



COMMISSION TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES

TELEPHONIC COMMISSION MEETING TRANSCRIPT

January 16, 2016

In Attendance:

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

CHAIRMAN SANDERS: So we have Wade, Susan, Michael, Amy, Jennifer, David, and I think we are expecting two more.

So thanks. I think -- let's see. Everybody that's on now was on Thursday and we were able to talk about report structure and the next draft will be with the revised structure and we were able to come to some general agreement on the surge/perspective case review and so Jack had sent out a language for that and I know, Michael, you weighed in on that and sent out language. Susan, David, and I all weighed in on that and that will be the first agenda item to make sure that we are on track with that and I'm actually going to suggest in the next draft that we include it as a separate chapter, if it is one of our most important recommendations.

I think we really want to highlight it but that's obviously up to the full group but wanted to put that on the table as something to consider because I think we don't want it getting lost in with other recommendations and I think we -- but we want to make sure we have agreement on that and then wanted to talk about funding and we have a number of recommendations that will require funding and I think we need to revisit that and also the language that we want to use around the money for CAPTA and how we want to think about that.

So those are the two agenda items for today. We have -- we should have a full draft by -- -- that incorporates all of the feedback from all of the commissioners plus the two deliberations by the end of next week and then looking to schedule at least two, if not more, times to discuss that version of the draft.

Okay. So David Rubin, I know you had some concerns about where we ended up with the language for the perspective case review and so I thought it might be helpful if you started with that and then let's see if we can take what we've written up with the rest of it or not.

COMMISSIONER RUBIN: Yeah. I'm still not there, guys. It's not that I'm not -- that I'm opposed to review. That's not what I'm saying. This is our lead recommendation and I feel like by going straight to the case review, it sort of is tangential toward the lead recommendation. I actually as I thought about it, the lead recommendation is giving the states the option for -- like we have an epidemic going on in this country around child fatality. All right. We believe there needs to be a surge.

I'm going to go back to the same language that others have used. We believe there needs to be a surge. How do states define what a surge looks like? They need to define -- you're going to need to give us -- this is what we heard in the testimony. You're going to give us new money so we can have adequate workforce to respond in a different way. All right. You're going to give us a much greater degree of flexibility across multiple and existing programs than we currently have so that we don't have to constantly go through the coding processes around waivers if we want to move services upstream.

And, third, you're going to potentially maybe reduce the red tape so that we're actually move services to families more than we're actually checking boxes. All right. And so if I think about creating a state option, to me, our lead recommendation is that we're going to provide states the option to do a surge. The idea here, you know, in return then, where are we going to ask a state that would like to either accept this new money in the centralized, you know, process to move several waivers through different systems all at once. We're going to ask them to define for us how they would use that money and how they would use that flexibility and so it doesn't mean we're not going to ask for verification.

We're going to ask them how will you under this new system, all right, identify which kids currently under your care are at highest risk for fatality. All right. What are you going to do about it once you identify them? How are you going to redesign the way you deliver services to make sure those cases, those kids are not falling through the cracks.

I believe those are all -- those are the weeds. Those are the details of what states are going to have to tell us in order to kind of tap into the surge. If our recommendation is the surge is case reviews, I think it's weak. I think it doesn't really -- it falls very flat. For someone who has not followed throughout the last couple of years, that may be -- that's what they recommended? Case review? There have been so many case reviews in child welfare.

It's not to say that this isn't a part of the response and that we can't require states to articulate how they might do things differently but I would make the entire lead recommendation about how states can tap into a surge and what that surge would look like and how we are going to allow states to articulate to us what that would -- how that would change practice on the ground.

COMMISSIONER PETIT: David, --

COMMISSIONER DREYFUS: Commissioner, may I ask you a question real quick? I really appreciate that you gave the time there to explain this.

Could you see any way where the Commission can marry up the sense of urgency about kids who will die while Congress is taking all of this up and we're all talking about it? Is there any way that we can marry up everything you just said with what -- we have the potential of having coming out of the "surge," which is what I tried to articulate in my track comment changes this morning?

I think there's a way that we can interconnect and accelerate the "21st Century System" where it begins with this surge, it creates an interconnected learning community, and this learning community is not just about let's make sure these kids today are safe but let's make sure we're learning from it in a multidisciplinary way so that we're hardwiring in the necessary changes across.

The things you talk about, I couldn't agree more, that it's got to be that state/federal partnership and as the states are learning, they're required to also think about the integrating and funding and it's all fairly articulated.

So can you see connecting what I was trying to articulate in the suggestions I made before this morning?

COMMISSIONER RUBIN: Well, yeah. So my concern is, is that, you know, I guess, you know, some -- you know, we've equated the surge with this case review and I think that does a disservice to what a surge really is.

I think case review needs to be part of the surge but it's not the lead -- the lead recommendation is the surge and I can understand that that's going to take congressional -- what I liked about the surge and the way I defined it, you know, first of all, what I liked about the surge and the way I defined it is it says states submit to us one plan across your systems and show us how you're going to take advantage of the surge.

It then says to the fed, we're not making Medicaid go to Medicaid. We're not making IV-E go to ACF, you know, before you go to -- we're making one plan come in through this new leadership with an ACF and then it's the federal -- it's ACF's job or wherever this office resides to bring together Medicaid, to bring together IV-E-- you know, the different -- essentially through the particular requests around flexibility that the states are asking for, so it centralizes it both on the front end and on the back end.

COMMISSIONER DREYFUS: Can't you see case review accelerating that?

COMMISSIONER RUBIN: Well, that's the second question you're saying, is, well, that could take congressional -- that's a congressional legislation and you're feeling the urgency to do something now. I don't think that's -- you know, to me, I believe that the -- if you want something to happen before a surge, that's a separate recommendation. All right. I believe the lead recommendation, if we're truly changing this on the ground, we heard testimony from every state they needed more resources and they needed more flexibility. That's the surge.

If the second recommendation is we realize it will take time to move this through Congress and we can't wait, all right, therefore, we're going to require as part -- you know, we're going to beef up the enforcement of CAPTA and we're going to require every state to do a case review right now as we're trying to move this other legislation through, that's separate, but I

don't like the equating the surge with case review. I think they're slightly different recommendations.

COMMISSIONER PETIT: Well, let me just add, this is Michael, I think that the surge -- I don't like the term "case review" either. What we're looking at is ascertaining whether, whatever the case treatment plan, still remains an adequate plan but does it need to be strengthened or modified in some fashion due to extra eyes looking at it and the assumption is that a lot of this work wasn't done as thoroughly as it might have been in the first place, not because people were, you know, -- there was any malfeasance or anything but people just didn't have the resources and the time necessary to do this.

David, you mentioned the word "optional" a number of times. I don't view it as optional. I think this is an urgent national issue. It needs to be addressed and it can't be left up to the individual states whether or not they choose to participate. A kid can't be protected, hope to be protected based on whether he's lucky enough to live in one state or another state and I think that many states would respond positively to that, whether even to whether it was a mandatory kind of thing.

In exchange, they receive certain flexibilities, etcetera, but I don't think this can be optional, even though if congressional action is needed, you could start with states that would say we'll do this administratively with you guys and HHS right now and we'll begin it. In the meantime, we will have queued up the process for making it mandatory, so that they could be an initial start on this thing followed by mandatory for any states that were holding back on what we deem inappropriate reasons.

COMMISSIONER RUBIN: Yes. So right now it is written as an option. So I'm thinking like if Pennsylvania came to me today and said we have an option to tap into some more resources to do these case reviews, Dave, and we're going to have a lot of paperwork we're going to have to fulfill to show how we're responding and opening these cases again and re-determining and make sure -- I would say, well, what's in it for me as a state to even do that?

So like you said, so I like the fact you just said, there are certain things that we want to create as state options here. To me, the surge, to me, is the enticement for a state to take advantage of an option. All right. What you're talking about is what you believe is mandatory for every state and that can be under CAPTA or whatever. To me, mandatory is different. That's why is the idea to say we have a level of urgency right now, we're going to require every state to do something, which is to really go back and identify all the high-risk cases, you know, I don't know if it's a one-time thing, I don't know if it's continual, but like under one mechanism but I think that's different than creating a state option to take advantage of new money and flexibility and so -- or they can be housed under there but I think that's where I think I'm getting caught up is it feels like we're equating like what's mandatory versus what's an option and then we're also equating a surge in the interdisciplinary case review for the re-determination process and I just -- I feel like it's falling short of what we're talking about.

COMMISSIONER PETIT: More than any other group of kids, in my opinion, more than any other group of kids in the country, the cohort that is most identifiable at being at risk is that group of kids who have been abused right now and who are at home with the one person who is the principal source of danger in a kid's life.

So the idea of going in and looking at this particular group of kids, plus all the other reasons of, you know, what we learn through data, what we do with national strategy, national policy, etcetera, there is a group of people going back in to check to see if the circumstances are such that this child's environment needs to be strengthened or needs to be changed. I think that piece of it and all the other sub-trails behind it, it's all equally as important in terms of what I think is going to take attention, grab attention, is the Government sufficiently concerned about this that it is going into these cases and taking a second look at what's going on.

I mean, that happens all the time with recalls, with all kinds of regulatory stuff. This would not be that unusual. It would be unusual for child welfare but it wouldn't be unusual in the environment, on health issues, on car manufacturers, or others. It's a common procedure.

COMMISSIONER HORN: So, David, I'm confused. If one of the points that we're making is to determine children today who are known to CPS but remain in their homes, to determine whether an individual child is safe, how would you do that without actually looking at a case?

COMMISSIONER RUBIN: Which David are you talking to? Me?

COMMISSIONER HORN: Yes.

COMMISSIONER RUBIN: No. I would -- like I said, I'm not opposed to doing -- to thinking about doing -- to ask for a little urgency. I just think that the states -- you know, if my state leadership came to me and said they're asking us to do more reviews, I would say -- they would say to me we already are doing reviews. We have qualitative service reviews. We have -- now we're adding another layer of reviews on. Rather than having -- you know, because the states articulated as part of the surge plan how they would create what -- you know, given technical assistance, different ways they can triage cases for secondary -- for higher levels of review or create red flag systems.

To me, we're asking them to take on another level of case reviews, another lingo in their language. I believe states are going to see that as really five different layers of review. We have teaming, we have this, we have that. How is different from what we're already doing? I feel like, to me, it's a little tangential to say we're going to do a surge but then we're going to ask states, given the way they currently operate, to define for us how they would create a system of checks and balances for the highest-risk cases for fatality. To me, it's about allowing the states to articulate -- I don't know if we have the evidence to be as prescriptive as we're being, to say we know that this is the exact way to create a system of checks and balances for the cases we already know about.

COMMISSIONER DREYFUS: Yeah. But, David, go back to the Hillsborough problem. I'm glad you brought that up. I mean, when you go back and dissect that story, they had an emergency. They had an urgency. Kids were dying and it was a real problem and I could just say if what this is going back to is separating out the surge from the larger way that that is creating -- it is working with kids today and making sure they're safe but it's also part of the kind of learning community that Hillsborough County used that sense of urgency to do, to get in front of this stuff.

What I liked about Hillsborough County is because of that sense of urgency. It accelerated that more proactive work for the future. I have to go back to my comment that I said then. I

fall back in my support on this. If all this is is a reaction and oversight by the federal government, we don't trust CPS, we've got to look over your shoulder one more time, because I tell you, the way in which this gets received by the states will have a lot to do with what kind of success this has, as great as we might think it might.

So if this isn't part of accelerating the work toward a more proactive preventative approach, which is the way I felt this was moving as of Thursday night and then all the back and forth this morning, I would have a real problem, too, but I think Hillsborough is a perfect example. They married the two together.

COMMISSIONER HORN: Yeah. And I agree with that. I was asking one question because I actually think that all the states should have procedures and practices in place to assure kids are safe, which they already do. That's the status quo.

What it seems to me is what is unique about this is that we accomplished two very important pieces, very important objectives. The first is to assure that kids were known to CPS and are still in the home are safe. Again, somebody can go back through all of the newspaper articles over the last two years and determine this to be true and I'm pretty sure it's true, are known to CPS, who were killed, who had been reported, had been known to CPS, were investigated and then were left in the home and they were killed. It wasn't because there was a report made and nobody went out to investigate them. Also, most of them were not being killed because an investigation was made and the kid was placed in foster care.

So the kids who are most at risk and the ones who are still at home, I don't think it's because CPS wants to do a lousy job. It's just that the resources that are available to them are too constrained to allow them to do the kind of ongoing case management and case monitoring and service provision that a lot of these families need in order for the kid to be safe.

So the first purpose, in my view, is what do we know about those kids who are now in the home that have the highest probability of being killed and the second is what learning do we get from that review that allows us to make fundamental reform when it comes to the child welfare system? We won't know the answer to the second one until we actually do the reviews. If we knew the answer to the second one, we would just recommend it now but I don't think we do.

Susan, you're exactly correct. There are two goals and they both are going to be achieved only, you know, with a case review process done at the individual case level that gives you the answer to the important questions, so you can have that data to fundamentally reform the system. So it's both.

COMMISSIONER DREYFUS: And that case review isn't just something that's done by CPS workers or supervisors alone. That's why I tried to say today, right, it is about, from the multidisciplinary standpoint, really taking a look at these cases, similar to what we saw CACs doing and especially the CACs in Omaha as a perfect example.

COMMISSIONER HORN: Absolutely. You're absolutely correct. It can't just be a single caseworker with a supervisor meeting with them and saying did you review 15 cases? Yeah. That's what they're doing today at best. So it can't be that. It's got to be more intensive than that.

COMMISSIONER DREYFUS: Right.

COMMISSIONER RUBIN: So working through your example there, so to me, I guess I'm agreeing that this is a two-step process and so it came off to me the way it was written that this surge in these interdisciplinary cases, is it one time, is it -- what you want -- it sounds like what people are saying is every state should be required right now, whether that's associated with time-limited money, to do an analysis of their highest-risk cases to inform what will be a more sustained surge strategy around fundamental child welfare reform that's going to allow states to take advantage of greater flexibility, the stuff that they asked for, for potentially new monies to build upon their workforce, so that they can actually continue to do whatever they learn from that prospectively because if they do it one time, within six months, things are going to be back to where they were before.

COMMISSIONER DREYFUS: That's why I didn't initially support. The way this thing is being framed out now, though, is that, to me, I would hope that if states go into this with the attitude that one is this is this the opportunity for us -- I mean, let's face it. Any method of running these systems, your worse moment is when kids die and that's how you go to bed every night.

So the idea that states could say, you know what, this is an opportunity for us right now to really look at the kids today but to make sure that the kids today are part of assuring the future of our system for the kids of tomorrow and if there's a way to put these two things together and the fact that -- I hope that in the future, it isn't just this knee-jerk reaction and then you do a surge every, you know, year after that in this same way but the idea that states, as part of their continuous quality improvement, no differently than we saw that they're doing in Hillsborough, right, is the frequent re-monitoring and, you know, checks and, you know, checks on the system.

It's kind of like what Omaha's doing with having the CAC do all these multidisciplinary reviews of cases or what we saw in Milwaukee with Children's Hospital and the CART review process where they identified these high-risk cases and they review them before bad things happen.

So, yeah, I hope that that's part of the system in the future but I hope that it doesn't -- you know, I hope that what we have to do initially now, it's a little bit more prospective in terms of how it gets done in the future.

COMMISSIONER HORN: And, again, I want to get that in the future, Susan, may be different from what I think.

COMMISSIONER DREYFUS: Right.

COMMISSIONER RUBIN: The state option for me is in the future. Right now, it's written as if the states are going to have an option to do this multidisciplinary review and so I don't know any states that will pick up that option, right? What I'm hearing is that we need to differentiate what is going to -- it sounds like it requires -- Michael, you were suggesting should be required of every state right now and whether that's associated with money, we have to decide, and then there's the state option in the future to take advantage of resources and flexibility to create a prospective system that continues that forward.

COMMISSIONER DREYFUS: If you want to get to the 21st Century child welfare system and we want to get it more quickly, we don't want to be 20 years from now and still reading the same book.

What I would say, I would -- if it is framed and it is truly rolled out in the way in which we are talking about, I could see this being a requirement of states but only if it is with this idea of accelerating the very reforms that states are working hard to get at if it accelerates the longer term. So, you know, if that's what it does, if we think it can be an accelerant factor, then, you know, it's just this option state by state or is it something that all states are going to do but it's all part of creating this national learning community and it's all part of accelerating for this 21st Century multidisciplinary system that we envision.

COMMISSIONER HORN: Yes. I think we all are agreeing that this should not be an option. I thought from the conversation Thursday it wasn't that it would be an option for a state to do it or not but that the first step, which would be required, is the state would have to look at whatever information is available to identify where the kids who are known to CPS, where are they right now and what do we know about them who have died, and that that would inform the form of the surge that was done.

So I'm just going to make two absurd examples. So, one, 100 percent of the kids who died in state A are in foster care. State B, 100 percent of the kids who died are in the home, were left in the home. Well, what state A would do, they would look at what's going on in the foster care system. State B would look at what's going on with the kids who were left at home. So the form of the surge might be formed by that first step.

So what I would heard in the conversation earlier this week was let's not prescribe exactly the form of the surge, it's not that it was an option to do the surge, but that they would inform what the form of the surge would look like.

Now I happen to believe that every state's going to find most of the kids who are known to CPS are in the home when they die and so they'd have to take a look at all the kids in the home and make sure those kids are safe. I'm willing to allow some flexibility in that regard.

COMMISSIONER PETIT: And I think this sounds exactly right. This is Michael. The whole exchange here and where this is going sounds exactly like the right thing.

COMMISSIONER RUBIN: I think we just haven't gotten the language right yet because I think if it's -- I think this idea of the two-part process needs to come across in the way we -- because that's really the direction we want to go in, is that crisis response that you're talking about, Michael, right upfront that's a requirement of every state and I ask is that associated with -- -- if I were a state, I'd be like, well, who's going to do this with you?

COMMISSIONER PETIT: Yes, it is, and that's where the federal government comes in and says, listen, the money is not going to be the issue that prevents us from doing this. This is something that the public will support, the Congress will support, and if it requires some money, so be it.

COMMISSIONER DREYFUS: But, Michael and Wade, I've got to ask you guys this question. The one thing that's in the back of my mind, again I just keep thinking about how people have, you know, in all our careers respond to the issues in the "child welfare system" and that is

typically blame and reaction. And one of the things I would hate to have happen here is for our country to lose ground on thinking about a more preventative and early intervention system to strengthen families and keep kids with families.

COMMISSIONER PETIT: Susan, --

COMMISSIONER DREYFUS: We've just got to be really careful here that this doesn't end up being -- we've just got to stop this idea of providing flexibility in IV-E to allow states to keep kids in the homes with services. We just have to be really careful here that we don't have an unintended consequence we don't mean.

COMMISSIONER PETIT: Susan, I agree with you completely and I think we need to make it crystal clear in the beginning that CPS are agents of the public and the state. They are not the reason why this is failing. I haven't heard anywhere along the way that any of us, any of us have been really critical or trashing of the state child welfare agencies. I think we need to be supportive of them and say they're overall doing a very good job and this is intended to strengthen their capacities and by pulling in more of the community with a multidisciplinary teams and other disciplines, as we've been talking about, we need to -- it is -- you're talking about this accelerant process.

I think we just need to make sure that we represent in a positive way where this needs to go. It's not a beat-up look back at how poorly the states are doing their job. They have a big problem. They're doing the best they can with it and they need more support.

COMMISSIONER DREYFUS: But a 21st Century system is a more preventative and front-end system. And we would actually see more kids being kept home safely with services but we would be intervening earlier, we'd be interviewing smarter, and we'd be intervening with a greater sense of shared accountability across the multiple systems that not only have eyes on these kids but bear responsibility for them. So, you know, it just has to make it clear that it's all of that.

COMMISSIONER RUBIN: I believe -- yeah. So that's where I think this two-step process works, Susan. I mean, I think the idea of identifying that there's a crisis right now and we have -- we don't have confidence right now that kids currently served by CPS, particularly in certain age groups and certain risk factors, are safe and therefore we need an immediate -- we have this requirement for an immediate response to conduct some level of an interdisciplinary review or whatever you want to call it, right, to ensure that the safety plans that are currently in place for our highest-risk kids are truly accomplishing that.

Secondarily, we're also redesigning the way we're going to think about leadership around state accountability for child fatality prevention. If that's going to be the one that's the option, by allowing states to use the information it garners from its review to design what they believe is a better process by which to use the full arm of all their systems, right, to try to reduce fatalities. In order to tap into that money and sort of a one-track, sort of a one-stop shopping, if you will, for waivers to do this, that they're going to have to articulate that plan to this new office within the federal government and therefore that office would be tasked with accelerating those plans through and distributing the money in a way that they would need to accomplish what you're talking about.

COMMISSIONER DREYFUS: But there is a connection between what is learned in the reviews and that plan and that plan is beyond just a child protection agency itself. I mean, I just saw a marrying together here of our committee's work and I appreciate Chairman Sanders talking about this being a separate chapter. I could see the validity of doing that if, indeed, the way the second that that chapter is written, if it does show the interconnectedness to the rest of our recommendations but this strategy is an accelerant for the rest of them.

COMMISSIONER RUBIN: That's exactly right and so the option - that state plan and that option to take advantage of new money. Child welfare and increased flexibility and potentially new money for IV-E or Medicaid or MIECHV to support -- or targeted investments for families that are at risk for fatality, that that would be part of the states submitting their plan and then this office helping to streamline that request to ensure that they're able to take advantage of that state option.

COMMISSIONER DREYFUS: So our recommendation that calls for like a five-or-10- site would go away. This would be the accelerant for this kind of review/learning laboratory that creates these multidisciplinary plans that further informs the federal government on what it's going to take in this federal/state partnership to make sure kids in this country are safe.

COMMISSIONER HORN: Yeah. I agree with that, Susan.

I was confused when I read the 10-state demonstration in the original draft because I thought that was the surge. I was thinking that that was the surge and I think you're right, that the surge, if done correctly, is really oriented towards obtaining information to inform the system. A piece of that is going to get exactly what the 10-state demonstration would get. So I think we can then do away with that recommendation.

COMMISSIONER DREYFUS: I would agree.

COMMISSIONER RUBIN: Yeah. And I would agree, too. I think that states -- to me, I'm thinking about it as like once they do this review, you know, the carrot that you're offering them is their ability to then create a multidisciplinary plan and why would they do that? Well, they're going to have the ability to maybe tap into new resources to build capacity and they're also going to be able to streamline the request that involves waivers to multiple existing funding streams, IV-E, Medicaid, MIECHV potentially, and allow the feds to consider that in one office and then involve the other -- it involves CMS. It involves MCHB. It involves, you know, ACYF, and so, you know, --

COMMISSIONER DREYFUS: Well, the other thing it does, what you just said that this does, is this really also -- I keep using this term "accelerant" but I guess what I'm feeling about all this. This also accelerates the work of the interagency federal group and allows them to work more quickly.

COMMISSIONER RUBIN: Yes, gives them their responsibility is the way I see it and I think states will be happy to have that because it will actually make their -- it would encourage them to come together at the governor's level to articulate what their public health systems need in order to respond and let it go in as a single request as opposed to multiple agencies acting in silos.

COMMISSIONER HORN: Jennifer, I know you're on the call and I saw your question about the surge. Has this conversation helped or are there other questions that you might have? Can I explain maybe a little bit better?

COMMISSIONER RODRIGUEZ: Yes, this conversation actually has helped clarify that it is not like we're picking on the last 16 cases and reviewing. I mean, it still seems to me, though, that in order for it to not be that, that it's going to have to be fairly prescriptive in the elements that we're looking for coming out of the surge because I think the systems that are struggling the most, know the least how to do this. So this helped, has been really helpful in sort of explaining to me what it is, but I still have the reservation in my mind that unless it is very clear about how to do this in the way that actually makes it different from what's already been done, then it's not going to work and it's actually a waste of our lead recommendation.

I guess I still do have a question about the interventions that would be part of it if in fact there are families that are discovered where children are not safe, where there are questions, because the same -- we have the same standards for removal and so there's going to be a lot of situations where child welfare agencies are going to be at the same situations that they probably were when they made their initial decision with not knowing what to do for the family and so I'm not as clear on that part about what different they all have at their disposal to help families.

COMMISSIONER DREYFUS: And we all said Thursday night, right, and that's exactly right, that part of this is putting -- you know, making the right decisions for these kids right now today, which could include needing to remove them, because we can't get the right services and support, so we're not sure what to do. I mean, so let's be clear, right, that the paramount responsibility is to make sure the child is safe and we're learning where there's gaps in services and support within the community and across these systems so that indeed that capacity-building does become part of this.

CHAIRMAN SANDERS: I also think, Jennifer, this is where the comment that you made about oftentimes you don't know what to do. I think that's one of the questions of how resources are allocated and particularly how they spend their time and I think that's why we need answers.

For example, it may be we have 30 cases. Who are you going to spend your time with today? That disciplinary team supporting you and saying, you know, that this is where your time needs to be spent and we can bring resources from the X agency to help support that. Because I think that unless there is something different to be done, that we will end up with the same challenges that we've had. But I think that this gives the opportunity for the agencies to sit around the table and say somebody needs to see the family today, maybe it can't be the worker, and access this service starting then. Those ideas all have to be tested but I think that we have a much better shot at it than the way we do it right now.

COMMISSIONER HORN: So I think we can have this point that we should be a little proscriptive about what the case -- for the case reviews. I think we can do one. What we probably should be clear that -- you know, while leaving some flexibility, you know, at a minimum, there should be a multidisciplinary review. At a minimum, there should be whatever. There should be maybe some minimum criteria, but I think we can't yet be as prospective as to what to do about it, based upon the review because we have to learn something from the review and

that learning may be different from state to state, until what happened with the results of that may be different. In some states, they may conclude, you know what, we're just missing the boat on, you know, removing kids and now we have the evidence to show that our threshold is way too low and we may need to remove -- we may need to adjust that threshold.

In other cases, it may be, you know, we've got to adjust the standard for revisiting our cases once they're left in the home. I'm just going to make that up. The standard is once every three months. What we found out is that because of the resource limitation, we're not visiting any of these kids. So we need to take our resources and focus them on visiting these kids, monitoring these kids more frequently to keep in line with those standards.

I'm just making this stuff up. I'm just saying that a plan itself about what it is that the system is going to do in response to the case reviews, we're probably going to have -- we may have some ideas on what that could be but it will be driven by the data, the learning, because exactly as Susan talks about, it will be generated by the reviews. I do think it's a good idea that we should make it clear what we're not talking about is just having a caseworker go home on the weekend and review her 16 cases or his 16 cases and come back and say, well, I think all the kids are fine and the supervisor goes, okay, that's fine. That's not what we're talking about.

COMMISSIONER PETIT: No. Exactly.

COMMISSIONER DREYFUS: And we're not talking about simply family team decision meetings in an office.

COMMISSIONER HORN: Exactly.

COMMISSIONER PETIT: Right. There would be -- in my view on it, they would go out on the cases that were deemed appropriate. There would be several steps along the way but at some point, for example, the reason why the family may not be able to do the things that result in save the child is somebody has come back into the household that shouldn't be in the household and it hasn't been reported back to the government. This would be -- that's the kind of thing that you look for in a review. So it's not just removing kids. It may be removing somebody who's in the home that shouldn't be there.

CHAIRMAN SANDERS: I think everybody has had a chance to comment. Amy, anything that you would add to this?

COMMISSIONER AYOUB: Which Amy?

CHAIRMAN SANDERS: You, Amy, you.

COMMISSIONER AYOUB: I'm learning a lot. I appreciate the clarity that's coming from this conversation. Thank you.

CHAIRMAN SANDERS: Any other commissioners that have joined us? Michael?

COMMISSIONER PETIT: I'm good with it. Honestly, I think the conversation has been good and I think the staff needs to try and reduce it to yet another written version of it but I think we're very, very close in being compatible with all the principle aspects of this thing and I

think if it's presented right, it'll achieve the things that Susan has been talking about, that David has been talking about. So I think it's been a good conversation and what's next?

CHAIRMAN SANDERS: And so the other question is about it being a separate chapter. Any opposition to trying that for the next version?

COMMISSIONER DREYFUS: This is Susan. I would just say I hope what I said earlier, I do think there is the opportunity for this Commission and we talked about in Madison, Wisconsin, that we didn't want a Christmas tree with a bunch of shiny bulbs on it. And I do think there's a way here for us to both consolidate and even delete some of the myriad of recommendations that just kind of read like here's an idea, here's an idea, here's an idea. But this, quote unquote, immediate safety and accelerant process that we're talking about connects it all together and so I just hope that being a separate chapter doesn't mean here's all the recommendations and here's this one. Then I have a problem, but I think there's the opportunity for the Commission to connect all this together through this.

COMMISSIONER RUBIN: I like the word "accelerant." It's a very simple idea that there's this requirement that we're going to do now that's an accelerant to states. Then really using that information to define a very what I think is a locally-driven response that would grant them access to, you know, some level of streamlined waiver authority, waiver processes, and potentially new monies that could be allotted to sustain a response to what they learned.

COMMISSIONER DREYFUS: And one piece I hope really comes through is we all know that in this 21st Century child welfare system, it isn't just our partners become, quote unquote, equal. This country will need a strong child protective function for every child every time, just like we think about law enforcement. We call 9-1-1 or we call the fire department. We know what's going to happen. We've got to know that this nation understands that this 21st Century system has within its very core a very strong resource consistent quality and accountable child protection function and so it can't just be viewed as one more of the partners. It has to be viewed as an integral and absolutely critical component of this 21st Century system, not just -- because we can't water down child protection's ultimate accountability responsibility and authority.

COMMISSIONER PETIT: Amen.

CHAIRMAN SANDERS: Amy Templeman, is there anything else that you need from the Commission for the translating of all of this into writing?

AMY TEMPLEMAN: The only question I would have is if we could know a little bit more about the CAC model being suggested and maybe highlighting that as the approach for building a multidisciplinary team. Is that something that the Commissioners would like us to do in this chapter?

COMMISSIONER DREYFUS: I gave you guys all the information on Omaha. Remember that? I mean, that is an awesome CAC -- all the cases that they review, I know you said they hadn't had a death in so long but that to me, when I listened to Commissioner Rubin, is the kind of --

COMMISSIONER RUBIN: Yeah. At the same time, I want to be careful. I think what we want to do is provide technical assistance on how these interdisciplinary but I don't want to say that it's the CAC in every state. I don't want to see it -- I think, to me, the idea that some states

might utilize CACs to help them meet that responsibility, others might take advantage of the fact they already have child welfare medical directors and have Act 33 teams or, you know, like I would allow some flexibility for folks to define how those interdisciplinary teams look locally.

COMMISSIONER DREYFUS: Well, I don't think we say that it's CACs. It's just like we're saying with Hillsborough, right? We're not saying use the, you know, technology of rapid safety response and the predictive analytics that they're using but we're saying there is an approach here.

COMMISSIONER RUBIN: Yeah. I think those are examples. Those are really good examples of ways they might conduct it or things we learned that could be taken advantage of in doing this and accomplishing this at the state level.

COMMISSIONER DREYFUS: Right. Or the five criteria that Milwaukee uses with the Children's Hospital Protection Unit, you know, the criteria -- they're using criteria in screening cases in terms of those that need to be looked at. I just think those are examples and strategies. I wouldn't say that it can only be done via CAC or only be done by the rapid safety response is being done in Hillsborough.

CHAIRMAN SANDERS: So is the suggestion that we would use those as examples in the chapter but just as examples?

COMMISSIONER PETIT: I think we have to be careful using them as examples. They can be cited but I do think we don't know everything about them and I wouldn't want somebody coming back at us when somebody locally points out that, hey, you've got that misinterpreted. I think they can be referred to but not the model per se that we're recommending.

CHAIRMAN SANDERS: Amy, does that get at what you needed?

AMY TEMPLEMAN: Yes, absolutely. Thank you.

CHAIRMAN SANDERS: So the next issue is a question about funding and I don't think we're going to complete this conversation today but I think we can begin to have that conversation and maybe we can complete it but get to -- there's a couple of issues that I think are critical for us.

One is we have, and I think in the latest version, we pointed out 27 different funding requests in our document and I agree entirely with what Susan said earlier, that by giving this more focus, we will get rid of some of those recommendations but we need to go through what we want to do with funding recommendations and then there's a question about kind of the re-envisioning of CAPTA and potential money for CAPTA or money into the system based on the historical inadequacy of funding and how it relates to this issue of reducing fatalities. I think we don't have enough on that and so I think we want to talk about both of those.

Wade, were you going to say something? Wade?

COMMISSIONER HORN: No, I was not asking for the floor.

CHAIRMAN SANDERS: So maybe -- I put together some language around funding to try and see if we could begin to have some conversation about how we might structure it and I think Amy

Templeman and everybody got that language. I don't know if we want to start there, if we want to start more generally with how we want to approach the funding question.

COMMISSIONER PETIT: David, this is Michael, everybody. We've had language in earlier documents about the \$1 billion down payment on strengthening the system and I've sent to all of you in the last week or so documents that some people had prepared about how you could spend that money. I'm not looking to prescribe how that money should be spent but in the first instance, this is where we get into standards, as well, you know, in terms of caseload standards and so forth.

There are some national standards. I think HHS needs to look at them again and strengthen them but we need to say a number and that it would be administered by the HHS to the states in a variety of different ways and one suggestion is that it would be added to CAPTA. I'd be fine with that but I do think we need to say a dollar amount upwards of and in the news clips that we've been getting for the last two years, the resource question is a repeated issue, constantly coming up in one story after another.

So I don't know what the best way to frame it is but to say that we think it's an under-resourced system in comparison to the magnitude of the problems facing us and that in that initial \$1 billion expenditure, it's appropriate. That as the country starts to refine this more, if we take the -- treat the issue more seriously in terms of planning national priorities and states in the 21st Century and all that.

There'd be a clear picture subsequently about what additional resources that will be needed but right now, there is an emergency situation and states need to be beefed up.

COMMISSIONER DREYFUS: Let me try to connect all this, if I could. So I'm going to talk, first of all, we know what we've got here is an adaptive challenge. You don't just take CAPTA today and throw money at it and think we've fixed anything. That's the old way. This is the new way. We've got an adaptive challenge. We know that under adaptive challenges, there's four ways in which you go about it. There's things within the current CAPTA that we would say you need to keep. We need to keep these things and we need to make sure folks are accountable for these things and are resourced for these things.

There's that which we've got to change. They need to get things shifted. They're in the right direction but they're not right. There's things we need to get rid of. They're no longer necessary in CAPTA. They're redundant. They're not helpful. And then there's some that we need brand new, right, in CAPTA.

The way I could see this is if there is this notion that the 21st Century child welfare system that we are all striving for, CAPTA is a critical piece of it because child protection is at the core of it, right? Then how could we write this in such a way that, first, some larger discussion with Congress about CAPTA, right, under this notion of adaptive -- not going to say an adaptive challenge. Because I'm not trying to get into that kind of language but I am trying to frame in my own mind those four levers that you'd be pulling to re-envision CAPTA but how immediately, right, through this surge and the learning that goes on this surge, we know that a big piece of this is the beefing up of these child protection agencies and not just staffing but the quality.

I don't have to tell you, Wade, you know this from your work and, Michael, you know this from your work and I could give you time after time where we're in the home visiting in response to, yes, but was it a quality visit? No. Were we doing a review of the case? Yes, but was it a quality review? No. So just doing it doesn't mean that, you know, kids are safe.

So is there something we could do that says that but also says this is but the beginning and that as this all connects together through what we're talking about in that chapter we just got done putting our arms around, does it connect to what's next? But can we pull this together in some way that doesn't just sound like CAPTA as is, throw some dollars at it?

COMMISSIONER RUBIN: But based on what we just talked about, Susan, I mean, I think that, you know, first of all, I like -- any dissent around the -- you know, that they started to make a case for why we need additional investment to CAPTA. I like the idea of tying the investments. We moved away from the pilots but I think that, you know, beefing up CAPTA with a strong investment to me would be part of states, you know, taking an option to take additional money to build their workforce under the -- in return for articulating a stronger inter-disciplinary plan moving forward for how they would use those resources.

So to me, this is part of the Part 2 response right here.

COMMISSIONER HORN: Yeah. So one place we could do it, and I agree with what you're saying and just maybe expand a little bit, one of the things I want to say is that we recommend an immediate increase of a billion dollars -- to a billion dollars in the CAPTA and the first use of those funds is for the surge. But then subsequent of the availability of those funds to the state is contingent upon the state having, as a result of what they learn about from the surge, develop a plan for how they're going to reform the system and submit their plan to HHS and only after they've submitted that plan to HHS and had it approved do they -- are they actually able to draw down the funds of that billion dollars. So we're making a very clear connection between the first piece and the second piece and using the billion dollars to build upon the first piece --

COMMISSIONER DREYFUS: I like it.

COMMISSIONER HORN: -- and incent the second.

COMMISSIONER DREYFUS: I like it.

COMMISSIONER RUBIN: Yeah. Wade, I like that a lot.

COMMISSIONER DREYFUS: Yeah.

COMMISSIONER PETIT: [AGREED]

COMMISSIONER RUBIN: And then the flexibility in terms of submitting big plans that might also include flexibility in other funding streams that could also be a part of that request and have the federal laws that streamline those requests rather than those being -- coming up from single agencies.

COMMISSIONER PETIT: And related to that is this question of standards and so we've got national standards and at some point the accepting federal money means that you are agreeing to meeting certain national standards, whatever that set needs to be.

COMMISSIONER DREYFUS: And we know where Congress is going, where the whole field is going and needs to go in medical science. Let's do what works, right? But we've got to learn what works and in the process of learning what works, if it really can be validated, Michael, that meeting those standards truly does make a difference in quality and accountability in child safety outcomes, so be it. But I don't want to sit here today and say we know that the application of those standards means kids are safe.

COMMISSIONER PETIT: We have a great bunch of people on the Commission but the reality is we have drilled down really deep in terms of making this stuff work at the street level, at the 9-1-1 level, at the caseworker level. It requires a lot more planning and analysis and research than what we've been able to bring to it here. I mean, that's what --

COMMISSIONER DREYFUS: Right.

COMMISSIONER PETIT: -- departments do and so I think, yes, we can never say do this, this is the solution. We know there isn't any one solution but if we elevate within the federal government the status of this issue in concert with the states, there is now an absence of planning that we see in so many other fields is not taking place at a big enough level at the federal level.

COMMISSIONER DREYFUS: Right. And where you've got an example of the federal government, I'm not saying anything is ever perfect, but it certainly is in my experience where I found the partnership with the federal government, one that was far more fluid and workable. And I would say that as a former child welfare director, it would be fabulous to see this in child welfare, is in how those feds and states are working together around Medicaid and healthcare reform. I think a lot of what Commissioner Horn was just talking about in terms of these state plans and their work with the federal government is, you know, you go into a negotiation process and you're working to get to that common goal and the feds have certain flexibility that they can bring to helping states do what states end up doing.

If you look at the waivers in Medicaid, they're all very different. So I can see this connecting together if indeed it truly was this notion of federal/state partnership. And if I were a state director, I would think, wow, this really is the once-in-a-lifetime opportunity I've been looking for to truly improve things. So I think this is all coming together.

COMMISSIONER RODRIGUEZ: And I think it would be really important to have again the federal government give some guidance and leadership around what exactly we know from the safety science and, you know, best practices across the country around not just the multidisciplinary aspect of agencies working together and not just case standards but really case practice. Because that is what I think stood out for me and what was frustrating to me about the first draft was that there really is not an acknowledgement that there are a lot of difficulties right now and challenges with the way that child welfare agencies currently do their case practice and their management, their supervision. And so no matter sort of how many other agencies we brought in, that doesn't fix, and even lowering caseloads doesn't fix some of those challenges, and so I feel like that could be a little bit better.

The federal government is to extract out what do we know from safety science about what best practice should look like in terms of the child welfare agency's day-to-day operation and that's going to be a critical part of the surge. It will be a critical part of anything changing moving forward, too.

COMMISSIONER DREYFUS: And that interagency workgroup at the federal level.

COMMISSIONER PETIT: Yeah.

COMMISSIONER DREYFUS: Commissioner Sanders, we're here a little bit talking about some specific language that you put forward. I know that I saw it but I just was wondering if you could help me pull it up here on my WiFi.

CHAIRMAN SANDERS: I don't know that it's relevant because I think that like we can revisit the language.

COMMISSIONER DREYFUS: Okay.

CHAIRMAN SANDERS: But part of it was to say to justify why there should be an upfront investment by looking at what's required in CAPTA right now and the woefully inadequate funding for what is actually mandated for states to do in CAPTA right now, so.

COMMISSIONER DREYFUS: So we're going to go to different language but you're saying we don't have to be --

CHAIRMAN SANDERS: Right.

COMMISSIONER DREYFUS: Okay. Thank you.

COMMISSIONER RUBIN: I like that language. I mean, Amy said the first two paragraphs are good. I think that, like I said, it dovetails nicely with the -- to continue to draw down those dollars, you're going to need to articulate this. Are we using it in different -- in a different way, particularly around prevention, you know, preventing fatalities, and also we're going to connect that through some of the other requests that the states made about making it easier to request some flexibility in waivers and with the other systems that need to be involved here, as well, too. So I think it works nicely.

COMMISSIONER DREYFUS: And we don't want to do anything, though, that slows down Congress's work right now around IV-E. We've got to be careful here, too, that we don't slow down other work that's going on in terms of opening up IV-E to be more flexible to the front end of the system because the only connection we can make to that current movement, in light of that current movement, should continue.

CHAIRMAN SANDERS: And that's exactly what I wanted to raise, is that by focusing on CAPTA, which is fine, and CAPTA reauthorization is coming up soon, I think that that's certainly something we can spend as much energy on as necessary, but we also have IV-E, IV-B, and social services block grant, and other funding sources, and that relates to the proposal that I had referenced last time of at least considering the cross-jurisdictional congressional hearings as a way to look at how those funding streams are better connected. Because additional dollars in CAPTA, which I think makes a lot of sense, but disconnected from IV-E and IV-B, I think, limits that potential for what we can see.

COMMISSIONER DREYFUS: I agree.

COMMISSIONER RUBIN: The only other thing I'd say, too, is, I mean, I think the Families First Act, I think, is linking the use of IV-E to pre-placement prevention and so to me, I still think

that's not going to obviate the need for additional waivers that the states might use in the future to prevent fatalities.

COMMISSIONER DREYFUS: Yeah. But it's talking about right now for kids in the home, substance abuse, mental health.

COMMISSIONER RUBIN: That's true, that's true.

COMMISSIONER DREYFUS: So it's about what Commissioner Horn is talking about. So I would not stop any building momentum in some of these other areas.

COMMISSIONER RUBIN: Well, that's why I think we need to somewhere in this report address that part. Every state asks for flexibility and we can call out the Family First Act as a step in a positive direction and acknowledging that greater flexibility, we need to take advantage of funding that exists right now. The better states are going to be able to articulate their plans moving forward.

CHAIRMAN SANDERS: Do we have any thoughts on this connection of the other funding streams to CAPTA that would be appropriate?

COMMISSIONER HORN: I think that Susan and David, I agree with both of them that we shouldn't be framing this as a substitute for something, anything else that's going on in terms of child welfare financing reform. So I think we just have to be explicit about that. Personally, I think we should also be endorsing the greater flexibility of title IV- E funds but that's a different question. But however we frame this \$1 billion request for CAPTA, we should be clear that this is not a substitute or seen as in competition for any other initiative that people are pursuing regarding child welfare funds prior to reform.

COMMISSIONER DREYFUS: Wade, could you see us talking about this stuff not getting specific? I agree, too, on the IV-E thing. I hope we do get back to that and I'm glad you brought that up, but that is such a big piece of this, but could you see us doing anything to articulate these interconnecting funding streams, including Medicaid? Let's not forget that. It's a bigger and bigger player as states put more and more people into managed care and expect, especially substance abuse and mental health to be provided through those MCOs. But could we do anything that says while we don't get specific to each one, is there anything we could do to say -- I'm just going to make up a number here for the sake of conversation. Here are five policy directions that need to be consistently aligned across these funding streams as it relates to these kids and families.

COMMISSIONER HORN: Yes. I would not have a problem with that. I think that would be a good idea.

COMMISSIONER PETIT: Yeah. Sounds right to me.

CHAIRMAN SANDERS: Yeah. That sounds great. That would work.

COMMISSIONER DREYFUS: But I do want to get back to what Commissioner Wade brought up, Commissioner Horn brought up on IV-E and flexibility.

CHAIRMAN SANDERS: So let me just check with Amy to make sure. Amy, do you have enough on that, do you think to put something together?

AMY TEMPLEMAN: Yes, I think that was very clear for us. Thank you.

CHAIRMAN SANDERS: So then let's -- I think those are ways -- the idea about IV-E, I think makes sense. Can I suggest that we have -- I think it's been pointed out several times -- a number of funding requests in the document? There's a question about IV-E as well as are we looking at a Christmas tree of funding recommendations about identifying source and how much or do we also want to tie this to the question of flexible funding with IV-E?

So I think, David Rubin, you suggested that we heard it from every state with reference to this. Anything specific we should talk about?

COMMISSIONER RUBIN: Well, I just think we heard consistently that flexible -- taking advantage of flexible funding streams, you know, it's very hard for them to kind of free up the money that could be available through other means. I like the idea of where Susan was going, the idea that there are certain places of reform that we heard about that would be -- that in some ways would be frustrating for states to be able to articulate their CAPTA plans moving forward and provide the function for the office that's going to be reviewing these plans and that interagency council to help streamline the requests under CAPTA plans that might include a greater level of flexibility like I think just a small amount.

To me, I think we think of IV-E flexibility. I think there's probably some opportunity for Medicaid flexibility, as well, based on some of the recommendations that we have. Medicaid's a huge funding stream. Let the states articulate those plans but just acknowledge that there are other funding streams here from which our waiver processes have traditionally been used to provide states flexibility.

COMMISSIONER DREYFUS: Just remember, I'm just trying to put on a devil's advocate hat here and try to speak to members of Congress in my head, is remember with flexibility has to come accountability and that a lot of folks that hear the word "flexibility" go, oh, okay, so just a blank checkbook but where's the accountability back?

COMMISSIONER RUBIN: Right. Sure.

COMMISSIONER DREYFUS: So we have to be really careful to use this term "flexibility" we're not -- that we're equally using the term "flexibility" with accountability.

COMMISSIONER RUBIN: Well, here's the other thing, I mean, with these state plans. I mean, if you want to really pull this whole report together in terms of the issues of measurement, I think this to public transparency. I mean, I think that, you know, the idea of having systematic near-fatalities, fatality review teams, that we need to understand we're actually reducing fatalities. Right? And also what the nature of the recommendations that come out of the review teams and what the states' plan is to respond to those recommendations and whether they actually fulfill what they recommend. I think that's been a problem with the review teams to date, is that they make a lot of recommendations and nothing happens, and so this is about public transparency.

So I agree that accountability needs to be a part of that CAPTA request.

COMMISSIONER PETIT: I think we all agree on that, right? Isn't there consensus amongst us on that piece, David?

CHAIRMAN SANDERS: Yeah. Actually, I have a question, I think so Michael. And it's a question that actually as we're talking might have a suggestion for. There are multiple plans for states and I'm not sure we can add two other plans or three other plans and have them take precedence over all of the other plans and become a priority for the states and I wonder. It does seem that this plan around fatalities needs to be tied to the CAPTA plan but I wonder if we should look at reductions in fatalities as one of the requirements related to the IV-E plan.

COMMISSIONER DREYFUS: I think that's a -- actually, I don't -- I would like to hear my other Commissioners thoughts on that. As we were having this conversation, is we have to be very clear that we're not getting out over our skis in our discussion about finance reform that gets us beyond our charge. And so we've got to stay, right, connected to that and so I kind of like what Commissioner Sanders just took us is that the connection back is to child safety and the reduction in fatalities. And not getting into adoption and, all of a sudden, you know, this can go well beyond what we've been charged to look at but I would say, Commissioner Sanders, having, like you, done all these multiple plans, it would be awfully nice if where this was going is that if states presented their varying plans, there was an intersection across them.

COMMISSIONER RUBIN: Well, I want to bring up what was in Cassie's policy brief. I mean, the idea of folding CAPTA into IV-E and unifying those state plans under IV-E, you know, and so, you know, like I hadn't heard that presented as an option before but it made a lot of sense in the way she talked about it but I don't know enough about that from a policy perspective. I mean, Wade, I don't know how you felt about Cassie's recommendation. You can have both and a \$1 billion additional investment and also fold CAPTA into IV-E. Would that sort of streamline the sort of bureaucracy of all these state plans?

COMMISSIONER DREYFUS: And put more federal attention on child protection?

COMMISSIONER HORN: Well, I don't think you necessarily need to fold the two funding streams together. Remember, we spend more than \$6 billion a year, \$7 billion a year in foster care and, you know, we spend currently, you know, across the three programs maybe \$90 million in CAPTA. Even if we raised it up to a billion dollars and we put it all in the same pot, my concern would be that now you can spend a thousand and one, what would happen is it would all go to foster care.

So but what you could do is you could have a single state child welfare plan that speaks to, you know, the multiple pieces of legislation, CAPTA, IV-E, IV-B, and so forth, and it's a state plan that might show how the state intends to implement a variety -- the breadth of child welfare services in a way that also coordinates these funding streams. So rather than having separate plans, you have one plan that goes across all the various government funding authorities.

COMMISSIONER DREYFUS: I like that.

COMMISSIONER PETIT: Can I suggest something on that, that we recommend that that's something that be considered and that it not be a recommendation that we're making per se, that it needs to be looked at, but I don't think we've got the information assembled that would allow us to actually propose something like this. So I think, you know, moving towards more unified across agency systems, etcetera, blending money, etcetera, is all a good idea, but I don't know that we've worked out anything in terms of how that might happen.

COMMISSIONER HORN: Michael, I wasn't suggesting that the plan would provide you, a state, with the flexibility to move money around from separate pots but how is it they intend to utilize the existing legislative authorities and funding sources to support the broad range of child welfare services? I wasn't suggesting that they could say, hey, what we want to do is take CAPTA funds and throw them all into title IV-E foster care or adoption services. Just so there'd be a single look at, you know, how is it we're piecing all this stuff together.

COMMISSIONER DREYFUS: And that's how I interpreted what you said earlier and I could support that. I also like the idea then of adding a very specific goal around the elimination of fatalities by abuse and neglect in a state because one of the things I just reminded us all that we heard from CMS folks is that, while any child dying is too many and anybody naturally would say, well, is it a relatively small number consistent with the child population, to which we'd say, well, compared to cancer, no, not really, it's a pretty big number, but the bottom line is that by reducing that number, it's going to have inoculating influence across the whole population of kids.

COMMISSIONER HORN: Yes, a terrific suggestion and you reminded me, once again, sometimes I do need to be reminded, the Commission needs to be focused on its charge and so that plan would be at its core about how they're going to reduce child abuse, neglect, fatalities, you know, across the various -- using the various legislative authorities and funding streams but not, you know, merging those funding streams. So, yes, with a clear focus and you're exactly right.

CHAIRMAN SANDERS: Is there any opposition to that?

COMMISSIONER PETIT: No.

CHAIRMAN SANDERS: Do we include funding streams outside of child welfare? Is that focused entirely on child welfare?

COMMISSIONER DREYFUS: Just make sure it has Medicaid. It's a bigger and bigger player and I don't think Congress realizes what -- how much of a much bigger player Medicaid's becoming in all of this and needs to be.

COMMISSIONER HORN: So I think the answer is yes, it would be broader.

COMMISSIONER PETIT: Yes, I totally agree.

CHAIRMAN SANDERS: Jennifer, any concerns? Amy?

COMMISSIONER RODRIQUEZ: No.

CHAIRMAN SANDERS: Amy Templeman, do we have enough then to put that into language, do you think?

AMY TEMPLEMAN: I think we do and if there are any questions that come up in the next couple of days, we'll let the commissioners know.

CHAIRMAN SANDERS: Okay. I can't think of anything else that we need to cover today. I think those were the two areas where we had to do major work and it sounds like at least for right now we have. So we'll see if the draft reflects it.

COMMISSIONER DREYFUS: I just wanted to make an observation. First of all, Amy, you are doing an amazing job. I just cannot, you know, imagine what this has been like for you. Everything's coming at you from so many different directions and you're just holding up beautifully. So thank you so very much for that.

But I also just want to say I really like these calls where we've not been on mute but have really been able to be real-time with each other. I wish more of our calls had been like this and I just really have found them to be so helpful.

COMMISSIONER PETIT: Susan, we're going to do this every other day for the next --

COMMISSIONER RUBIN: Michael, I noticed that our next meeting was up at your cabin in Maine. That was the plan.

COMMISSIONER PETIT: All focused on staying warm. There would be no arguments about anything. Yeah. It's five below up there right now.

Hey, David, let me ask you on some of the issues that we've raised, unrelated to this, I think we're done with this today and I don't want to extend this meeting by another minute, but on issues that some of us have raised, whatever it happens to be, one of mine has been this confidentiality issue, and when are we going to go back and forth as to what our final position is on say that one, plus there are five or 10 or 15 or 20 other items that are floating around out there, but when are we going to do that?

CHAIRMAN SANDERS: That's the thing, is there probably aren't five or 10 or 15, because I think that's, based on the written feedback from people, we'll incorporate those changes in the next draft and we'll see if there are areas of disagreement. I'm not actually sure that the area of confidentiality -- it may be, it may be, but I think we have to see all of the feedback that's been provided.

The fact is that there's only a handful of others that there were dissenting opinions on but again that could change once the draft comes out.

COMMISSIONER DREYFUS: I just want to make sure that if things are getting dropped out because of one person's feedback, I just think as a Commission, we need to have the ability to see in a sidebar what got dropped, especially if it's in the area of a recommendation.

CHAIRMAN SANDERS: Yeah. Absolutely. That will be the case.

COMMISSIONER DREYFUS: Okay.

CHAIRMAN SANDERS: Yes.

COMMISSIONER PETIT: I can go out and build a snowman?

CHAIRMAN SANDERS: You can. Thank you. Thanks, everybody.

COMMISSIONER DREYFUS: Take care, everybody.

CHAIRMAN SANDERS: Good-bye.

ALL: Good-bye.

(Proceedings adjourned at 3:23 p.m.)