



COMMISSION TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES

TELEPHONIC COMMISSION MEETING TRANSCRIPT

October 30, 2015

In Attendance:

- Chairman, Dr. David Sanders
- Commissioner Amy Ayoub
- Commissioner Bud Cramer
- Commissioner Teri Covington
- Commissioner Susan Dreyfus
- Commissioner Wade Horn
- Commissioner Patricia Martin
- Commissioner Michael Petit
- Commissioner Jennifer Rodriguez
- Commissioner David Rubin
- Acting Executive Director, Amy Templeman

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CHAIRMAN SANDERS: So we have a full agenda for the first time actually, a draft of the report, at least the first half of the report and so much of today will be spent talking about that draft that's in front of us.

What we're wanting to start with is an outline of the second half of the report so that people have a sense of the full document versus just commenting -- versus beginning to comment on the first four chapters.

And so I wanted to spend about a half hour on the second half of the report. We don't have to go into great detail. We'll have other opportunities to talk about that, but wanted to make sure that people were aware of what's in there and certainly we'll have the opportunity to make changes, and additions, subtractions, whatever.

So about a half an hour on the second half of the report, the outline and then we have -- we should spend about a half an hour or so on reactions to the introduction and chapter one and then spend about an hour -- and these are just approximate times. Obviously we'll be flexible depending on the conversation. About an hour on chapters two, three and four.

And so the -- we have some questions and again, this is an opportunity for us to really have a discussion about what this should look like, what the recommendations should look like and so

forth. And so I would like to stay as focused on those areas as possible, but really want this to be a brief line discussion with the contributions from all of the commissioners.

So we -- any questions about the agenda? So we'll start with the outline for the second half of the report and then have conversation about chapters -- the introduction and chapter one and then finally chapters two, three and four.

Looks like Commissioner Martin.

COMMISSIONER MARTIN: Hi. Hello, everyone.

Chairman Sanders, I was wondering if we could get some idea of all of the commissioners who are on. I know that you had indicated that there's a quorum --

CHAIRMAN SANDERS: Oh, sure.

COMMISSIONER MARTIN: -- but I just wanted to make certain I knew who was on.

CHAIRMAN SANDERS: Sure.

COMMISSIONER MARTIN: Thanks so much.

CHAIRMAN SANDERS: Sure. Commissioner Ayoub, Commissioner Petit, Commissioner Covington, me, you, Commissioner Dreyfus and I think that's it right now.

And all but Commissioner Bevan are scheduled to join.

Commissioner Petit?

COMMISSIONER PETIT: Yeah.

CHAIRMAN SANDERS: Yes, go ahead.

COMMISSIONER PETIT: To complete the full cycle on this thing, I understand what you said about dealing with the second half at the beginning and all of that, but what is then going to happen at the teleconference that we have at the end of -- at the beginning of December and what will that two day session look like?

In other words, you know, are you trying to finalize anything today or just have a draft report of the whole document for discussion on December 3rd or what's --

CHAIRMAN SANDERS: Yeah.

COMMISSIONER PETIT: -- is the latter --

CHAIRMAN SANDERS: So we should -- so we should get a solid sense of the introduction through chapter four. What changes? Are we close? Are we not close? What we -- and we'll have the opportunity obviously also to decide are these the priority recommendations or not? And so at least have some sense of that.

We also will have had the outline for the second half of the report so in the next teleconference we should have a written document of the full report. Draft. A very early draft of the full report and then for the two day meeting we would have the -- really a second, maybe a third draft version of the full report that we will be going over.

Commissioner -- is it Rodriguez? Commissioner Rodriguez joined so she's also on now.

Commissioner Rodriguez?

COMMISSIONER RODRIGUEZ: No, I was just buzzing in to let you know. I don't know why it didn't register that I'm here, but I've been here.

CHAIRMAN SANDERS: Okay. Commissioner Covington?

COMMISSIONER COVINGTON: Hi. As we proceed this afternoon, I'm a little bit confused about -- I only have, I think, two documents in front of me and I'm confused about which one is which. You had talked about talking through it in more detail, chapters two, three and four. I see chapter one in detail, but I don't see detail on chapters two, three and four.

CHAIRMAN SANDERS: Okay. Amy --

COMMISSIONER COVINGTON: Thank you.

CHAIRMAN SANDERS: -- I think -- Amy, can you comment on that? I sent -- I think everything went out for all of the -- for the full report. But Amy? Hi. Can you hear me?

AMY TEMPLEMAN: Hello?

CHAIRMAN SANDERS: Yes, go ahead.

AMY TEMPLEMAN: Yes, someone asked a question about documents.

So a week ago today, October 23rd, two documents went out. One of them had chapter one and the introduction in it and the other one had chapter two, three and four in it. And then yesterday the detailed outline went out. So right now I will resend all three of those documents to all commissioners.

CHAIRMAN SANDERS: Commissioner Rubin has joined. And Commissioner Rubin, was there anything that you wanted to say?

COMMISSIONER RUBIN: Yeah. I mean, I've had the chance to kind of review the -- good afternoon everyone.

I've had a chance to kind of review and before we get started in the individual recommendations, I think it gets back to, you know, sort of -- you know, I was trying -- I'm still trying to feel out what does this next stage look like and how do we arrive at recommendations. And in my initial reaction just in entirety, was that there were recommendations being made that hadn't been discussed by the group and to some degree I don't think reflected the weight of the evidence.

Now, the bright side -- you know, on the bright side, that document that was sent out by someone on the staff, whoever gave -- if it was a group effort, it was terrific, actually tried to distill themes and recommendations and listed all of the different groups that provided evidence.

I know it wasn't comprehensive. There were areas that were missing. Some specific work around Native American communities, et cetera. But that kind of effort to really kind of organize the weight of the evidence around the themes we were hearing and allowing that to

guide the recommendations I think was an important process and I didn't even necessarily see the connection of that document to what was appearing in chapters two, three and four.

That's what -- I think this is the illustration of what our work is on December 7th and 8th and we really try to make sure that -- that we have recommended is aligned with what we heard.

CHAIRMAN SANDERS: Yeah. And that's exactly the kind of conversation we should be having today, too, because as we see future durations of this document it should -- it is intended to reflect the will of the commission and so this was a -- an early first draft and I think that what you just described is actually what we want to talk about today.

So let -- why don't -- if there are no further questions about the agenda, Commissioner - - yeah, okay. Then why don't -- then obviously Commissioner Rubin has also joined us. So let me just go through who's on -- which commissioners are on.

Commissioner Ayoub, Commissioner Cramer has joined, Commissioner Rubin, Commissioner Rodriguez, Commissioner Petit, Commissioner Martin, Commissioner Dreyfus, Commissioner Covington.

So Amy, can you at high level and relatively quickly walk through the content -- or Jill, either one -- of the second half of the report so that we can have some conversation about that?

AMY TEMPLEMAN: About the second half of the report?

CHAIRMAN SANDERS: Right.

AMY TEMPLEMAN: Okay. Absolutely.

So the main difference between the first half of the report and the second half of the report is that the first half lays out the three core components that are essential to preventing child abuse and neglect fatalities.

And then the second half of the report takes those three core components and says, if we apply these components what recommendations would have to be in place. And the thesis of the second half is that when the three core components come together, communities can more effectively apply what we know to stabilize.

And chapter five lays out ways to implement stronger child protection methods based on looking at the whole child protection system which includes CPS and the web of other stakeholders who work together with CPS.

Chapter six is the other -- what we're calling an application chapter. How we apply what we know. So within chapter five there are a series of recommendations in order to achieve that. But in chapter six we focus on developing new tools and strategies to apply what we know.

And this chapter argues that we have to expand what we know and grow our capacity to analyze data and employ our resources based on the findings that protect vulnerable children. The recommendations here present opportunities to collect and use data in new ways to approve decision making and better protect children.

So those are the two chapters that focus on applying what we know and then after that there's a section three, considerations for specific communities, and will have chapters seven,

eight and nine in it followed by section four which will be the next step chapter with some considerations for implementation.

We did not have outlines yet for sections three and four, but we do have an outline for chapters one through six in front of you right now. We're hoping to have the full content for one through six on the next call and then outlines for sections three and four and some of the content also.

CHAIRMAN SANDERS: So the -- we can go into as much or as little detail on this as we would like. The idea was that you'd have this in front of you so that as we talk about the introduction and chapters one through four, we know the pieces that are missing from that and could follow.

So certainly comments on the content of this and particularly are these are right recommendations and is -- are there things missing. And then -- but keeping in mind that we'll have more -- this will be in written detail form for the next call.

So let's see. Commissioner Covington?

COMMISSIONER COVINGTON: So I'm a little confused at the way that the report has been structured because I understand we have these core components of the national strategy which is section one, chapters two, three and four. So we're basically saying though that chapters five and six and -- I guess five and six are not the core components of the national strategy?

It seems you've taken the core components of the national strategies. They're different than what we're doing in chapter -- I don't understand why we're separating those out from the core components.

CHAIRMAN SANDERS: Let me take Commissioner Dreyfus' comment and then go to Amy to respond to Commissioner Covington.

Amy? I mean, Susan?

COMMISSIONER DREYFUS: I think we should answer the first question first with Teri and then I could come back on.

CHAIRMAN SANDERS: Okay. Amy?

AMY TEMPLEMAN: So the reason that we separated it was because we wanted to describe what a strategy for the 21st century would look like and what it would take. So the way that the Commissioner -- the way that you've talked about in testimony and in reports and based on what you've heard and read, there seems to be three things that when they come together would best protect children and those were the three core components. The collective responsibility for safety, leadership and accountability and then decisions grounded in strong data.

The reason that we separated those, the second half, is because we really wanted to say that if there was a jurisdiction that had all three of those core components in place, what would happen?

And so that was a way of articulating specific ways that a new more broadly configured child protection system that was supported by strong leadership and better data would be empowered to apply what is known about fatalities right now to more effectively keep children safe.

And then also looking into the future how we could continually expand upon the cutting edge of our capacity to analyze data and employ resources that are based on the findings to protect vulnerable children.

CHAIRMAN SANDERS: So Commissioner Covington, is that -- do you have a different proposal about how to approach that?

COMMISSIONER COVINGTON: Can you hear me? Because I'm not able to be unmuted.

CHAIRMAN SANDERS: Yes, we can hear you now.

COMMISSIONER COVINGTON: You can hear me? Okay.

Yeah. I guess I don't like it. I just -- I have this -- I don't like it. It just seems to me to put chapter five in a less important framework than what you're saying in the national strategy. I think there's pieces in chapter five that to me are -- should be the national strategy. So I guess I just don't like separating those. I think it just makes it very complicated and it doesn't resonate well with me.

I also don't like -- I'm being critical now. I also don't like in chapter five how we've included -- I think we've got too much in five that's all under the same umbrella which is stronger child protection methods whereas I think some of that -- which is all that -- the prevention and early intervention services of children and families most at risk. I don't think that that should come under child protection methods. I think that's a standalone.

But for me personally and I think our subcommittee would agree on it. We sort of feel that that's a really key national strategy. That there's got to be a much more coordinated and massive response on early intervention and prevention. And I think -- I don't like that it's sitting under the framework of child protection methods.

CHAIRMAN SANDERS: Amy?

AMY TEMPLEMAN: I think that's -- I think that's certainly something that we could look at lifting up to a more prominent position, absolutely. Comments about really important recommendations or ideas that seem to be buried and need to be lifted up higher is really, really helpful for the staff to hear. Thank you.

CHAIRMAN SANDERS: So Commissioner Dreyfus, I think you were next.

COMMISSIONER DREYFUS: Thank you. Can you hear me?

CHAIRMAN SANDERS: Yes.

COMMISSIONER DREYFUS: Hello?

Yeah. So I wanted to, first of all --

CHAIRMAN SANDERS: Yes, we can hear you.

COMMISSIONER DREYFUS: Okay. Thank you.

I just wanted to, first of all, agree with Teri and I felt that the way we were going into these four strategies is that we were really focusing in on a need for a 21st century child protective services system in this country, not just -- and that that includes a very strong CPS function. I liken that to the 9-1-1 call, right? When a child is viewed as not being safe.

And I thought a real theme that we heard whether we were Colorado, whether we were in New York City, one of the things that we heard was that the context around these children's lives, the quote, unquote -- the term being used in healthcare reform, the social determinants of health.

If you really look at that, there is a community context that is feeding child neglect and what we heard were the real risk points for kids. Substance abuse, violence in the home, inadequate housing. There was a whole plethora of things that sat underneath neglect.

And the strategy we heard whether it was Wichita or how they're looking at larger collective impacts in New York City was that the strategy wasn't a CPS centric strategy. And I thought that was one of the most compelling things about our work as a former child welfare director. One of the most compelling things about our work was getting out of this box of thinking that everything goes in and out of CPS in terms of how we get on top of this issue.

Kind of -- and I don't know that I can say, well then this recommendation, that recommendation needs to be moved. It's on overall theme and context that I think has to stand on its own in terms of what we --

And I appreciate if people are uncomfortable with collective impact, I appreciate some people are comfortable with public health, but I just spend the weekend at Harvard last week with a lot of state level leaders in this whole space and everybody is talking about public health approaches to solve what has been really hard to solve human service challenges.

So I'll stop with that, but that's kind of just an overall feeling I had reading those documents.

CHAIRMAN SANDERS: So Susan -- and I think it goes back to Teri's comment. So are -- so chapter two in part is intended to capture that and then chapter five it seems could be incorporated into that. Are you thinking that there should be a structural change or are you thinking that the language is inadequate to capture what you just described?

COMMISSIONER DREYFUS: Thanks for the question. My own personal view is the language is still inadequate because it's not capturing what's sitting underneath the essence of what our country is coming to understand about what works in place-based strategies and the -- you're creating an ecosystem within a community that is interdependent of one another.

And it's not just voodoo. We actually have, you know, real examples of how this kind of place-based work like we saw in Wichita, like we saw in Hillsborough, like we heard about their efforts in New York City. How it really does work.

I guess I feel it's a language -- an overall language issue and it seems like we're framing this collective responsibility as being very CPS centric whereas in my vision of it, CPS is but a critical player of it, but it really is about getting underneath root causes that cause the

cascading of risk factors that compound neglect and compound the cascading influences of child safety.

CHAIRMAN SANDERS: So when we go to the discussion of chapters -- of the introduction in chapter one, it seems like the -- your comments really apply there that we need to figure out a way to strengthen the language that really introduces the full report. And I'm hearing something similar from Teri that if -- that there's something missing in that that isn't framing what we believe we want to communicate in the full report.

Does that sound right or am I -- versus --

COMMISSIONER DREYFUS: Yeah.

CHAIRMAN SANDERS: -- specifically at the second half of the report comments. It really is about how the report is framed in the introduction and the first chapter.

COMMISSIONER DREYFUS: Yeah. I'll just say one last thing and then I'll just -- I'll stop.

It seems to me that when things recurred, like when we were in our conversations in Tennessee as an example, and the work that Commissioner Henry (Phonetic) is doing there, there the specific work he's doing to re-envision the Child Protective Services function.

But then I keep looking at his waivers, right? He's really looking at a very different community context of the multiplicity of partners that are responsible for the safety and well-being of kids in the community.

And the way I just felt when I read this, that it was more than just about introduction. Even the recommendations seem to come across as pretty transactional around the CPS function.

And again, happy to talk about that more, but I would just -- I'd love to hear what David thinks, too.

CHAIRMAN SANDERS: Okay. So -- and Commissioner Horn has also joined us.

Commissioner Rubin?

COMMISSIONER RUBIN: I'm going to sort of get -- also fill you in on some other stuff, but I have the same reactions as both Commissioner Covington and Commissioner Dreyfus. And, you know, for me, you know, it had a very CPS centric feel in terms of the way we were talking about collective action. And I just wasn't -- it wasn't hitting the right point.

And a lot of it was language, but some of it was also structural. I think that, you know, that collective approach, that public health approach -- and I'm going to expand on that in a second -- you know, did not come across to me in the document even to the point of there was a heavy focus on 4E and there was nothing about -- there was really nothing about Medicaid or the maternal and child health block grant or -- and the opportunity of rolling this up with other responsibility.

I think that, you know, Teri, Susan and I did have a chance to touch base briefly. I think we could be much more intentional and say that this collective approach could reside and be led depending on the local systems leadership through a CPS leadership mechanism, but in many communities that we visited, it was being led at a much higher level. Near the governor's

office or through the public health system or through its Medicaid program. And that we retain some flexibility to allow these systems to identify where the leadership is, but that the components to me are -- need to be, you know, singled out.

Now, I will say after our last call, because there was a question of what this -- you know, I think we've been struggling with the word public health. And so Commissioner Bevan and I got together and had coffee in Philadelphia because there, you know, she came out and said -- and I was glad she said it -- that I don't feel comfortable. I don't know where this ends, I don't -- and the reality is, I think it's all in the language.

I said to her, when I talk about public health and collective approaches, I'm really referring to, not, you know, everything for everybody. I'm talking about we learned that we could better identify high risk families earlier and try to get to them the resources that they need in order to prevent, potentially, a serious event to a child.

That includes the entire -- that includes identifying kids through predictive analytics, that includes assuring that the programs that are availability in the community are made available for our families who are actually having children with serious child protective service histories in their backgrounds. And so it's really about the public health targeting of resources across many systems to the right families to prevent an event.

And when I couched it in that way, she said, oh, are you talking about targeted delivery of services? I'm like, yes. She goes, well, I agree with that. And so I think it's -- I think we got lost in the larger sort of jargon around public health that we are -- I do think that when we unpack it and if we unpack it right, I think we might get a lot more consensus of yeah, that makes sense and it feels like there's an appropriate boundary there.

CHAIRMAN SANDERS: That seems like a -- can you repeat that? I tried to capture as much as I could. That comment that you just made about the targeting and what that means in the public health context.

COMMISSIONER RUBIN: You know, when you -- so can you guys still hear me? I'm not sure if the mike is still on.

CHAIRMAN SANDERS: Yeah. Yep, you're still on.

COMMISSIONER RUBIN: Yeah. So if you -- so my role now in my health system, I'm doing a lot of work around population health management. If you look at a population health management design, you identify, meaning, who are the patients you want to work with.

In the public health context, it's which families are at most risk, right, for an event? Some of them are already in the child welfare system, some of them are not. Some of them have their own serious histories behind.

Then what you're looking at is you use your data to identify the -- you know, which families are at the highest risk for an intervention now? At the time of delivery or prior to pregnancy? That should align then with what your patient engagement strategies are or your client engagement strategies are.

And in this public health model, that's a -- do we have substance abuse or mental health treatment for those families who have this serious history of mental health issues who are delivering a baby? You know, or have a serious Child Protective Services history, et cetera.

And then you define -- you align those resources at the community level to ensure that there's a single case management model, that there's -- that resources are being delivered to prevent these events from happening. And I sort of provided -- you know, and then you can measure the outcomes of whether you're able to avert events. Whether it's referrals to the child welfare system, et cetera.

That's sort of the population health management model. It's the public health oriented model and I think that's -- we've heard that traverse throughout the times we've been here and it provides some boundaries to what can sometimes feel like a very open ended argument about what is public health. But it's really the targeting of resources to the families that are at immediate risk.

CHAIRMAN SANDERS: Thanks.

Commissioner Petit?

COMMISSIONER PETIT: Hello. Can you --

CHAIRMAN SANDERS: Yeah, you're on now.

COMMISSIONER PETIT: Am I on now, Dave?

CHAIRMAN SANDERS: Yes.

COMMISSIONER PETIT: Yeah? All right.

Listen, just for the sake of discussion here, I feel the exact opposite of what Teri and Susan and David have just stated. I feel that there is a very strong emphasis on the public health side of this to the point in my mind where it almost hijacks the issue.

The creation of the commission was not to prevent child abuse and neglect and it certainly wasn't to promote child well-being. We all know that child well-being needs to be promoted and I don't believe it's the function of CPS to promote child well-being. Their job is to protect child who have been abused or neglected or who are serious risk of abuse and neglect.

So as I read this thing, the issue for me was that there was too little focus on what we also heard at every one of the meetings which is not enough staff, not well trained, not well supervised, not the tools needed to give to families what it is that they require.

There's no argument whatsoever that a public health model -- there's no argument whatsoever that the promotion of child well-being should be a priority for the country. It's not right now. It's not something that, you know, over the last 30 years has had the emphasis that it deserves on this thing.

But when I look at those daily headlines that we get day in, day out, day in, day out on kids that are being killed, on what the circumstances are, I see patterns that emerge there that I don't think that we're addressing effectively with the recommendations that we've made.

And as I read the document after chapter one -- and let me just say, I thought the introduction was excellent. And then it starts to fall off for me with chapter one. Chapter one was good descriptively although it needs more descriptively, but I thought it was very weak prescriptively.

And as I look at this issue of stopping child abuse deaths right now, I was hard pressed to locate, for example, the one thing that I heard in all of the hearings we had where there seemed to be a cause and effect relationship between doing something differently and having fewer kids dying in Hillsborough County. I didn't hear any place else. It may have happened someplace else and I'd like to be pointed in that direction, but I didn't hear anything else in that area.

And one of the recommendations that was consistent was that if you do this look back of all of these kids that are custody, open child protective cases rather than are at home who have been abused and neglected, that is very -- one tiny, one line bullet in this large document. And my own feeling is that there isn't anything on the short term that would have a greater likelihood of a return than going back and taking a look at those families that were first dealt with by a 25- year-old with a supervisor who was over loaded who didn't have any direct services. I mean, I think that's one of the pieces.

I didn't see much or anything on the confidentiality piece. I didn't see anything or much on how the feds call the states accountable on this. I kept seeing this business about a cause and effect relationship. We're not doing enough prevention because we're spending too much money on the back end.

They're both needed, they're not mutually exclusive. We don't say we're going to cut the back end in order to do the front end. We're just not funding the front end properly. That doesn't mean that it needs to be taken from the back end of this. We've got all of these kids in foster care that need services.

So, you know, I looked at all of the material very carefully. I'm looking forward to further discussing all of these things, but the legal responsibility right now for the protection of children who are abused or neglected is the states. Everybody else is an ancillary player to that.

They're all important and some states do better in enlisting than not. I accept fully the collective responsibility piece and I accept fully the public health piece, but they're not -- that does not need to come at the expense of a stronger CPS model that has enough workers, that has enough training, that has enough supervision, that has enough direct services.

And I'm hoping that what we're not going to do is divide up within the commission that says there's one group that's for prevention and public health is another group that, you know, wants to just the CP -- what you call CPS centered which I would not use that term.

So I'm hoping that we're going to say we need to do both things and as an immediate piece right now for the next year with some several thousand kids are going killed, the preventive public health approach isn't going to do anything for that group of children in the next year. What is going to do something is CPS beefed up.

I'll stop there and return as appropriate. Thanks.

CHAIRMAN SANDERS: Thanks.

Commissioner Martin?

COMMISSIONER MARTIN: Commissioner Sanders, one of the things that I just wanted to bring out as a practical matter, sometimes when people are speaking there is background noise. I know that Commissioner Covington said that she's unable to mute. But if we could just remind people that when they're speaking if they can delete their background noise, it's easier for the rest of us to hear.

On the topic --

CHAIRMAN SANDERS: Definitely some of it is from here, I think.

COMMISSIONER MARTIN: Oh, okay. All right. Thank you.

On our issue that we're talking about, so I've been looking at this diagram that we have on the last page of the introduction with these three core components and trying to summarize what we've done over this period of time. And I keep seeing the diagram.

And I don't have an objection to the diagram, but when we keep talking about whether or not it's CPS centric or not, the way I see the system or the way I thought I heard the testimony -- I think I hear the testimony is it's more like a bicycle spoke where CPS is in the center because there's still no liability to the court if I do a bad job.

The liability and the official responsibility hangs with CPS. But what I'm saying is that somehow you have to make the court feel as responsible for the safety and well-being of my children as CPS. But there is no liability. I mean, I have -- and, you know, I'm immune from liability even if I do a bad job.

And so to me, in my mind, it's almost like a bicycle spoke where CPS is in the center and each one of the spokes is the court, the pediatricians, the -- whoever. You know, safe space community, all of the other entities that impact the lives of our children. And then obviously when we are all handling our responsibility, the wheel is well inflated and our children are well.

And so I think that whether we say it's CPS centralized or not, it has to be until we can figure out how to make and spread the liability. But we still have to make certain that I fill my responsibility.

And I know you can't get responsibility without liability, but until we can actually submit and somehow get the court to feel the liability, too, we have to look at whether or not just saying the court should feel responsible is enough. And I'm not sure it is.

My second issue is, and I've been one of these people that has had some concern about using these terms of art like public health without having a real good definition. And I liked what Commissioner Horn talked about, you know, getting resources to the most needy people, but I still say that if we're going to use this definition, we have to make certain that it's -- that somehow it's clear that it doesn't have an automatic punishment switch.

When you talk with my families and their environments in which they're offered services immediately, there is the switch. If I don't comply or if I don't comply the way you want me to

comply, if I don't go to the service you request and I go to another service then I'm out of compliance and I automatically have to go to court or I automatically get -- you know, there has to be something in that definition that does not make every family subjected to punishment.

Yes, some cases will have to come into care -- into the court. I don't have an objection to that. But we all know that not every case belongs in court. Sometimes -- and the whole point is to get the services to the most needy families without bringing them in the court system. And so we have to reflect that when we talk about what we mean as a commission by public health.

And that's what I have right now.

CHAIRMAN SANDERS: Thanks.

Commissioner Dreyfus?

COMMISSIONER DREYFUS: Yes?

CHAIRMAN SANDERS: You're on.

COMMISSIONER DREYFUS: Hello?

Well, first of all, I really want to agree with what Judge Martin just said. As I've been listening to this conversation and thinking about this the last couple of days, because to Michael Petit's point, Michael, I never thought that this was a -- was supposed to be a diminishment of focus on the strengthening and the need for, you know, CPS to truly have the resources -- resources broadly defined -- that it needs and how we're envisioning 21st century Child Protective Services. And it is true in this diagram. That doesn't come through.

But I also want to say that our committee never viewed its responsibility to be about prevention. Our committee viewed its responsibility that what we're -- where we seem to be going and as we're learning as a nation, more and more about place-based work, as we're learning more and more about the integration that has to happen in human services and that as Secretary in Washington State, I could integrate every service.

But if I wasn't doing anything that was changing the context within which people live their lives every day, the quality of their housing, the stresses that they're living with, that if everything was just about how I was going to provide services to that family with no influence on the context of their life which is what Gary Nelton (Phonetic) told us all about in El Paso County, we wouldn't get it done.

So I hope that where we end up is this isn't an either/or, this is a both/and. And this collective responsibility for me was about using - - not framing this as public health, but what is evident that sits underneath public health approaches that is now moving our nation forward in terms of thinking about population health, how we're thinking about the way in which we're looking at truly integrated human services delivery within communities.

So I just want to be clear that this wasn't an either/or, it's a both/and. A strong, effective, responsive, well-resourced child protection function is critical and it gets away from that. From Michael's point of view I would be concerned.

And please don't take this as collective responsibility is about prevention. It's about really a better integration of effort or earlier and more effective intervention. And not just about the individual child and family, but that public health approaches also start changing the context of neighborhood and community so that we're building more strengths around these families.

So I just, again, I want to agree with Commissioner Martin and say to Commissioner Petit, if indeed what's coming through with it is not a strong commitment to a strong CPS function, that would be a problem.

CHAIRMAN SANDERS: Commissioner Covington?

COMMISSIONER COVINGTON: Yes. I'm going to -- I definitely want to reiterate some of what I just heard from Susan and Judge Martin. Michael, I don't think we ever, in our piece, aren't trying to minimize the absolute need to fix the CPS system. I didn't -- but I saw that strongly and if that needs to be strengthened in that report, then I can strengthen it all we can. I think it's really, really important.

And but I do think -- in a sense I'm almost wondering if there's a different way that -- I'm trying to problem solve here -- as we're thinking about how to lay out the report, maybe a different approach is -- and you have to lay it out in two ways.

One, that we recognize that there's an immediate crisis in child protection and I know I saw-- that's chapter one. That's the title of chapter one. I just had a little problem with that title when I first saw it because it basically said there's a crisis in CPS. And I was thinking really there's a crisis with kids because I sort of felt that with that kind of a title we were making it more about us than we were about the children.

But there is a crisis in child protection. So maybe the way to frame the report is that we feel that there's some immediate work that needs to be done now to keep children safe and protected that are at immediate risk. But then there's a lot of work that needs to be done, forward thinking, in the future.

And I guess I sort of take issue with use of the -- about saying you're not about prevention. I'm all about prevention and I guess I'm not afraid of that word at all and I think we need to embrace that word. It's actually in the legislation that we were supposed to make recommendations around prevention. So I don't want to shy away from that word.

I mean, I do think we are improving the system but we also are very much about cutting out those strategies that would help prevent these kinds of issues in the first place. Because we can work all day long fixing child protection, but I mean, if kids are still coming into that system, something is wrong. So I'm all about prevention and I don't think we should shy away from the word.

So those are -- I guess those are my comments and I'll let somebody else talk.

I wasn't getting unmuted by the way. Whoever is going this, I was constantly getting an error when I was trying to get back in to say something. It wasn't allowing me to do that.

CHAIRMAN SANDERS: Commissioner Horn?

COMMISSIONER HORN: Hi. First of all, I want to thank the staff for putting this stuff together. I think it's -- these are both very -- these are helpful drafts and I'm sure as we go

through the process it will get better and better. But I do want to thank the staff for their work on this because I think it's good, very high quality and I know how difficult a task this is.

So I, for one, am not -- my personal opinion is that I, for one, am not at all bothered by, in fact, I am supportive of a CPS centric approach. However, with a caveat which is that in reading this, it sounds a little bit too much like the only thing that's wrong with CPS is that there's not enough money in the system. And my feeling is that we should -- yes, there's no question that CPS needs more money, but if we're going to substantially -- recommend a substantial increase in funding for CPS, we should view that as an opportunity not just to say, now do, you know, do more of what you did before, but to use it as a leverage to get CPS to do things fundamentally differently.

And I'm not sure I have all of the answers as to exactly what that means, but I think that part of that is a much clearer linkage to public health for example.

And so I like the CPS centric approach because I do think if we're going to prevent child abuse and neglect fatalities, somebody has got to be in charge. And if there are too many agencies that are all sort of in charge, no one is really in charge and nothing is going to get much better in my opinion.

So there needs to be a point person, a point agency that has, as a clear charge, the protection of children and particularly the prevention of children who are -- children being killed because of abuse and neglect.

So I applaud, for one -- and maybe I'm a chorus of one. Maybe Michael Petit and I are a duet, but I applaud the CPS centric approach, but with the caveat that I'd like to see it tied to more fundamental reform of the way CPS approaches its job and not just seen as we need more money for more caseworkers as much as we do need more money for more caseworkers.

CHAIRMAN SANDERS: If I could make a comment.

It seems to me that what David Rubin described and this notion of CPS being out in front are not incongruent in that the thinking of population health with the idea that those families at the highest risk would be served, it seems to me should drive our child protection response and I would argue that it doesn't now and much of what we have in -- as findings suggest that the CPS system isn't necessarily serving those who are at highest risk and that we can put those two concepts together, both short term and long term.

So for example, the idea of serving based on disposition versus on risk is something that we have seen very clearly is ineffective and the CPS system today would be more effective if, for example, it was responding to one hundred percent of calls of abuse and neglect versus sixty percent. And so I'm not sure that the two are mutually exclusive.

I think there's a way to put them together to talk about a model that ultimately reassures that those children who are at greatest risk for later fatality are served and at the same time thinking of how that model can apply to more effective prevention strategies and others being involved. So I'm beginning to kind of get a picture of where they could really fit together.

Commissioner Petit?

COMMISSIONER PETIT: We've had --

Listen. First of all, I appreciate the additional comments everybody made about some of the stuff that I was saying. But, you know, one of the things that we have done in the last fifteen years is just differentiated response to families which is all about triaging. It's all about establishing priorities. It's all about targeting the families with the greatest needs in which we agree that this percentage requires CPS, this requires no CPS, it just requires some community agencies to get involved with it. And this case requires CPS and criminal justice because crimes are actually being committed against children and it's not just, you know, what happens in my household happens in my household. So I think that that's a very important consideration.

I think the piece that Wade raised with money to the states, I think all of us agree completely that the only way that we put more -- we recommend putting more money to the states is if the states behave in a different kind of manner and if there's more accountability built into the system.

Part of the problem right now is there isn't enough accountability built into the federal overseers of this system and we've had very specific concrete analysis, criticism and testimony of how the Children's Bureau, ACF --

And this isn't about ACF, the Children's Bureau bashing. This is about our political system that draws conclusions about what the best way to spend money on this or on that and so forth and I say that in a strictly non-partisan kind of a way.

But what I think we're all talking about is the introduction of holding ourselves mutually responsible and mutually accountable. And you know, when the Judge raised the issue about the courts accepting more responsibility, you know, I think Wade is right. Somebody has to be in charge and the courts are in charge with one important aspect of this thing in terms of dispositional aspects of it. But as she pointed out, they're not liable in any sense that you didn't do your job. The courts -- it's a mysterious process to most people. It's a closed process and so forth. But I do think that that's where the introduction of data comes into this thing in terms of best practice and how people are doing their jobs.

If CPS substantiates a hundred cases of serious child abuse that warrants the involvement of law enforcement and you get law enforcement in some jurisdictions responding to a hundred percent and some at ten percent, putting those numbers out on the table helps to move people to close -- to improve their work on all of these things.

David, just a couple things because I'm glad that we're having this conversation. I'm looking forward to the rest of them. But just a couple things.

One is the money part of this thing which is important and everything that we say can be translated into dollars and it's not dollars as a blank check, but it's whatever we're talking about. Whether it's more workers, more public health, whether it's, you know, better training. Everything at some point gets translated into dollars and behavior.

Some place we need as a commission to say if all of the states were meeting national standards, if everybody was staffed at an appropriate level, in other words, if we were to put

forward the initiative, the weaponry needed to deal with the magnitude of this problem, the country is looking at a cost of approximately X over a period of years.

I don't think we can avoid talking concretely about a range of resources that we think are necessary to support this and that's something that, you know, the congress at some point determines. That's their job. That's not our job to figure that out.

Just in terms of the document, there's a lot here. And I agree with Wade, the staff has done a very good job of putting all of this together. Even though I disagree with some of it, I think they've done a good job with it. But that disagreement, I want to discuss for a minute.

I'm sitting right now on -- you know, I put the introduction aside. I thought it was very good as it was and, you know, small stuff, but chapter one I had a lot of comments about. And so I think for us, let's just decide are we going to say, we all go through page one, who has comments, page two, has comments, page three has comments or do we say David, what are your comments about pages one through twelve? Or what we're doing right now is sort of kind of random. It's all related, but it's kind of random. It's not tied specifically to what we see in front of us in the document.

And there are some assumptions that are being made, there are some assertions that are being made, there are some recommendations that are being made that we ought to just discuss, you know, before leaving them behind because the staff won't know whether the it's one of us that objection objects to something or ten of us that want something to happen. So I think we should think about how to proceed with getting input on each page.

CHAIRMAN SANDERS: Well, I agree, but let me step back because what we want to make sure we're getting out of this are what are the priorities for the commission? What -- how does the commission want this to come across? What's the story we want to tell? And getting this on paper was important to begin to have that conversation.

So let me just summarize a handful of the things that I've heard and see if this begins to capture some of that. Because yes, Michael, we wanted to kind of get much more detail and obviously there's the opportunity to send things in writing too, but we wanted to give as much detail for staff on the recommendations and does the report convey the kind of emotion that we had talked about being necessary.

So -- but let me just go through a handful of things. One is this, I think what David Rubin described as the population health model and what the implications of that might be in thinking about the long term that everybody seems to be in agreement with. The long term, this looks different than it does today. But there are some immediate things that can be done. But the long term is really this population health model that identifies those who are at highest risk and really make sure that across multiple systems and assures that resources are connected.

But that the other piece of it that we want to -- that I keep hearing is that somebody has to be in charge and that in charge today is Child Protection and that the same applies to Child Protection though is that I would argue that Child Protection is not serving those at highest risk and that's one of the problems that we have in reducing fatalities. And so we need to think about that in the much shorter term.

And the -- this idea of dividing into what do we do immediately that Teri suggested and what our long term vision is, that all of those it seems are applicable as we think about the next generation of this and structuring this in a way that highlights that because it's not coming across right now. But we would really see a population health model long term.

We have some short term issues that we need to address that we need to improve the response today and that we should really lay that out much more clearly than it has been. And similarly, the longer term, kind of, what are the steps necessary to get there.

So let me just put that out there to see if that begins to capture what people have talked about.

Commissioner Covington?

COMMISSIONER COVINGTON: I hadn't realized they had unmuted my microphone. I got the floor and didn't ask for it. That's kind of exciting.

I like what you had just finished saying, David, and I think that might be a way to think about the structure of this because I think what's important is that we're all coming at this from a little bit of a different angle, but I think every angle is important and I think if we do -- if we maybe think about reframing it in terms of what's immediate versus what's longer term --

CHAIRMAN SANDERS: We lost Teri for right now.

Commissioner Horn?

COMMISSIONER HORN: I did not request the floor either.

CHAIRMAN SANDERS: Oh, okay. Wow.

Commissioner Dreyfus, did you request the floor?

COMMISSIONER DREYFUS: Are you there? Hello?

CHAIRMAN SANDERS: Yes.

COMMISSIONER DREYFUS: Okay. I like the way you framed that. I do want us to -- as I said before, I think there's a convergence here that we're envisioning and I just want to remind everybody and I think gave me perspective, David, as I was listening to you go through it and it was a meeting we had with Vicki Wachino (Phonetic). I can't remember her name.

CHAIRMAN SANDERS: Right.

COMMISSIONER DREYFUS: At CMS. And she, again, this public health, this public health approach, you know, all of these terms that people are essentially having a problem with, she said clearly she understood that when we focus on what is a relatively -- again, all child deaths are horrific. That's why we keep saying this.

But when -- she said, when we focus in on reducing, it's a very targeted approach, when it's a very small number nationally because it is. It's not -- it comes from their perspective when they're looking at population health. It's a relatively small in. But what she said was, the cascading impact of that, right, will be inoculating across all children.

The cascading impact of the interventions and the strategies you're going to do, to reduce that number at this real focus of we've got to stop these kids from dying now, the cascading impact of that is almost like an inoculation across a larger population because that's also what happens in population health and I just worry that we're going to get this back into -- and all population health is we keep and an (Inaudible) beginning.

It's more than just we're focusing in on changing the life trajectory of the -- these highest risk people that we've identified today. We are also working at it in -- through that social determinant lens as well. And so I think it's not an either/or, it's both/and and I just think that's also helpful to focus on maybe.

When we're wrestling with prevention, early intervention, the language we use, the focus is to eliminate fatality, the focus of that and the kinds of strategies that wind up getting deployed will have a larger spread of influence across child population beyond just those highest risk kids. And maybe that starts getting to this whole -- this larger notion of comfort around prevention strategy because that, in essence, is what that's doing long term.

CHAIRMAN SANDERS: And it seems if identifying those who are at risk as early as possible and providing the right interventions at that time.

Commissioner Petit?

COMMISSIONER PETIT: The think the piece that is the most evocative is the fact that children are killed and that is what everybody finds abhorrent. And to the extent that we want to talk about the future prevention of child deaths, of family dysfunction, et cetera, that is exactly where the country should be going. But much material has been published on that over the last decade and it hasn't produced much change in terms of our public policy or our action or behaviors.

And since the Children At Risk or whatever it was called 20 years ago was done on child abuse fatalities then compared to today, I don't see where much has changed on this thing. And part of the --

So I think we need to lead with what is, you know -- what the press calls, you know, I hate saying this, but it summarizes -- if it bleeds, it leads is how they approach this. And I think the way you eventually get to the morbidity issues, which is what we're really talking about when we talk about the public health aspect of this I think, that's the spawning ground from which the very small percentage of cases, but very large numbers of cases. So the percentage is small. Two per hundred thousand. But when you say 2,500 to 3,000 kids a year or more, that's a lot. I think that's what we need to lead with.

We had fooled around a month or two or three times ago about a potential headline on this and for me, I agree that the child protection crisis is really a function of families in crisis. And things like housing and income and substance abuse which are rampant in our culture are going to be very tough for Child Protection to address. It's not their first priority.

So for me, this notion that a national commission finds there's a crisis and believes there's immediate intervention by the federal government working with the states that need in this area, that, to me, has traction. Simply approaching -- and I don't say this dismissively. But presenting this as, we need to do more to care for our children in this culture. I don't think

that's a strong message. I think what's a strong message that is the public safety one. And then once you delve into it, you are inevitably drawn to dealing with these other aspects of this problem and I don't think that comes through now. And again, in terms of how to go through this, I've got, you know, notes on every page I'd like to share. If I have to do it in writing, I will, but I'd like to make sure that we all have an opportunity to voice where we are with each one of these recommendations and each ones that we need to still debate.

So that's where I am on this thing. What in these documents should we go ahead with and what is it that we still need more data or more discussion about?

CHAIRMAN SANDERS: Commissioner Rubin?

COMMISSIONER RUBIN: Yeah. I just want to reiterate to Commissioner Petit. I mean, agreed with others who have said I have never seen this as an either/or sort of document. For me as a doctor who sees these kids in our ICU, a one month old baby who dies of shaken baby in our ICU is not known to the child welfare system. The only way -- ability that we have to prevent that child's death, right, is if we had known that this mom, while she was pregnant, was at high risk for seriously injuring her baby, right? And so I think we can agree on that.

I think, to me, this is about accountability. I am shocked and infuriated by the lack of accountability while that mother is pregnant if she grew up in Child Protective Services custody, if she grew up in residential treatment or with serious mental illness, that not all communities are actually identifying those mothers while they're pregnant.

And on the health side, offering voluntary services. And this is where this sort of wheels back to Judge Martin's response. That is our opportunity to have mitigated risks for that likelihood that that child might have died. The work around the birth match was really to help us more intentionally have a strategy about that offering voluntary services to the families at greatest need. And I emphasize voluntary because I don't see that as occurring within Child Protective Services.

Now, if a child survives a life threatening injury and we're lucky enough to have a second chance within Child Protective Services where we often do. That kids do get referred and then they're our responsibility -- I one hundred percent agree that the nature of that response and the accountability on that end is equally as important.

Now, that goes to Commissioner Horn's -- you know, this sort of gets us to the larger strategy. Instead of -- I don't feel it's productive to go point by point today until we agree on that sort of framework for our -- to ensure that we all agree on the basic framework of how we're going to create that level of accountability because I'm not necessarily on the public health side asking for new resources, I just want more accountability. And I -- where I feel like there's none.

I do believe there needs to be a single agency. There needs to be accountability. Who is responsible for this at the state, at the large city level, et cetera? That can be CPS, but I don't think we should be too prescriptive. We should allow the states to do that.

So I actually wanted -- that part of this national strategy is this is such a level of urgency that every state is going to be required to provide that lead agency for us and actually address some fundamental elements of how they mitigate risk to those family who are at risk for

killing those babies before we have a time -- a chance to intervene and that's through voluntary services.

And then, you know, for those kids who are in the Child Protective Services system, the resources and the accountability we're going to need to build to ensure that those kids are being protected effectively. And so that's -- I it all comes back to those state plans and us articulating what the nature of that accountability is going to look like.

CHAIRMAN SANDERS: Commissioner Ayoub?

COMMISSIONER AYOUB: Yes. Dr. Rubin actually said almost everything I was going to say. So I just wanted to add my agreement that I think prevention is so critical here because like he mentioned, Shaken Baby Syndrome or something that CPS has nothing, you know, no contact with that a lot of times, the first abuse might be the one that results in the death. So I don't - - as somebody who doesn't work in this every day, I just could never understand how we could talk about eliminating fatalities without talking about preventing them in the first place.

And I agree with that somebody needs to be in charge and also just question if that's CPS. Maybe that's a task force that was one of the recommendations that each state come up with a task force or I don't know. It might have to be a specific agency. But so somebody should be in charge, but I'm not feeling that it's necessarily CPS right now.

So I just wanted to add that. Thank you.

CHAIRMAN SANDERS: So we can -- thank you for all of the comments.

I think we can make sure all of the staff are on and have heard the comments and I've certainly heard the comments and I think there's a way to structure this that doesn't make it an either/or. That emphasizes that ultimately we want to prevent them which means that we have to address both those who are in the CPS system and those who are not in the CPS system and that we can structure it more -- to more clearly reflect that there are immediate activities that could be taken and there is really a long term strategy that is captured in the vision that we have. And that vision is around a population health model ultimately where we are getting resources to those families at the highest risk as early as possible which, it seems to me, addresses both prevention as well as later intervention.

Commissioner Horn?

COMMISSIONER HORN: So one additional comment I'd like to make is, at least based upon the three documents that we have before us, if you just read those documents and you had nothing else, you would assume that the only thing we're talking about in this report are children who are fatalities because of child abuse and not children who are fatalities because of child neglect.

And I think that one of the things you want to make sure is that as we continue to flush out this report that we talk about child neglect fatalities as well and what are our recommendations regarding reducing fatalities due to neglect and not just fatalities due to abuse.

I'm sure there are other chapters where this could come, but if you just even look at the recommendations in the totality, I don't -- I can't identify very many that have anything to do

with child neglect fatalities. They all seem to presume that we're talking about child abuse fatalities.

CHAIRMAN SANDERS: And let me just add, Amy, if there -- do you have any -- Amy Templeman, any comment about that?

MS. TEMPLEMAN: I think that's really helpful. We did try to put some language into the introduction and chapter one to explain what the circumstances are that often lead to fatalities and we tried to frame that in terms of abuse and neglect, but if we need to bring more attention to the recommendations focused on neglect, we can certainly do that.

I had a related question or area, Chairman Sanders, that you might want to focus on. There was a comment earlier --

CHAIRMAN SANDERS: Go ahead.

MS. TEMPLEMAN: There was a comment earlier about how the report sounds like the only thing that's missing from CPS or a primary thing that's missing from CPS is funding. And what we were hoping as staff was that we would be able to address some of those things that are missing from CPS in chapter five. Chapter five looks at CPS and the wider system, but it's really about some policy recommendations including those that would shift child protection policy from an incident based model to more of a safety based model. It talks about focusing on the youngest children ages zero to three and then some different forms of screening and supervisory requirements and workload requirements.

So I guess my question would be, if we captured the most important things about child protection that need to change within that chapter or if there are other things we should be listing them.

CHAIRMAN SANDERS: Commissioner Martin?

COMMISSIONER MARTIN: The other thing I would ask Amy not to forget is that it's kind of - - if I understand kind of where we've had conversations before, it's how CPS works in general. To it's not that we would request the most seasoned worker to be able to identify the risk in every situation. Remember when we talked about multidisciplinary teams and investigations and utilizing those more efficiently and particularly with doctors. That's the one that I'm not familiar with here in Cook.

But bringing in the experts that we need to make adequate assessments of where the parents are, families are and what they need as well. So it's training along those lines and that interdisciplinary issue that I don't want to us to lose sight of, too.

MS. TEMPLEMAN: Commissioner Martin, I think I missed your first or second sentence. I'm not sure the microphone was on.

COMMISSIONER MARTIN: I was just saying in addition to what Amy had said and I thought what you said was well articulated, but I didn't want us to forget this other point of the multidisciplinary team and assessment as well as in treatment.

MS. TEMPLEMAN: Thanks so much.

CHAIRMAN SANDERS: So I think we have enough input to -- around the structure and particularly the high level recommendations and we'll work on a draft that hopefully better reflects the full commission's will on this and then we'll have this for our next discussion.

But it does make sense, I think at this point, to go through the chapter by chapter and particularly to get feedback on the tone for chapter -- for the introduction and chapter one, is that captured adequately and some feedback on the recommendations that are identified. Are there priorities that you have that are missing? Are there things that are included that shouldn't be included?

And more detail would be helpful, to would be get it in writing. I think for the full group really making sure that we've captured the emotion that really everybody commented on on the last call and that we have -- that the recommendations are close to reflecting the priorities of the commission. Of each of the commissioners.

So Amy, if there's anything you want to say about the introduction in chapter one as we kick that off and then I'll see there are comments from commissioners on that.

AMY TEMPLEMAN: Okay. Thank you Chairman Sanders.

I missed some of what you said. Did you say you wanted me to summarize the introduction in chapter one?

CHAIRMAN SANDERS: If there's anything that -- I think everybody has it in front of them if you want to highlight a couple of things or not. Either way, just highlight some things and then we'll give commissioners to respond to the introduction and chapter one.

AMY TEMPLEMAN: Okay. Thanks. That would be great.

Well, in the introduction, the purpose of this document was really to grab our audience's attention and make a compelling -- give them a compelling reason why they should care about this issue and should feel motivated to do something to help solve this problem.

So what we started out doing -- and when I say we, I'm talking mostly about Joanne Esther (Phonetic) and Jill Reeves (Phonetic) who authored this work. We started by describing what a community would look like if this were not a problem in that community and that was inspired by feedback that we received through several commissioners about how they would want us to open this report.

And then we told a couple of stories. On page two there's a story here about Ivan Rolos (Phonetic) from Los Angeles County and what his life would have been like if he had lived. He would have been 16 years old today.

And then that goes into provide some information around an economic argument so we tried to start out with an emotional argument and then shift over to showing a bit about the cost of a fatality, the cost of child mistreatment and the potential lifetime cost that our society (Inaudible) when the child dies.

We also presented some statistics, but try to be very honest that these statistics don't tell the whole story and there are a lot of problems with the data that is available to us.

And then after that we went into some potential ideas around solutions and lessons learned about reducing child deaths and then finally we just brought up the national strategy.

So I think comments about how any of that is helping to shape and really introduce the report to a wide audience would be very helpful for us.

CHAIRMAN SANDERS: Commissioner Martin?

COMMISSIONER MARTIN: Amy, I would just like to first echo on behalf of all of the commissioners what was said before that we are really impressed with what the staff has done. You've done a fantastic job of kind of taking all of our disjointed thoughts and pulling them together in the drafts that have been -- that are before us.

So my first comment about the first page of the introduction is -- I'll just say the comment and leave it there.

When we get to the one, two, three -- the third paragraph where it says imagine a society. In that first indentation or first bullet when it says where children who grow up in foster care give the support they need to become the parents they never had.

You know, when I read that before getting on the call and as I've read it while we're on the call, I still can't walk away from this without thinking that somehow we are conceding the fact that it's okay for kids to grow up in foster care or we're willing to concede that, you know, kids are going to be in foster care so we have to do better for them.

Whereas I think foster care should be like, an emergency room at a hospital where we find a need, we provide a service, the shot, and get them out of there. The goal is not to keep kids in foster care. And so somehow that sits wrong with me. And maybe that's just my personal issue, but I keep reading that indentation, that bullet point and somehow that's not sitting with me.

And if it is the fact that we're conceding the fact that there are kids who grow up in foster care or linger in foster care and we still have that population until we get our system turned around into this 21st century model that we're talking about, I guess I just want that brought out better.

But that just doesn't sit with me well because I try -- we all try so hard to keep our kids out of the system knowing that if system is not the best place for our children.

CHAIRMAN SANDERS: I think that's an important point to make. Very important.

So it looks like there may be no other comments on the introduction so I think that the staff did a great job in capturing it, but if there's nothing else, then we can go on to chapter one.

Amy, do you want to talk a little bit about chapter one?

AMY TEMPLEMAN: For chapter one, the start of this chapter which is right now called Child Protective Services at the Crossroads was the story about an infant in Pennsylvania and then we followed it by talking -- trying to make a link here between these types of deaths and the national strategy.

And then we picked up on some of the ideas we've heard around our geography and that, you know, place really matters and depending on where you live, there may or may not be resources to prevent these types of tragedies.

And we talked about a variety of different things that are happening across jurisdictions to promote child safety. Including case screening and the triage system, how cases are substantiated, removal and services and making the case that the differences here might be responsible for the very different numbers of fatalities reported from state to state which means the child safety is at least in part, geography.

And that's a side bar. All of the side bar references throughout the draft will be tested and pulled away from the main chapter or section and focused in a box by itself on the side.

And then we also talked about how many children who died are not known to CPS agencies before their death and how that occurs. How they might be known to other systems, but not necessary to CPS. And we also talked about the response that CPS agencies actually have to incidents after they happen, but not being able to -- not being in a position to respond to families who are at risk of an incident occurring and that CPS agencies are usually held fully accountable for addressing child abuse.

There's a second story that occurs about half way through chapter one about the five-year-old girl who was dropped by her father on the exit of the Sunshine Skyway Bridge in Tampa. And then after that story, we talk about CPS agencies being assertive with high caseloads and high turnover.

We give a story here or a quotation at least from a worker's point of view. And this was a child protection worker in Vermont who gave us a statement that we thought was really powerful.

And then we follow that by talking about the practices to prevent fatalities are lacking and that many CPS agencies don't have access to the services that families need and that the funding for those services is limited.

We also talk a little bit here about a point that Chairman Sanders made earlier which is that youth who are less at risk of fatalities require a high proportion of CPS resources. So is CPS really spending its resources on the family who needs their help the most?

We talked about investigations and how they happen and then we finished this chapter with a description of the strategy, the core components and a preview of the report is laid out at this point.

CHAIRMAN SANDERS: And the earlier comments about the -- this being too focused on CPS I think are something that we'll make sure is addressed.

Are there other comments about chapter one that people want to make either about the recommendations, about the detail, anything else?

Commissioner Petit?

COMMISSIONER PETIT: David, this is Michael. Can you hear me?

CHAIRMAN SANDERS: Yeah.

COMMISSIONER PETIT: Just some of my comments, because there's too many for me to just run straight forward because I know other people have comments on it. But just let me do a few things on this.

One, on that business of this heading child safety and accident geography, that has a lot to do with resources and one of the things that I think we need to do with this -- these examples is to actually give numbers. And we actually have numbers.

So for example, we know what percentage of cases states screen in or screen out and all of the differences from the highest state to the lowest state are multiples of several hundred percent. Not five or ten or fifteen percent, but removal rates, separation rates, fatality rates, whatever they are, they're multiples of a hundred percent.

So I think it would be useful in this to give a few examples, at least collect though. Thomas has gotten a few before.

I think the bottom of that page, this is page seven. Some states lack the resources to do better. I don't believe any states lack the resources to do better. Some state CPS agencies lack the resources to do better, but we should be clear here. Are we talking about the CPS lacks the resources or the states lack the resources? The states themselves have the resources.

I'll come back to something that I've been saying from the very beginning about children known to the CPS agency. One thing we haven't done is determine of the cases that were not known to CPS that died, how many were neglected? How many were physical abuse? And going to assert that unless you have a very challenging family situation that something like safe sleep, like, sudden -- like SIDS before it, like before car seats before it, is a public education function. The public health, public education, whatever you want to call it. And a family says, gee, I didn't know. I won't do that anymore. I won't sleep with my kid, et cetera.

And then there are others who are going to say don't tell me what to do, I'll do what I want. And at that point, you know, you get an intervention.

But I'm going to argue that most of those cases of physical abuse deaths were, in fact, known and many of all of the cases were known in any number of agencies that have given us information. And including -- of course, part of what skews all of this is the fact that the Children's Bureau and NCANs (Phonetic) says how few kids were known to the agency. But as we've discussed before, they exclude referrals, they -- some say exclude interventions, investigations, they exclude open case note service delivery.

So I think it's important because where you have the -- as the sentence now, many children who die are not known to CPS agencies before their death, I would put up above that, many children who die are known to CPS before their death and what's going wrong with that. They are known. So what -- that comes back to that point that I think we're all agreeing on. That there's a two legged approach here. One is this immediate issue that the states have of getting out there and then this longer term question of why are children and families being pushed into the situation in the first instance.

The other thing that I would note is that where we list all of the -- descriptively what agency staff are burdened by caseloads, high proportion of CPS agency resources support children

who are at low risk of harm. Those kinds of things, I think the recommendation should follow those. It's too hard to track what it is that we're proposing to do about it.

It's a good descriptive paragraph, but it doesn't align with the recommendations that were made in the later chapter. I think we should pull those forward.

The other piece that I would raise and there's language about this many times. It says states are not able to conduct investigations early on because the money is being spent on deep end services. That's not a cause and effect relationship. The states could do both things. They could do front end work and they would do back end work.

And I guess I just have to raise this. I don't see what we're proposing in here with 4E. I know we've talked about it in terms of flexibility, but I'm hoping there's nothing in here that leads to a reduction in resources being made available to these kids in foster care.

It's the language we use. It's Under Funding for Preventive Services is Limited on page 11 and the introductory sentence is because the emphasis on responding to past instances of maltreatment -- what's wrong with that? Most child welfare agencies across the country struggle with a lack of resources to prevent harm to children. That's a well-known fact, but those two are not -- one is not caused by the other.

I'll stop there. I've got more and we'll -- I'll return to it as time is available within these next 30 minutes.

CHAIRMAN SANDERS: Commissioner Martin?

COMMISSIONER MARTIN: I'd like to draw everyone's attention to page eight. That first section where it talks about the current system being overburdened and under-resourced.

I agree with that completely, but I thought that some of the evidence that we heard throughout the nation was that it was not just lack of resources, being under-resourced and having too many cases and not having enough money. But we need to talk about the fact that we can't expect CPS to do it all by themselves.

Didn't we talk about when CPS workers go into a home and there may be mental health issues and substance abuse issues, they may be able to identify or see that there's a problem in those areas, but they're not necessarily -- they don't necessarily possess the expertise. And so I didn't see anything about it's not just that they don't have or they're overburdened, but sometimes we can't really expect the social worker to know everything there is to know about the dynamics of the family.

And I would ask whether or not at this - - this might be -- if this is a good place to also interject the acknowledgment that CPS can't do it all by themselves and they have to bring in some type of expert, you know, opinions at some time.

I think often of Chicago and how CPS here, DCFS relies heavily on the pediatricians here on our head trauma cases. And so they don't even -- as soon as they get a head trauma case assigned, they contact one of the doctors at the hospitals to actually go through the investigation with them. And so I think that is important enough to put that in that paragraph. That section.

CHAIRMAN SANDERS: Thanks.

Commissioner Horn?

COMMISSIONER HORN: So a couple of thoughts. Some of these are a little bit redundant, but more specific to things I said earlier.

So you present two cases -- describe two cases and both of the cases are pretty involved families and, at least in my mind, there is a danger here which is -- unless we believe it. If we believe and if the testimony suggests that all instances of child abuse and neglect fatalities are perpetrated by people who are fundamentally and categorically different than the rest of us, if we believe that, then we should only illustrate those kinds of cases.

But if you believe as I do that there are some circumstances where families get so stressed, and it's not that they're fundamentally and categorically different than us, but that in terrible circumstances, they do things that lead to a child's death.

And if you believe that that happens sometimes -- I'm not saying that's the majority of the cases -- than this chapter does not capture that. And the problem with not capturing that is that -- at least in my experience as a clinical child psychologist -- when families feel stressed, they don't reach out for help because if they suddenly, you know, find themselves in a situation where they have shaken their baby and they didn't mean to, but they didn't shake them to point where they're dead, they don't -- they think, oh, my gosh, you know, I'm a child abuser and I can't seek help without them saying I'm a child abuser or whatever.

So I think that there's a problem with only presenting cases of very involved families with lots of pathology in them because it could lead some who are in other kinds of situations that -- from seeking help.

In addition, it doesn't capture at all the instances of kind of neglect fatalities. There's a pool in the backyard, the phone rings, the parent goes to get the phone and literally is gone for two minutes, comes back and the kid has drown at the bottom of the pool. I just -- I worry a little bit about presenting those kinds of cases.

The second thing is you say at the bottom of page 7, some states lack the resources, others don't have the will. If we're going to say that, we better be prepared to say what states don't have the will and what evidence we have that there are states that don't have the will to try to address this problem. It sounds like a nice thing to say, but I'm not sure we have evidence to back up that statement.

The -- and is it true on page 9, the statement by itself, CPS by statute in most states carries the sole responsibility for safety. Really? I find that hard to believe that police don't have a requirement to help keep people safe, that schools don't have a requirement to help children -- keep children safe. That seems to me an overly broad statement.

And then finally on page 11 which says evidence based practice prevent fatalities are lacking. That's true only if we are focused on child abuse fatalities and not neglect fatalities. I think we've heard some evidence that evidence based practices where we can prevent child neglect fatalities so I think we made that -- may need to insert a caveat a little bit.

Those are my comments on the chapter.

CHAIRMAN SANDERS: All right.

Commissioner Dreyfus?

COMMISSIONER DREYFUS: Hi. A couple things, so I thought we -- that was really -- I loved the way you talked about how we're describing these families. I think that was really well said and right on point. I was thinking the same thing.

I am looking here at my computer screen and I am failing to find this one area that I did want to touch on. And then I had another point I want to make. And it was regarding the way it described, it said complex problems require thoughtful solutions. And I just felt that that still missed what we're talking about in terms of these more, you know, integrated, more robust solutions and not just thoughtful solutions. It was -- I think we're talking about a much more intentional integrated approach.

That leads me to an overall comment I wanted to make and it goes back to what Michael was talking about in terms of known to the system.

We use two different terms in this chapter. We talk about known to the system -- I'm sorry. We talk about the Child Protection System and we talk about the Child Protection Agency. I believe they are two very different things.

So when I think about known to the Child Protection Agency, I get that. I just always want to remind you guys, at least the work that we did, the Washington State is that maybe this child wasn't known, but the family was oftentimes. Their history.

The second thing is that if you're going to talk about the Child Protection System, not just the Child Protection Agency, right, the call to my hotline, then that system, those obstetricians seeing that pregnant mom, wherever she is, any interface that she might have with the mandatory reporting community, I would say she's known to the system. And that's part of the problem that I thought we were trying to get under in terms of re-envisioning this 21st century Child Protection System.

That it is a larger shared accountability beyond the Child Protection Agency alone and that doesn't seem to be coming out. There's an accountability for docs who are engaged with mothers. Where they can screen for risk and see that indeed this is a mom that would be at significant risk.

It's what Mark(Inaudible) is doing out in Allegheny with pregnant mothers. Identifying them much earlier on the risk scale, on getting home visiting started much earlier.

So I just wanted to make this distinction that we use two different terms. We say Child Protection Agency and then we say the Child Protection System.

So I guess I would just like to know are we talking about just the public sector agency alone or is that part of this re-envisioning of the 21st century system and the notion of shared accountability in that system?

I'm not diminishing CPS agency responsibility. Don't get me wrong. But in order for this to work, there's a larger sense of accountability especially in the -- in where those typical mandated reporter communities in that system.

CHAIRMAN SANDERS: It seems partly what I'm hearing is that we can -- we should spend some time capturing that as part of the vision. What this population health model looks like,

where CPS falls in that and that we haven't yet done that, but it seems like the feedback would suggest let's really work on getting that captured as part of the vision.

Commissioner Martin?

COMMISSIONER MARTIN: Thank you.

So the last three comment make -- draw me to this conclusion. That I think we need to have a definitional key somewhere. So particularly when Wade was talking, I think it's imperative for our reader to understand what we consider a child abuse death and what we consider a child neglect death so that when they're reading our report they have the definition of what we envisioned in mind and can put what we're saying into context.

Similarly to what Susan said, if we don't identify what we mean specifically by the CPS system versus the CPS department or agency, we're going to have readers very unclear about what we're trying to say throughout the document.

So does it make sense to either take the time and have a footnote there about exactly what we mean by the term or have some kind of definitional key so that people will actually be able to -- whether they agree or disagree with us, they at least know what we're trying to say.

CHAIRMAN SANDERS: Yeah, that seems to make sense. Particularly since we're cutting across multiple fields, too. So people have their own jargon. So that would be a good idea.

Commissioner Petit?

COMMISSIONER PETIT: David, can you hear me?

CHAIRMAN SANDERS: I can now, yeah.

COMMISSIONER PETIT: A couple things. One is, we received just recently testimony and recommendations from both the National Child Abuse Coalition and the Prevent Child Abuse America. And if -- if all of you haven't read them, I would highly recommend them. I thought they were very good. They were very well written, they were very structured and well organized and very concrete and specific about what we should be recommending. So I think it's worth taking a look at those documents.

In terms of further comments, if you just go to page 12, I had several things that I just wanted to note there. One is on the third line where it says there are few funding streams for program support families before a crisis leads to severe harm and fatalities.

I would argue that there are plenty of funding streams, but they're not up to scale. So the federal government over the years I think has developed and sponsored many, many programs that have proven to be effective with children with disabilities, with learning problems, with physical handicaps, with mental health issues.

Numerous federal programs and maybe there's a case for them being consolidated or not, but I think that the issue here is not that there aren't funding streams, there's just not enough water in the funding stream to bring this thing to scale and I think that's one of the principles that we should be arguing.

The other thing under the CPS investigators that don't see the family's entire circumstances. I'd modify the sentence -- the next to the last sentence. The one that begins, there's no evidence that these factors lead to fatalities.

I think there may not be evidence that these factors always lead to fatalities, but there's plenty of evidence that they contribute to these fatalities and, of course, what we know is that many families exhibit these same characteristics and only or two children out of a hundred thousand such families, you know, may die. So I do think we need to say that they are related to or contribute to the problem.

The other thing that I would note is that where it says in the strategy for the 21st century, the second line, in response to struggles and shortcomings. I think, as I look at it here, it's the struggles and shortcomings within the CPS agency, but I think we ought to say struggles and shortcomings that the families are experiencing and maybe that's dealt with someplace else.

I don't see where the change in confidentiality is in this statement. So I see a strategy for the 21st century, but I didn't get up front this issue which is one that abounds within the public and with legislature. They're extremely frustrated by it.

I think we deal with it very later on as a recommendation of the (Inaudible) to follow up on, but I think we need to identify it maybe as one of the issues about the section on a strategy for the 21st century.

And the last thing I would just note is it says in the bold sentence under the strategy for the 21st century, it's the next to last sentence. Next to last line. It does not add to our government infrastructure -- let's see -- that's not the one I mean.

There's a line some place in here that talks about recommendations that shift resources to other purposes and I was wondering where there's any description of what we would be shifting existing resources from what to what.

I saw that we say it, but I didn't see where it suggested what the change would be. What the shift would be. We would take money from where to where? And clearly for me one of the things that I keep looking at is title 4E. And we have a line in here that says these families are at low risk.

If you look at page 10, the headline, a high proportion of CPS resources for children at low risk of harm and then it seems to link those to the kids who are in foster care. And I would argue that the reason they're at low risk of harm is because they're in foster care and we all agree that none of them should be in foster care if they were at home in safe families, but there still remains an irreducible number of families that we just don't know what to do with. No matter how much we bring our applied science and knowledge.

I'll stop there.

CHAIRMAN SANDERS: Commissioner Martin?

COMMISSIONER MARTIN: I just want to remind my co-commissioners that -- my fellow commissioners that foster care is not the answer for the majority of our children. The majority of our families could do as well as they are doing without foster care. There are a lot of kids who get hurt in foster care and so it is not the answer for everyone.

Now, there is a certain and a small percentage of kids that absolutely positively are saved by foster care, but that is not reflective of the number of kids that are actually in foster care.

And so I think we have to be careful when we give this sense that foster care is the answer. Because I would argue that it's not. It's not the answer for the majority of kids who are currently in foster care and it's not the answer for the majority of kids that, you know, may come into foster care in the future.

CHAIRMAN SANDERS: Commissioner Petit?

COMMISSIONER PETIT: I agree with Commissioner Martin completely.

CHAIRMAN SANDERS: Okay. So why don't we move to chapter two even though I think that many of the comments have been focused on this and we'll want to do some reworking of it, but are there things that in chapter two -- and I don't know what we have to -- Amy, I don't know that you have to give an introduction. This goes out to the commissioners.

Anything that people wrote down that they want to make sure we're all hearing and looking at for chapter two, the collective responsibility for safety?

(Brief pause.)

CHAIRMAN SANDERS: Looks like there aren't any -- oh, Commissioner Martin.

COMMISSIONER MARTIN: So again, I am very proud of the work that we have all done, but especially the staff in gathering our thoughts on this collective responsibility for safety because I really do think this is a majority -- I think that this is a big key to what we're trying to do for our 21st century welfare system.

I'm wondering and I like what is said about getting help from neighbors, I like what is said about the critical role of health care, but I don't see where we actually talk about the roles of the other entities that we've talk about. Schools for instance, safe space communities, courts.

And I'm wondering, do they at least deserve some kind of mention or is it sufficient to give the idea of what we're talking about? Because with collective responsibility doesn't start -- stop with neighbors and docs. And I just don't want people to read this and sense that those are the only entities that we're looking at to share the responsibility for safety. Police and arresting agencies.

So I know the list is unlimited, but do we have some way of making sure that the reader understanding that these are but two examples of entities and what we're looking at is really our society wrapping our arms around our children and looking at and taking responsibility for their safety.

CHAIRMAN SANDERS: Well, and I think the -- good point Commissioner Martin.

And I would just comment that it seems that -- and this is something that I think Commissioner Horn touched on earlier. There are systems of having legal responsibility to respond or to -- a legal oversight responsibility like the courts or like law enforcement.

That's different than the legal responsibilities today that a neighbor or a school might have. And so I think it's important to include more on those who currently have a legal responsibility

that we need to make sure is fulfilled. And then I think there are others where because of what we know about the characteristics of perpetrators, for example, that there is correlation. And so domestic violence we clearly need to have domestic violence professionals involved. It's not the same legal responsibility that law enforcement has, but it is a responsibility based on data.

And then there's kind of the responsibility to support strong families like neighbors. And so I think both having more examples, but also delineating because -- the level of responsibility because -- at least today -- because I think it impacts this issue what might we do immediately versus what do we need to long term?

COMMISSIONER MARTIN: And so maybe one of the ways to do that is to go back to this idea of defining what we mean by responsibility. Are we talking about legal responsibility, moral responsibility or social responsibility? And maybe we can delineate or give examples of what we mean in each of those categories or however we identify those categories.

Because I would suggest to you that anyone who is a mandated reporter which all of my Chicago public schoolteachers are, you know, presumably, they have some responsibility, too. And, you know, a preacher, I would think would be a mandated reporter. And I don't know that for a fact off the top of my head. I would assume they are though. And they would have -- and so mandated reporters, I would think would have a heightened responsibility as well.

And all I'm saying is that I would prefer to be more inclusive than less inclusive and so I think it does deserve some attention to what we mean by responsibility and what type of responsibility we're talking about and then give examples and show me, the reader, what you need. Because I don't want someone to pick this report up and say, oh, we're just talking about neighbor and docs because that's clearly not what we're talking about.

CHAIRMAN SANDERS: Commissioner Petit?

COMMISSIONER PETIT: The Children's Bureau report on child abuse in 2014 has a breakdown of where reports are coming in from and I think to Commissioner Martin's point, it shows that the three highest sources of reports among professionals are schools, law enforcement and social service agencies. The fifth is health professionals. And the other half of -- after you subtract all of these, the other half or third come from the public.

So schools are a very big source and it turns out that healthcare professionals as of today are not a high percentage of the cases that are reported in.

I think one issue is that public education campaign would definitely raise the number of reports coming in from a lot of different sources.

And I don't think that one of the things that we've talked about is a national mandated reporter definition. I think, if I'm right, right now each state defines it independently as to who is a mandated reporter. Maybe we ought to raise the question as to whether that should be uniform across the country that all citizens have a certain responsibility.

But I do think it's important that if you were to sharply the increase the number of reports coming in and that happens in many states. After the death of the child there may be a big uptick in the number of cases reported. The question then becomes, then what?

If doctors double or triple the amount of referrals coming in, who is going to act on it? What is there at the other end waiting to respond to their report?

CHAIRMAN SANDERS: I would be curious, Commissioner Petit, about the reporting related to -- and there's obviously no way to do this, but more related to the population at risk for fatalities because the -- I am guessing for birth to one that hospitals move up on that list and even birth to three that they move up on that list. Or doctors move up considerably on that list.

COMMISSIONER PETIT: You would hope so. Yeah.

So I'm not saying that it's uniform. I'm just saying that right now, you know, when you think of all of the kids that the medical community sees, they still constitute a relatively small percent. And what it says that 95 percent of the kids are being seen by physicians on a regular basis and five percent are not, five percent of seventy million kids is three and a half million. And you know, I mean, that's a lot of kids. And it may be the population that, you know, we're overlooking is the ones that don't know up at the doctors.

CHAIRMAN SANDERS: Commissioner Horn?

COMMISSIONER HORN: Yeah, I'm going to have to drop off at the top of the hour for another phone call, but I want to just add additional content to something that Michael just said which is think is really important which is the, then what?

So one of the things that some localities have been implementing over the past couple of years are websites to report a suspected incident of child abuse and neglect. And the reason why they're going that is because a lot of hotlines, when you call, you might get a busy signal and some of the hotlines even worse. Only operated during the day and don't operate in the evening or overnight. And so the idea was that to try to prevent someone from not making a report by making -- by having a website.

But the experience as I understand it in those localities that I've done those kinds of websites is that they get inundated with reports and then they get overwhelmed because the CPS system does not have the resources to be able to respond to all of their -- all of the reports that are coming into these websites.

So we certainly -- you know, we certainly want to encourage people to report suspected incidents of abuse and neglect, but this goes back to the much earlier conversation we had today which is at its core, if we don't do something about fundamentally increasing the resources that are available to CPS systems around the country we will simply have a lot more reports, a lot more known cases, quote, unquote, without any of the kinds of resources that CPS is going to need in order to respond to those reports.

CHAIRMAN SANDERS: Well, I think that that's probably a good note to end this on and I would suggest that we will put together some options related to resources for the next discussion that we have. I certainly have some thoughts and I'm sure a lot of people do and we probably want to have some options in front of us about how we want to -- what we want to have a conversation about as a commission. So maybe we do that for the next report.

And we got through much more than I was thinking that we would. I think the first hour discussion has been very helpful in helping to try to better frame what this looks like. If we don't get that right then, the detail in the chapters become far less important. So we'll get --

Amy, a sense of when we can have -- when we'll likely see revisions? I assume a few weeks out, but what are you thinking?

AMY TEMPLEMAN: Well, this time frame is shorter than the others. The commissioner's next call is November 12th so we are hoping to have some revised materials to you as early as the end of next week.

CHAIRMAN SANDERS: Okay. The staff are working incredibly hard.

Commissioner Dreyfus?

COMMISSIONER DREYFUS: I wanted to send in my comments and track changes, so do I just send that directly to Amy?

AMY TEMPLEMAN: That would be great.

CHAIRMAN SANDERS: Yeah.

AMY TEMPLEMAN: Thank you.

COMMISSIONER DREYFUS: Okay. Thank you.

CHAIRMAN SANDERS: Commissioner Petit?

COMMISSIONER PETIT: David?

CHAIRMAN SANDERS: Yes?

COMMISSIONER PETIT: Yeah, I just wanted to be clear. We have a November 12th from 1:00 to 3:00, a November -- a December -- what the heck is that? December 3rd or something?

CHAIRMAN SANDERS: Yeah. Early December.

COMMISSIONER PETIT: Early December -- yeah, December 2, I think. December 3rd. 1:00 to 3:00; is that correct? And then we have 7 and 8 face-to-face.

Are there any other dates at this point that have been contemplated or do you think the work is done after the December meeting?

CHAIRMAN SANDERS: I think we have to see how far we get by the December meeting. We don't have other dates scheduled yet, but I'm guessing it's not going to be completed by the 8th either, but we might. If so, great. If not, then we'll figure out how much more we have left.

COMMISSIONER PETIT: Yeah, and it's unlikely that there would be an actual face-to-face meeting scheduled between then and the end of the year, right? It might be a telephone call, but probably not --

CHAIRMAN SANDERS: Right. That's correct.

COMMISSIONER PETIT: -- face-to-face?

CHAIRMAN SANDERS: Yeah.

COMMISSIONER PETIT: Okay.

CHAIRMAN SANDERS: Correct.

COMMISSIONER PETIT: Thank you.

CHAIRMAN SANDERS: All right. Well, thanks everybody. Very productive. Got a lot done. Thank you. Talk to you in a couple weeks.

(Whereupon, the Commission to Eliminate Child Abuse and Neglect Fatalities telephonic meeting was concluded.)