a mandated reporter or has eyes on our children would have the ability to at least recommend a case come through this process.

If anyone has any questions about that idea, I'll certainly take it. If not, then I can go through the specific recommendations or if we want to start with specific recommendations for the Native American children first.

CHAIRMAN SANDERS: Judge Martin, I actually have a question, and then I see David Rubin does, too. It was actually going to touch on some of the things Dr. Rubin has mentioned, but it sounds like what the subcommittee might be thinking of, and it sounds like both subcommittees, is something along the lines of a pilot that incorporates the vision that we have laid out for what needs to happen long term, and that it would be implemented in collaboration, I'm guessing, between the Executive Branch and the Judicial Branch, with the Judicial Branch playing a major role in helping to organize and facilitate this.

I say that because if that's the case, Dr. Rubin has talked about the notion of an innovation fund. That may be the way to think about this.

Dr. Rubin, did you have a comment?

COMMISSIONER RUBIN: Yes, I was going to say the same thing, I think we are thinking the same way, David. I think the idea is a really good one. One of the things we talked about, if we're requiring all the states to develop state plans about how they can prevent child abuse and neglect fatalities, this is a terrific option.

As part of those plans, the precedence of the Center for Medicare and Medicaid Innovation is the states are applying for state implementation grants to support innovation around their health care reform.

If we had an innovation fund wrapping around new state plans to prevent child abuse and neglect fatalities that involves both implementation and demonstration and evaluation, this is

the kind of program that would be ideal for that, and it would be met with some funding to help implement and then evaluate the impact of it.

COMMISSIONER MARTIN: One of the things -- I think that's right. I think one of the reasons we were suggesting both a blend of government and private funding is we don't want to leave out the foundations that have been really instrumental historically in helping us develop the broader national agenda for children and families. We really need them to buy into this, to help us spread it further.

I think that's a great way to have grounded funding or foundational funding, but I also would think that we would want to also spread out and solicit for funds from some of these other agencies or foundations that have traditionally tried to fund innovative ways of looking at and protecting children.

The thing that I think is so good about this idea is that with the increase or the intensive training for CPS, I mean this has to be a worker who is willing to be a social worker as opposed to, you know, what we have turned social workers into, almost accidentally a document preparer, right.

We need social workers who know how to assess families, know how to relate to families, build rapport with families. We need social workers who know how to work with families and how to do the work of being a social worker.

That's why I think what it does is it gives everybody an opportunity to do what they do best, but bring their expertise together to improve the lot and the future of our children and prevent fatalities that we see.

COMMISSIONER PETIT: Pat, this is Michael. Thank you for that description. I'm wondering if this would be confined to minority children or American Indian or African American children within the context of disproportionality in the context of the tribes and the African American community.

Is it confined to that population? I'm trying to figure out, if it's not, who else comes in, and what's the process for bringing a kid in or not into what you have just described.

The other thing I just would mention is that I've been involved in one way or another over the years with foundations for a long time, and I think they do play an important role in the country, but there is no substitute for a strong governmental role either, and I don't think they are equal.

I think the foundations are good. They have their own agendas. The fact is that there have been many, many initiatives driven by foundations in the last 20 years, and we have had no reduction in fatalities over that period of time.

I think there is a role for foundations, but I think our government, our citizens, should be guiding this process.

I wish you would comment, please, on whether you are limiting who gets referred into this process you described.

COMMISSIONER MARTIN: Mike, thank you so very much for the question, and I was unclear, so I look forward to the opportunity to clarify that.

Obviously, this began in our subcommittees as a way of looking at for minority and Native American children. The reality is, and all of us understand, if we improve the lot for one child, we improve the lot for all children.

I would say this would be something we would do for all kids. What would it look like in Cook County, for instance, if I still had my 18 courtrooms that took in all the petitions that went in for adjudication of wardship. Since we are not looking for adjudication of wardship, let's say we're looking for adjudication of child safety, right, whatever we do.

The law in the State of Illinois would have to have some amendment to allow for a petition for adjudication of child safety, or whatever we call it, however that's designed.

Any child in Cook County would be eligible and any family would be eligible if in fact they have at least one child who is three or under, because that's our targeted population, that's where we determined that the bulk of our deaths are occurring, right, so we want to make certain we focus on and target into that population so we can catch as many kids at risk at that age.

That doesn't preclude us from expanding it later, but let's start where we know we have the biggest problem or the biggest issue.

Secondly, with respect to the issue of funding, I agree with you, but just like a lot of organizations and services, 90-80 percent of their budget are earmarks. Government money doesn't stay steady like we want it to.

The National Council when I was president, it was like 65 percent of our budget was government earmarks. Now that we don't have earmarks, we have been scrambling trying to find money.

Why would we not try to open it up to foundations, even if it is the ancillary funding?

In Cook County, for instance, I have people that I can appoint as a GAL. Some places in the State of Illinois, even though our statute says right now that every child coming in to care has to have a GAL, they scramble to find a GAL. Maybe there's a foundation that would like to support a GAL, you know, in Timbuktu, Illinois.

I just don't want to preclude keeping the foundations that have shown interest, you know, the Annie E. Casey Foundation, from getting involved, so they can help support it.

Now, that doesn't mean we have to rely on them for the foundational or the ground funding. I don't have a problem with that. I do think it is imperative that we make certain people who have shown interest in our children and families historically, that we keep their keen interest and utilize their services, too.

Again, this started from the disproportionality and the Native American Subcommittees, but the reality is any child, black, white, or in between, where the family has at least one kid under or at the age of three, would be eligible to come in.

I do think we all agree that what we do for one child, if it works for one child, it will improve the system for all of our children. That's what our ultimate goal is.

Does that answer your question, Mike?

COMMISSIONER PETIT: Pat, can you hear me?

COMMISSIONER MARTIN: Yes.

COMMISSIONER PETIT: Yes, I think it has answered part of it, but with respect to the process you described, it would be helpful to see it in writing. I don't think it's in either of the documents that you prepared.

One of the things I'd be concerned about, and you would have a better feel for this than I would, it's a concern I have with the overall child welfare system, that in the last 30 years, it has become much more legalistic. There are a lot of lawyers involved. It's not unusual in some cases to have four, five, six lawyers depending on the number of children, parents, foster parents, biological parents, et cetera.

We know a lot of the time of social workers is spent satisfying the legal requirements that document all aspects of the case, and there are appeals, rules of evidence, and everything else.

I understand the importance of the legalistic process when you're separating parents and their children, it's a very big deal, so we want it done the right way.

I'm hoping that nothing any of us are proposing are going to make this process more legalistic rather than less legalistic. I'd have to see in more detail what you're talking about.

Is that something you can share with us, you or a staff person writing up that process, so that we can take a look at it prior to next Monday?

COMMISSIONER MARTIN: Mike, thank you again. Yes. I haven't written it up because I thought we should talk about it first and see if we're on the same path. After looking at some of the comments that were made by Dave and some other people in the last few days, I'm trying to pull all the ideas that we're all talking about and trying to visualize what they might look like, and suggest ways in which that might look on the ground.

The good thing about this, Mike, is it doesn't involve any lawyers. Remember, what we would do is appoint a guardian for the child. That does not have to be a lawyer, it's a guardian ad litem, not a lawyer.

In Cook County, my guardians also are the lawyers for the kids, but we do not have to have guardian and attorney responsibilities in that same person. We just need to appoint a guardian to safeguard the kid, right, and get the kid's interest involved.

Because we're not looking at taking wardship and removing a parent's rights, we don't need lawyers. If in fact, for instance, a mother voluntarily comes through this program, and let's say a mother for the sake of just discussion since the majority of my cases have at least a mother involved, right, let's say a mother is recommended from Dr. Rubin's office because he has seen this child and he's concerned about this mother's ability to take care of the child's medical concern.

The mother has been not very consistent about follow up's to this office, and he needs more eyes on this child, and he's not really convinced he really understands where mom is living and if mom has a substance abuse, and if that's impeding her ability to parent this child in a way that protects and safeguards this child's safety.

Rather than Rubin, you know, putting in a hotline call waiting for two days to see if CPS has sufficient DCP investigators to come to his office and interview this family, what he does is he calls over to the courthouse and he talks to the court coordinator for the family intake court.

I'm making this up as I go, but I'm trying to show what it might look like on the ground.

Then that case is recommended. We have a social worker that goes out and talks to mom about the program, explains the program to mom. If mom decides to voluntarily submit to the program, we get her assessed. We get her into the services that she and her family need, let's say, just for the sake of argument, it's not parenting classes but parenting coaching. It's not drug treatment but it's drug coaches that gets into mom's home and helps mom get to her treatment session for the day, talks with mom about how her triggers and walking through the neighborhood to pick up her kid from elementary school impacts her ability to stay sober.

All those things have the parent coach at home with mom, preparing dinner, doing homework, all that kind of stuff, right. Mom wakes up the next morning and says forget this, I hate Judge Martin, I don't want to go back there, I hate Dr. Rubin, I don't want to see him anymore. I'm pulling out of the program, or she just stops going to her treatments.

At that point, the social worker can then make a recommendation to file a petition for a wardship. In Cook County what that would mean is that worker would go to the State Attorney's Office and say for these reasons, I want to file a petition on mom.

The State's Attorney would make a legal determination if there is basis for the filing of the petition in Cook County, assuming they find so, they will file the petition with the Clerk's Office, and it will come into one of my courtrooms. That case would start.

This is not a wardship determination, so I don't need lawyers protecting rights. What I need is -- really the social worker drives this program. The social worker is the one who decides where we go and how we move this case, if in fact there will be a case.

The social worker is the one that has the expertise, including the expertise of Dr. Rubin, the housing industry, do we need them. If we need child support, the social worker determines that, and we get them involved.

All of those people sign a statement of willingness to share the information for this purpose only, so that if in fact the case is filed later on for wardship, none of the information that was shared at this point is eligible to go in.

It's kind of like a mediation. That's why I used the word "mediation," because the things that happen in mediations are confidential and do not come in the courtroom. The only thing that comes in the courtroom is the fact that everyone showed up to mediation and then an agreement was reached.

All the information that's submitted and discussed during mediation to get to the agreement is off grounds for the courtroom. That would similarly how it would be handled in this process.

If Dr. Rubin has information that mom has AIDS, right, I don't know, but mom has AIDS, something that we keep confidential around here, that would come out because he's signed this confidentiality agreement and his willingness to share information in this proceeding. But

if in fact the social worker determines that mom is blowing us off and she's not participating and she doesn't want to be involved with us any more, and she goes to the State's Attorney and files a petition for a wardship, that information about mom's AIDS is not eligible to go into the courtroom. It only is for this purpose.

I hope that clarifies it a little bit better. Yes, again, I wanted to get some sense if in fact this was worth going down, and does this kind of sound like what we have all been talking about, before we spent staff time trying to write this up.

CHAIRMAN SANDERS: Commissioner Martin, let me just mention that we have several Commissioners who have joined, Commissioner Horn, Commissioner Bevan, and Commissioner Rodriquez. We have all but Commissioners Covington and Dreyfus.

Commissioner Rubin?

COMMISSIONER MARTIN: I can't hear Commissioner Rubin.

CHAIRMAN SANDERS: He's not up yet. I think he's on now.

COMMISSIONER RUBIN: Just quickly. I think it's a great idea. I'm just mindful of allowing -- I think we can propose different types of solutions, but I'm always mindful allowing local control over figuring out what best works in an individual community.

I think there are also single case management models some communities have been very successful with, literally having a Division of Social Services where they try to really wrap this together into a single place, and similar communities up in Wisconsin and Oregon have familiarity with that.

I think these are among a variety of solutions that we would want to encourage, but try not to be too prescriptive, because I think they all need to be tested. That's my only advocacy, but I agree it was a nice summation of what we are trying to achieve.

COMMISSIONER MARTIN: David, one of the things that I'm really interested in, and our subcommittee was really interested in, is making certain that we are prescriptive enough so that there isn't any kind of legal issue that we have to deal with, that one jurisdiction may have to deal with that another would not.

A family that lives in Wisconsin would still have as much right, as many rights as a family in Illinois, after this program is effectuated and they decide to change their minds. Right?

I don't think it all has to look like what I just described. What I did try to do is describe if we use the pillars that we are talking about, for instance, that to get in, you could come in from the medical profession, you could come in from mental health, you could come in from cops, from schools, you could come in from social work.

That would be one pillar. One pillar would be that a family would have to have at least one child who is three years old or under. That would be one thing.

There would have to be an initial intake for a physical for every kid. That would be one pillar.

It doesn't necessarily have to look like what we're talking about. What we tried to do was draw a picture utilizing those pillars, if that makes sense for you.

CHAIRMAN SANDERS: I would add to this, if what I'm hearing is the idea is to set a goal of reducing fatalities, to look at a place-based strategy that targets communities that have a disproportionate number of children dying due to abuse and neglect, and then setting aside resources, to support innovation in addressing the challenges faced in the community with a set of strategies that is defined enough to provide guidance but not overly prescriptive.

That seems to fit in very well, if what I'm describing is what you're saying. That seems to fit in very well with the conversations we have had to this point.

COMMISSIONER MARTIN: I think that outlines what we are talking about, David, very well. The only thing that I think I would ask the Commission to kind of think about, and our subcommittees talked about this, and that is Mike Petit's concern.

If this works well for Native American kids, why would we not make certain that we provide ways in which to expand it for every kid. The idea is if we find something that works for a kid who is over represented in foster care, over represented in the deaths, then it's going to work good for a kid who is not over represented or their community is not over represented. Right?

CHAIRMAN SANDERS: I would assume, and this may be making too many assumptions, so correct me if this is wrong, that the subcommittee was thinking about some kind of grant process, and maybe it is through philanthropy, maybe it's through government, I tend to agree with Commissioner Petit about the government role, but also that it does make sense for philanthropy to be involved.

Some kind of grant process that would fund a specific geographic community and that wouldn't be limited to tribal communities necessarily.

COMMISSIONER MARTIN: Right.

CHAIRMAN SANDERS: Although that may be a priority, but it would be really focused on communities that were having the most challenges facing them related to child abuse and neglect fatalities.

COMMISSIONER MARTIN: That's said well. Thank you. I was just going to ask the same thing. I just wanted to see whether or not any of my fellow Commissioners have any other questions about what our subcommittees are looking at and trying to pull the ideas that we have had for the last two plus years about how to really focus on our kids who are dying.

(No response.)

CHAIRMAN MARTIN: It doesn't look at this point that anybody else is looking to comment, Commissioner Martin.

COMMISSIONER MARTIN: Great. What I'd like to do now, with your permission, David, does anyone have any specific questions about the recommendations that are made -- why don't we take Native American children first.

What we did again is we tried to put the recommendations under the five cornerstones of the whole report. The first one is under collective responsibility for safety. Does anyone have any specific questions about those specific recommendations listed under that section? There are about seven of them there.

(No response.)

CHAIRMAN SANDERS: It doesn't look like anybody does at this point, Commissioner.

COMMISSIONER MARTIN: Okay. Why don't we go down to leadership and accountability?

CHAIRMAN SANDERS: Actually, if I could go back for a second.

COMMISSIONER MARTIN: Please.

CHAIRMAN SANDERS: Mine may not be specific to each of the recommendations but more the language, and just to get a sense of what the thinking is of the subcommittee.

COMMISSIONER MARTIN: Sure.

CHAIRMAN SANDERS: For example, under the collective responsibility for safety, where it says "address jurisdictional issues" as the lead recommendation, and then it is general, in that the federal government should require there be a jurisdictional committee.

I'm just curious, is the thinking that staff will define what that means or is there something more specific that the subcommittee was thinking of in using the term "the federal government should require?"

COMMISSIONER MARTIN: I think originally we were thinking about whether or not staff would, but now we have come to the conclusion after further discussion, we are trying not to be too prescriptive, and we're not sure whether or not we have the answer on that, to be honest, if that makes sense.

CHAIRMAN SANDERS: Really stating it more generally, not necessarily a statement one way or the other, just more generally because we didn't have the specificity to say who exactly necessarily.

COMMISSIONER MARTIN: Right.

CHAIRMAN SANDERS: Okay, got it. That answers it, thanks.

COMMISSIONER MARTIN: Ladies and gentlemen, if we can look at the specific recommendations under the subtitle of leadership and accountability. Remember, one of the problems we have on tribal communities, I shouldn't say problem, I apologize.

One of the issues on tribal communities is that we have BIA, and we have the federal government coming in with the FBI, but there is really no prescription who has the final word.

One of the things we are trying to do is make certain that we give enough dictate, enough prescription, so that in certain instances where we think kids are most at risk to death, that we give some guidance about who gets the final word and where we can keep going so we don't get caught up in jurisdictional issues. That's the basis for the eight recommendations under this subset.

I'll just keep going, and if someone has questions, please interrupt me.

Under measurement and classification, I think number three where we are talking about creates a pilot, this kind of goes into the whole first conversation we had earlier. Taking that into consideration.

I would just add these recommendations go to improving the infrastructure within our tribal communities so that we can get better data. One of the issues we have in jurisdictions, in our tribal jurisdictions, is that it's not that we don't have good data, we just don't have any data at all really.

It really comes down to the fact that tribes, as we heard, I believe, in Minnesota or Michigan maybe, but when agencies report their state death numbers, they don't even include the tribal numbers. It's just a matter of getting numbers.

Building that infrastructure so that we can get good accurate numbers at the beginning is kind of what we are going for there.

If I don't hear any comments, I'll go to the next section, implementing strong child protection methods. One of the issues we have been talking about for both subcommittees is making certain that our services are effective.

There is no sense in having therapy and recommending someone go to therapy if the therapy, for lack of a better term, is not culturally competent or allows for the cultural differences and specialties within the groups, so that people can and will go and take advantage of the therapy.

We're trying to make certain that developing the tools and making certain we are utilizing the skill that we have now and develop to have effective resources.

Number 10 goes back to this whole idea of this multidisciplinary, kind of what we talked about before, making sure that we have the expertise so we are getting the right kind of assessments, and getting effective assessments so that we can get good outcomes.

Again, I would say as co-chair of the subcommittee, if you have any additional comments, even after this call, please call me or please send me an e-mail. We are open to all ideas that anyone has.

Let me go to disproportionality.

CHAIRMAN SANDERS: Great.

COMMISSIONER MARTIN: I will do it kind of similarly. The recommendations for disproportionality are kind of listed -- it's on my page two. I'm not really sure what page it is on yours.

Again, we were trying to build on this concept we talked about in the beginning of this call, and what we are doing is pointing out what we think we need specifically for minority children.

We know that minority children are over represented in child welfare and over represented in the deaths, particularly when we look at the populations of three and under.

Although it is generic at best to say that we need some cultural training, the issue really is, and I think the testimony we received from some of our experts about I don't care if you call it institutional racism, and I think the thought is we're not talking about Jim Crow laws. That's not what we are talking about.

We're talking about the laws that are on the books have unintended consequences for many of our minority members of our community. For example, we can talk about the fact -- here in Cook County, obviously, I have a diverse population.

Often times, the services that are provided on the South and West side are vastly different in terms of not only the quantity of services, how many beds are available, for instance, on the North side or in Rogers Park, but the quality of those services.

As I mentioned, depending on the service provider, they may or may not be getting any or portions of their funding right now, so what they are reducing is the quality of the services that are offered. That is not effective.

What happens is often times, when that case comes into court, it's a matter of whether I make a finding of no reasonable efforts for the agency, because they didn't provide an adequate service, or do I jam mom and the family because mom didn't participate or gain the necessary skills to better parent her child.

The issue really has to be somehow addressed. That's what we are trying to do here when we talk about address racism, racial equity, and the bias in decision-making.

When we talk about change to the narrative about disproportionality, really one of the things that has been most effective for my families here, and I would dare say if you talked to judges around the nation, our families work well with drug coaches.

My families do not work well with a parenting class where they go and sit and watch films and the kid's not even there. They work well with parenting coaches, the coach that knows how to parent a child, knows there are minimum standards for parenting, and goes into the home.

That provides much more safety for my kids, and also helps my parents understand developmental stages for the kid, interacting, child focus interaction, and visiting time, parenting time with their kids.

Those are the kinds of issues we are getting there. Obviously, data is something that we have talked about for two plus years.

Do we have any questions, ladies and gentlemen?

CHAIRMAN SANDERS: Commissioner Martin, are you asking for the entire document or asking specific to what you just covered?

COMMISSIONER MARTIN: I was asking specifically to what I just covered but certainly if there are any questions about the whole document, I'll take them.

I'll just say this, I don't want to take too much time, our time here. I know our time is precious. What I'd like to do is again reiterate, and hope that all of my fellow Commissioners understand that we are open to any recommendations. Even after today, if you have recommendations, shoot me an e-mail or shoot Cheryl an e-mail and we are more than happy to at least think through it.

Again, all of this is put in context to the earlier conversation of how we look at the pillars of some kind of demonstrative project or demonstration site.

I'll leave it at that, David. If anyone has any questions, I'm right here.

CHAIRMAN SANDERS: Okay.

MS. TEMPLEMAN: Commissioner Petit is trying to get on with a question, but he's having some technological difficulties.

CHAIRMAN SANDERS: Commissioner Petit, let's see if we can get you on.

COMMISSIONER PETIT: Can you hear me?

CHAIRMAN SANDERS: Yes, we can.

COMMISSIONER MARTIN: Yes.

COMMISSIONER PETIT: Yes, I keep getting invalid entry. Thank you. Pat, you have two big, big topics that you just presented. I've read all the material. I think it's very, very important. I don't think we can let this stuff just go by. There has to be some comments, at least I have some comments.

In the spirit in which this is all intended, let me talk about a couple of things to you to think about or to guide my thinking and reaction to it.

One is on the disproportionality issue. There is no question about disproportionality. It is abundantly clear, and has been clear since I first encountered the topic, discussion, and writing about it as much as 30 years ago.

The issue for me is what causes the disproportionality, and there are a variety of things that I think goes into what causes the disproportionality. I think in this particular instance, the information that we have considered takes it only partway, and the implicit bias issue, the racism issue, I think those are real issues.

I do think that with regard to racism, I can't change your thoughts about it if you are a racist, but I can control to a large degree your behavior. When I look at two things that strikes me, one is if you look at some of the large urban areas, the overwhelming leadership is African American. The overwhelming majority of workers are African American. When I hear bias and racism, I'm not sure how that gets applied.

One of the things I'm concerned about is by minimizing, as I think this report does minimize, and I think especially on disproportionality and especially on American Indians and Alaskan Natives, there is a down playing, not intentional, about the much greater risk factors that these children and families experience due to 400 years of history, due to the fact there is more poverty, there is more imprisonment, just a lot of other environmental factors that go into this.

I wouldn't want to minimize the importance of addressing some of that because of some of the other causes. I believe the environmental factors are very, very large.

The other thing I would just mention is on the American Indian and Alaskan Native piece. I think this is also deserving of more conversation, although it might not be if the other Commissioners disagree with me.

I've lost my thought. I'll recover that in a moment.

COMMISSIONER MARTIN: Why don't I address the first two while you're thinking of the third; okay?

COMMISSIONER PETIT: Yes, I do have it. Yes. Go ahead.

COMMISSIONER MARTIN: Mike, I think again you bring up great points. I live and work in a jurisdiction where the board president, county board president is black. The State's Attorney is white but the State's Attorney over in my division is black, and the State's Attorney over the whole county is Hispanic.

The presiding judge of Child Protection is black, and has been black for the last 20 years. Most of my workers are black. Black people have bias, too, Mike. That's the thing that I don't think we as a society think about. Right?

It's not intentional bias all the time, and I would never suggest that the people I work with are prejudice or biased intentionally. We do things because we are conditioned to do them.

For instance, if you go to my courtrooms, which are geographically assigned, the first thing that happens is people will look at an address, and assume the address is 49th and Vincent's.

People automatically start assuming it's a female head of household, they are poor, they have babies by different fathers. That may or may not be true, but that's the assumption they work with. They do that because that's what they are used to.

What I'm suggesting to you is kind of similarly what you said. I can't stop someone from thinking that way, but I can train someone to understand that each and every one of us is biased, and to help them develop tools in which they can take that bias off like a trench coat, hang it in their chambers, and don their black robe, go on the bench and make decisions that are devoid of bias.

I can also train people to understand that the workers have bias, police officers have bias. The biases that they have on the street are impacting the facts they are getting.

Often times I talk to my judges about don't make decisions based on conclusions of facts. Base your decisions on the individual facts. What I mean by that when we get a dirty house case, and we shouldn't take kids in care because of poverty, but you know how this works on the ground just like I do; right?

When someone says there's a dirty house and they don't have any food, I should not make a determination based on that testimony. I should be inquiring further. What do you mean by no food, does that mean when you open the refrigerator that it's all old and stale food, or does that mean there's nothing in there but five-year-old ketchup?

When you tell me it's a dirty house, what does that mean? Specifically what does that mean and how does that relate to that three year old's risk factor, and is it different for the 14 year old's risk factor?

That is what I'm talking about with bias. Every single solitary one of us has biases, and what we have to do is recognize that fact. We're not changing, we're not trying to re-raise adults.

We're trying to help them develop the tools they need so they can make decisions that are in the best interest of children as opposed to making decisions based on the biases of the cop,

based on the biases of the social worker, combined with the biases of the attorneys, coupled with the judges' biases, and make decisions based on the facts.

Secondly, when you talk about downplaying of black or minority characteristics of communities, poor housing, environmental factors, that is one of the reasons the first part of this conversation -- one of the reasons for two plus years we have been talking about multidisciplinary teams making assessments and making recommendations.

That's why that project that I talked about in the beginning, the demonstration, the medical, mental health, those are included but not an exclusive list.

If a family needs housing, if a family needs help with Social Security, if a family needs help with child support, we would bring those people in, so we can start talking about the actual factors that affect that particular family, Johnny Jones' family, who is three.

I hope that addresses those issues, and you did say you had a comment or question about the Native American issues, and I'll try to address that as well.

COMMISSIONER PETIT: I do. I think the issue that comes to mind to me in reading carefully every one of the recommendations on American Indians and Alaskan Natives is that some of the recommendations and some of the issues that are being addressed are, I think, beyond the scope of the Commission.

The long history with BIA and the federal government and all that. We have looked at some of these and heard some limited testimony from people wearing different hats and coming from different places.

Some of these that refer to specific changes in certain laws and reporting to this person or that person, there are a lot of recommendations, and it seems to me that some of the recommendations may belong in an appendix. Some of them may not be germane at all.

I don't know that we want to try to go through every single one of them, but I think to think about what we are putting in to step forward, a lot of detail on the Indian side, in particular, that I'm not sure has gotten enough discussion.

One of the recommendations --

COMMISSIONER MARTIN: Can you give me an example so I can try to address it for you?

COMMISSIONER PETIT: Well, just one example is our recommending that the education system in the United States do a better job in describing the history of American Indians in the United States.

That is a really big, big issue in which we gave cursory attention to, and maybe it would be the thing in the long run that would contribute to reduction of fatalities, I don't know.

It's one of several like that. It just kind of stands out there. I don't recall that we spent much time on this. But what does it get us, to pay attention to a commission on child abuse saying we need to do a better job teaching American history in American schools?

COMMISSIONER MARTIN: Let me address that for you.

COMMISSIONER PETIT: Yes. Thanks. Let me just conclude. My concern is not that's necessarily true or untrue. It's more how much of a distraction could it be to what we're saying overall, when for us, I think it's a fairly small element within the range of things that you could do to better protect Native children.

COMMISSIONER MARTIN: Okay. Thank you. Let me address what I think we were trying to do. What we were trying to do was bring to the Commission what we think are important issues that should be recommended to the fed.

The job of the Commission as we see it is for us to decide that we as a commission don't want to recommend that particular recommendation, and that's fine. However, our subcommittee feels that the issue of the history of why Native Americans have sovereignty, why it is so difficult with jurisdictional issues, why it is important for the rest of these recommendations, there has to be some understanding of the inter-generational history.

If in fact we as a commission decide that particular recommendation is too broad, that's fine. That's absolutely fine. We're not taking offense to it. That is what our job is.

That only means in the introductory part of our recommendations about Native American children we need to be more precise about explaining why it's necessary to consider the jurisdictional issues and the sovereignty issues for this population.

I'm glad you brought that up, and that helps us decide how to structure this better, so thank you very much. That is the kind of critique we are looking for, so thank you.

CHAIRMAN SANDERS: Commissioner Petit, did you have more? I have a couple of things.

COMMISSIONER PETIT: No. Thank you.

CHAIRMAN SANDERS: Commissioner Martin, on the disproportionality recommendation, I think what you described earlier and we talked about as the place-based strategy that could impact fatalities, as an overarching recommendation makes tremendous sense to me.

I think there is much that we still have to learn before making sweeping changes, and this would give an opportunity for states and communities to be part of that learning in what it takes to actually reduce fatalities.

I think of the recommendations, the headings, it would be helpful for me to better understand the racial equity lens assessment and the recommendation about conducting that, racial equity impact assessment, to address issues of disproportionality, and also the racial equity training.

I didn't hear that we had clarity from anybody that those specifically reduced fatalities. I could see communities saying that's part of what they want to test further, but particularly the racial equity training, the training for all federal, state, and local child welfare agencies. Say a little more about what the thinking was, because I struggled more with those.

COMMISSIONER MARTIN: As I responded to an earlier question about bias, you know, it is imperative that people working with our children, particularly on such an issue, such an important issue as reducing the deaths of our children, understand that we can't eliminate racism, we can't eliminate biases, but we can do trainings that affords everyone, no matter

how racist you are, right, everyone the opportunity to develop tools that will give them the ability to make decisions devoid of individual biases.

That's the kind of thing we're talking about. That's more of the train in which we are trying to drive or push forward. I guess absent trying to recommend that we go to David Sanders' training in Seattle, you know, which is not something that we think is appropriate for our Commission to do, we're trying to describe it in a way that kind of does what Dr. Rubin said earlier, it gives the pillars and parameters of what the student is supposed to learn without being so descriptive and proscriptive of telling you where you have to go to get the training.

I'm not sure if that answers your question, but that's kind of what we are trying to do, and we are going to have to go back and obviously clarify that, but that was our intent.

CHAIRMAN SANDERS: Yes, go ahead, Commissioner Petit.

COMMISSIONER PETIT: If somebody else has a question on that, please address it. I want to just raise something else. I have to leave at 2:30 for a medical appointment.

What I'm a little bit concerned about is that when we talk about next Monday and Tuesday, putting things to bed, final recommendations, we have a ton of recommendations altogether.

I didn't know if it's possible for the discussion about how we are going to do that over the next 10 minutes or so while I'm still here, or if you guys want to deal with it after I'm gone, that's fine.

If we could just bat it around a little bit and see if we can agree on what the process is going to be Monday and Tuesday for what's on the table and what's not.

CHAIRMAN SANDERS: That is definitely the plan. I want to make sure we finish this. One of the concerns was we hadn't devoted the time to this that we needed to. I don't see other questions, but I want to make sure we have covered this fully.

Commissioner Martin, are there other things you would raise with this or are there other questions? I don't see other questions at this point. Are there things you would raise?

COMMISSIONER MARTIN: No. I guess I would just thank you for the time so we could present what we have been trying to get out to the rest of the Commissioners, but again we would just invite everyone between now and when we get together in D.C. if you have particular questions or specific questions, please get them to us so we can be prepared to address those directly when we get together. Thank you, Commissioner Sanders.

CHAIRMAN SANDERS: Thank you. Let me go over what I'm proposing particularly for Monday and Tuesday, but for our process for coming to agreement about the bulk of the report.

You all have copies of a proposed set of glossary terms that has come up as one of the requests, a revised introduction, and I'll come back to that in a second, and a revised chapter one. Also, a full set of recommendations absent the recommendations from the subcommittees that we just heard from, Disproportionality and American Indian children.

I don't believe we yet have recommendations from the Military Subcommittee. We now have a set of recommendations for the American Indian and Disproportionality Subcommittees.

Let me just go back for a second. For the revised introduction, the idea has been to try to better capture the will of the Commission in the introduction, because it really does frame the entire report.

We have talked about the pillars that are necessary to build for the future, but I think there was a strong sense that we had not spoken enough about the urgency and actually created an action task to say that we know between 1,500 and 3,000 children are going to die in this country as a result of child abuse and neglect. If we continue to do things as is, that will continue to happen because that has been the history.

We can't leave the report without conveying that sense of urgency, that something has to happen immediately to stem that tide and to reduce the fatalities.

We believe we have heard some things that can lead to a reduction in fatalities, and those become a primary component of chapter one.

In addition, we also know that long term, there are multiple changes that we have to make in order to get to zero fatalities, because our current system is unlikely, even with the best of intentions, to be performing at a level that will be at zero fatalities at least in the foreseeable future.

What do we need to do long term? Making sure the report defines the urgency, the short-term strategies and the long-term strategies.

The revised chapter one should capture that. Beyond that, we have a full set of recommendations that we need to consider. What I'm proposing is we start with the revised introduction, the revised chapter one, and the full set of recommendations that we now have in front of us, and that on Monday, particularly, we work through first the revised chapter one, followed by the revised introduction, and then followed by the full set of recommendations. And that we start with the documents that you all have right now, and we go through a process where each commissioner has the opportunity to amend those documents.

The idea is not to have wordsmithing, but substantive changes that I know some of you have around some of these issues, and probably everybody does, and we will offer an opportunity to amend the document.

For each of the amendments of substantive changes, we will go through a process to vote for changes in the actual content. At the end of the day, we will hopefully have been able to work through at least two of the documents, the revised introduction and chapter one, and perhaps all three, to have a set of the introduction, chapter one, which really is the framing of the report, and the set of recommendations that we are comfortable moving forward with.

Let me stop there. I'm actually going to send this out in writing. Let's get some comments. Commissioner Rubin?

COMMISSIONER RUBIN: I think that sounds fine. I think my only question for you for Monday, for those of us who can't make the entire meeting, I have two meetings in D.C.

next week, and I was one of the folks who had a conflict. I would love to have an opportunity to be able to discuss where we are going to meet in the middle on the sort of interdisciplinary response. That's all I would add.

I sent all my comments knowing that I wasn't going to be there for the whole meeting. I sent all my comments by e-mail so folks could see some of the comments I made. I caught some recommendations I didn't think were fully baked and others that we have been talking about for a bit, so you can take a look at those, particularly the staff, to see if they make sense.

There were a couple of comments I sent by e-mail. I just wanted to make sure folks saw elevated. I thought there was a nice analogy from the Bush Administration in the way they handled pandemic flu, and apparently Mike Levitt had required MOUs from every governor in the country. He went around the country apparently, and was signing these MOUs. It was a big deal.

What it did was it elevated the pandemic flu work to the governors' offices. I thought of a nice alignment with our state plans, that we could require a similar kind of response, sort of treat this like an epidemic in some ways.

CHAIRMAN SANDERS: Commissioner Rubin, when will you be on the call on Monday, or will you be able to join us at all?

COMMISSIONER RUBIN: I'll be physically with you guys from 9:00 to 12:00 on Monday morning.

CHAIRMAN SANDERS: We can start with some of those comments because they are specific to the process that I just talked about. We will make sure we are covering at least the beginning of those comments when the meeting starts on Monday.

Commissioner Horn?

COMMISSIONER HORN: David, at this point, are you asking for questions on process or on substance?

CHAIRMAN SANDERS: On process.

COMMISSIONER HORN: Is the expectation that by the end of Tuesday next week, we're going to have an approved set of recommendations?

CHAIRMAN SANDERS: That would be my hope. It could be difficult given the number of recommendations. I think that's one of the challenges that we will have to face and actually have conversation about those set of recommendations. That would be my hope; yes.

COMMISSIONER HORN: I have a problem with that, that expectation, since we don't have the full report, and since recommendations are made within the context of how the report is written, I'm not sure I know how it is that we are going to be voting on recommendations without at least having the full report, even in draft form.

CHAIRMAN SANDERS: Commissioner Horn, great point, but what I would suggest is that it's very difficult to direct staff to put together a full report without letting them know at least preliminarily where there might be consensus around recommendations.

There may be a way of giving enough direction to staff to say it does appear there is agreement around these issues or enough agreement that you can put together the report in a way that is consistent with the will of the Commission. I think that has been my concern.

COMMISSIONER HORN: You're not talking about a final up or down vote on specific recommendations. You're trying to get a sense of where the Commission is regarding the draft recommendations so that the staff can continue to draft the report.

CHAIRMAN SANDERS: Right. This wouldn't be an up or down vote on the report, but yes, exactly, to give direction to staff to say here's the set of recommendations that should be incorporated into the draft of the final report.

COMMISSIONER HORN: Reserving the right later on if the report is written in such a way that elicits a significant thing in somebody's mind or the way the final recommendations are drafted and the context in which they are written, there would be a final opportunity for votes?

CHAIRMAN SANDERS: Exactly; yes.

COMMISSIONER HORN: May I just make one general comment on the chapters, and I think Michael made this point in an e-mail this week, which is it seems fairly light on analysis. It paints a compelling picture but it's light on analysis.

For example, I would think it would be important for us to clearly identify the characteristics of the perpetrators, both the fatalities and near fatalities. I think that is an important thing. Nowhere does the report actually talk about that.

There are certain statistics that are thrown in which do not have references. For example, a statistic that is repeatedly used and it may be accurate but it's certainly not accurate with some of the states that I'm most familiar with, that 40 percent of all CPS calls are screened out before anyone sees the child. I'd like to know where that came from.

There are other additional places where it would be useful -- this is going to be seen as a definitive document, so we should at least let people know where we got certain statistics. Some statistics are not referenced, cited.

There are whole sections of I think relevant data that is not included in the report. It almost reads like an executive summary than it does a detailed report to a nation that says this is what we know about the current state of affairs when it comes to child abuse and neglect fatalities.

CHAIRMAN SANDERS: Thanks for that. Commissioner Rodriguez?

COMMISSIONER RODRIGUEZ: I just have a process question because I won't be there in person for this meeting. I should send in written comments, but I'm a little bit confused about what I'm actually sending written comments on, because I have other people's comments on the draft.

If people are sending in written comments, do you want them to be on the original version prior to other folks making edits?

CHAIRMAN SANDERS: Thanks, Commissioner. That is part of the reason why I suggested the documents Amy shared, because there have been a number of comments on those, that Amy shared as the revised introduction and revised chapter one, and the set of recommendations. Those are the starting points.

We will obviously make changes from those very quickly, but I didn't want there to be a moving target of different documents that were being worked from. Trying to start with what Amy sent out and maybe after this meeting, she can send them out again to make sure that everybody has the same starting point.

Does that answer your question?

COMMISSIONER RODRIGUEZ: It does. I just want to make sure since I won't be part of the discussion that I'm actually commenting on what is being discussed.

CHAIRMAN SANDERS: Are there any other questions about the process? Commissioner Petit?

COMMISSIONER PETIT: David, on chapter one, I have many comments on it, some are very small and some are bigger. Do we just unload the whole thing on staff, do we just say here it is, and then they will pick and choose? There may be something contradictory that comes in or is better expressed, less expressed, whatever it is.

We're going to have a document with five people submitting comments on chapter one, what is the version we are going to be looking at on Monday, or are we just going to comment on these things on Monday, and at that point, the Commission members can decide yes. What gets put in the document if --

CHAIRMAN SANDERS: The starting point is the document that was shared, and then on Monday, for example, we might start with comments that Dr. Rubin made on the original document, and there would be discussion on that, and perhaps Dr. Rubin proposes an amendment to one of the recommendations or Commissioner Petit, you propose an amendment, that you want to be more explicit about what the surge is.

That is our conversation on Monday. It is from the original document.

COMMISSIONER PETIT: In my case and David's case, I don't know about everybody else, but I know several of us have submitted stuff already. Right?

CHAIRMAN SANDERS: Yes.

COMMISSIONER PETIT: It's on the table for discussion on Monday.

CHAIRMAN SANDERS: Yes. The idea is to have -- as both of you have submitted specific changes, that's the goal, that we really need to get to a point where there is enough clarity about exactly what it is we are saying, and we will have the discussion about that, and then if there is not clear consensus, we will vote on are these things going to be concluded or not.

COMMISSIONER PETIT: Okay. All right.

CHAIRMAN SANDERS: Commissioner Bevan?

COMMISSIONER BEVAN: I'm very uncomfortable with the process. Given the fact that we have these open mikes and this is portrayed outside as an already done deal, moving forward like this without finalized recommendations, I can't vote. I just can't. That's one problem.

My other problem is unless we come up with some sense of how much these recommendations are going to cost and how we are going to pay for them, I also can't vote.

I just wanted to prepare people that maybe there is no point in my coming to the meeting, but if I do come, that's the position I have. If it's just going to be disruptive, then maybe I should just drop out of this particular meeting.

CHAIRMAN SANDERS: Let me see if I can try to understand. In chapter one, we talk about a variety of issues, and everybody has seen a copy of chapter one.

The idea is not that there would be a final vote on this is the report, but the content, either we disagree with and want to make specific changes, so each commissioner will have an opportunity to make those amendments, and then we would vote on the amendment.

COMMISSIONER BEVAN: That's the point. If I have an amendment to a framework that I don't buy into, I don't know when it became the framework that we have to work to amend. I'm not just going to amend something.

That is a framework that keeps evolving and changing from a writer who is not a child welfare expert and whom we never even met. It doesn't make sense to me. I'm sorry. It just doesn't.

CHAIRMAN SANDERS: For example, Commissioner Petit proposed pretty dramatic changes as I read them to the short-term recommendations. There could be an amendment proposing a completely new framework.

I'm not sure that wouldn't be out of the question as a possibility. That would then be debated and there would be a conversation and probably a vote on it.

COMMISSIONER BEVAN: I think it's gone too far down the road. I can try.

CHAIRMAN SANDERS: Commissioner Rubin?

COMMISSIONER RUBIN: I hear what Commissioner Bevan is saying. To me, it's hard to play Monday morning quarterback. I do think more face-to-face meetings in the fall would have helped to maybe work through our framing.

We are where we are right now. The question is what's the best process to move forward where we feel like we can achieve as much consensus as possible.

I do feel like the overall framework needs to be reviewed, and that's probably where we need to start. I think that over the series of phone calls that happened over the last couple of months, I felt like we sort of got to the framework, sort of the immediacy of a response from CPS as well as the immediacy of trying to reduce the pipeline of kids, trying to get the kids earlier and capture kids earlier to more of a system's based approach.

In my comments, there were some specific things we had talked about that I felt like got lost in translation and needed to be readdressed by the group, things that not just I had talked about but other folks had mentioned along the way.

I find that as I'm reviewing the documents that we're playing catch up, and we have a very tight deadline, so a lot of things are getting inserted that don't have the precision of what they need to be.

They are in the right direction, but they're not precise enough even for us to say this is what we meant. Some of them we are seeing for the first time. Others are sort of incorrect interpretations of what I believe people were saying.

I think we have to have time to review all those. I think the challenge we are having with process is we just haven't had enough commissioner time face to face. To really work through a document like this, you need multiple meetings.

That's the hard part, how do you balance that with the sense of speed we need to kind of move this through so we don't make a big mistake and have something that is really imprecise.

A good example of that. I caught a recommendation that was about mandatory drug screening for all Medicaid enrolled moms, and was like, where did that come from? There is no way we are going to endorse that.

I understand where you are coming from, Commissioner Bevan.

CHAIRMAN SANDERS: Any other comments about the process? Any other questions? Commissioner Rubin, did you have a comment?

COMMISSIONER RUBIN: No, I'm good.

CHAIRMAN SANDERS: All right. Amy, is there anything else that we need before we close?

AMY TEMPLEMAN: No --

CHAIRMAN SANDERS: Amy, did you say something?

AMY TEMPLEMAN: I said no, I think you have covered everything.

CHAIRMAN SANDERS: All right. We are adjourned for today. We will be back in session on Monday morning to go through the recommendations, introduction, and chapter one.

Thanks, everybody.

(Whereupon, at 2:29 p.m., the teleconference meeting was adjourned.)