Commission to Eliminate Child Abuse and Neglect Fatalities
Final Report, March 17, 2016
Consolidated Report Recommendations

Full Report Recommendations

RECOMMENDATION 2.1:
The administration and Congress should support states in improving current CPS practice and intersection with other systems through a two-year multidisciplinary action to protect and learn from children most at risk of maltreatment fatalities.

The steps in this process are as follows:

2.1a HHS should provide national standards, proposed methodology, and technical assistance to help states analyze their data from the previous five years, review past child abuse and neglect fatalities, and identify the child, family, and systemic characteristics associated with child maltreatment deaths. HHS also should encourage states to explore innovative ways to address the unique factors that states identify as being associated with higher rates of child abuse and neglect fatalities.

2.1b States will submit a methodology to HHS for approval, describing the steps they would like to take in using data to identify under what circumstances children died from abuse or neglect during the previous five years.

2.1c After HHS approval, states will identify and analyze all of their child abuse and neglect fatalities from the previous five years to identify under what circumstances children died from abuse or neglect, protective factors that may prevent fatalities from occurring, and agency policies and practices across multiple systems that need improvement to prevent fatalities.

2.1d Based on these data, states will develop a fatality prevention plan for submission to the HHS Secretary or designee for approval. State plans will be submitted within 60 days of completing the review of five years of data and will include the following:

1. A summary of the methodology used for the review of five years of data, including specifics on how the reviewers on the multidisciplinary panels were selected and trained.

2. Lessons learned from the analysis of fatalities occurring in the past five years.

3. Based on the analysis, a proposed strategy for (1) identifying children currently in the system who are most at risk of fatalities (which may include both children at home with their families and those in foster care, as indicated by the data) and (2) putting immediate and greater attention on these children.

4. Other proposed improvements as identified through child fatality review teams.

5. A description of changes necessary to agencies' policies and procedures and state law.

6. A timeframe for completing corrective actions.

7. Identification of needed and potential funding streams to support proposed improvements as indicated by the data, including requests for flexibility in funding and/or descriptions of how cost savings will be reinvested.

8. Specifics on how the state will use the information gained from the review as part of its CQI process.

2.1e If states find during the review of five years of data that investigation policy is insufficient in protecting children, their plans should ensure that the most vulnerable children are seen and supported. States should review current screen-out policies to ensure that all referrals of children under age 3 and repeat referrals receive responses. In addition, investigation policy should be reviewed to ensure that reports for children under age 1 are responded to within 24 hours. Alternatives to a CPS agency investigation should be considered. Congress and states should fund the necessary resources. Children under age 5 and children with prior CPS reports should be prioritized for home visiting programs.

2.1f Once their fatality prevention plan is approved, states will implement this plan by identifying children currently in the system who are most at risk of fatalities (which may include both children at home with their families and those in foster care, as indicated by the data), putting immediate and greater attention on these children, and conducting multidisciplinary visits and reviews of cases to determine whether the children are safe and whether families need different or additional supports, services, or interventions. If children living at home with their families are found to be unsafe, services should be provided in order to ensure they can be safe in their home. If removal is determined to be necessary, all existing state and federal due process laws remain in effect. Home visits should only be conducted under state-authorized policies and practices for CPS investigations.

2.1g Once a state begins the review of current open cases, as outlined in its fatality prevention plan, each state should provide a report to HHS every month until conclusion of the review.

2.1h HHS will increase system capacity at the national level to apply the latest statistical and big data techniques to the problem of preventing child abuse and neglect fatalities. HHS will establish a Federally Funded Research and Development Center (FFRDC) on Preventing Child Abuse and Neglect Fatalities to collect data from the states and share it with all those who submit data so that state and local agencies can use this data to inform policy and practice decisions (see Recommendation 6.1c) 49 within our reach: a national strategy to eliminate child abuse and neglect fatalities saving children's lives today and into the future.

2.1i: We strongly recommend a significant appropriation of funds by the federal government to strengthen the child protection system by implementing Recommendation 2.1. There were four different views offered on the funding needed to achieve this goal of fundamentally reforming the country's child welfare system.

1. One group of Commissioners strongly believes that the federal funding commitment to effective child protection is drastically underfunded and recommends that Congress immediately authorize and then appropriate at least a $1 billion increase to the base allotment for Child Abuse Prevention and Treatment Act (CAPTA) as a down payment on the funding necessary to ensure that state CPS agencies are consistently effective and have sufficient funding to keep children protected and that families receive the services and supports they need to ensure their children's safety. These Commissioners further believe that the first year of funding should support state efforts to implement the case reviews of children known to CPS. This will help to ensure children's continued

safety and determine the broader reforms necessary both to better protect children from abuse and neglect generally and to dramatically reduce child abuse and neglect fatalities. Thereafter, the ability of a state to draw down its share of these new funds will be contingent upon the state having a fatality prevention plan in place and approved by HHS to fundamentally reform the way the child welfare system is designed and delivered with the goal of better protecting children and significantly reducing child abuse and neglect fatalities and life-threatening injuries.

2. One group of Commissioners recommends an increase in funding but leaves the responsibility to Congress to identify the exact amount of funding needed by all responsible agencies to carry out activities in this goal, sources of that funding, and any offsets in funding that are available to support this recommendation.
3. One group of Commissioners recommends that initial costs be covered by existing funding streams, cost-neutral waivers for children ages 0-5, and a prioritization of services for children ages 0-5 who have been demonstrated to be at the highest risk for a later fatality. An overhaul to the structure of federal funding is required to better align resources pertaining to the prevention of and response to safety issues for abused or neglected children. Furthermore, we still have few approaches, programs, or services that demonstrate evidence in reducing child abuse and neglect fatalities. Rather than continuing to fund programs with no evidence of effectiveness, we should support state and local funding flexibility, innovation, and research to better determine what works. The child welfare system is woefully underfunded for what it is asked to do, but a significant investment needs to wait until additional evidence is developed to tell us what works.
4. One group of Commissioners strongly believes that the federal funding commitment to effective child protection is drastically underfunded but does not favor making a request for specific dollar amounts in this report. However, if funding is recommended, it should be recommended for all recommendations made by this Commission. Many of the recommendations proposed will require dollars, and all of the recommendations will work toward reducing child abuse and neglect fatalities.

RECOMMENDATION 3.1:
Address the lack of data on AI/AN children who die from child abuse and neglect by working with tribes to improve and support data collection and by integrating the data into national databases for analysis, research, and the development of effective prevention strategies.

Executive Branch and Congress

3.1a Mandate that the Bureau of Indian Affairs (BIA) immediately implement the practice of distinguishing child and adult homicide victims when reporting fatalities in Indian Country.

3.1b Mandate that the FBI identify key data that tribes could track and that the BIA could collect. At a minimum, the FBI should ask BIA to use the National Incident-Based Reporting System (NIBRS) or request that BIA provide more detailed child-specific information. BIA and FBI data collection about AI/AN children and child fatalities should be coordinated to be complementary and comprehensive.

3.1c To generate accurate crime reports for Indian Country, amend FBI reporting requirements for state and local law enforcement agencies' crime data as follows: (1) include information about the location at which a crime occurred and victims' and offenders' Indian status; and (2) require reservation-level victimization data in its annual reports to Congress on Indian Country crime.

3.1d Mandate that tribal data on AI/AN child abuse and neglect and AI/AN child abuse and neglect fatalities be reported in NCANDS.

3.1e Create a pilot program to support the coordinated collection of child welfare and criminal justice data related to child abuse and neglect fatalities in select tribal communities and states.

3.1f Ensure the accuracy of data/information and ensure that tribes have the capacity and tools to provide that data/information.

States and Counties
3.1g The National Association of State Registrars should work with states to coordinate the addition of tribal affiliations on death certificates.

RECOMMENDATION 3.2:
Improve collaborative jurisdictional responsibility for Indian children's safety.
There must be collective responsibility for children's safety in order to curtail the death of children in Indian Country. No one jurisdiction, be it the federal government, a state, or a tribe, is able to adequately overcome the jurisdictional hurdles that continue to bar proper prevention and intervention strategies.

Executive Branch
3.2a Taking into account already existing tribal structures, require that there be a jurisdictional committee composed of both state and tribal leaders to determine jurisdictional issues in criminal matters associated with child abuse and neglect fatalities and life-threatening injuries.

3.2b The federal government should release an RFP (request for proposal) for demonstration projects using a multidisciplinary approach to address the needs of AI/AN children and their families that requires tribal, federal, and state partnerships.

RECOMMENDATION 3.3:
Designate one person or office to represent federal leadership in the prevention of AI/AN child maltreatment fatalities and to coordinate efforts with tribes and ensure parity with states with regard to resources.

Executive Branch and Congress

3.3a Mandate the appointment or strengthen an existing role of a staff person within the administration with oversight over every federal department concerning child abuse and neglect fatalities of AI/AN children. This person should be looking at tribal policy in each department and reporting to someone in the White House with the authority to convene federal departments and hold them accountable.

3.3b Explore alternatives to current grant-based and competitive Indian Country criminal justice and child welfare funding in the Department of Justice to ensure that all tribes have fair opportunity for access to those funds.

3.3c Bring funding for tribal systems providing services and support in the area of child maltreatment into parity.

3.3d Work to provide for the delivery of mental health services through Medicaid and title IV-B. In addition, tribes should be able to access case management, case monitoring, and supports necessary to maintain children within the home, beyond the standard work day hours of 9:00 a.m. to 5:00 p.m.

3.3e Ensure that tribes are provided with adequate funding for child abuse and neglect reporting.

3.3f Create consistent tribal title IV-E guidance and improve the timeliness of the title IV-E assistance and reviews for tribes. In consultation with tribes, Congress and the administration should consider flexibilities in the title IV-E program that will help the tribes implement direct tribal IV-E in the context of sovereignty.

Note: Additional recommendations made by stakeholders specific to AI/AN populations are available in Appendix G.

RECOMMENDATION 4.1: Conduct pilot studies of place-based Intact Family Courts in communities with disproportionate numbers of African American child fatalities to provide preemptive supports to prevent child abuse and neglect fatalities. Use public/private partnerships to develop place-based pilots focused on communities with disproportionate child abuse and neglect fatalities among families of color to address the needs of young children (5 years old and younger) where there is a substantial risk of abuse or neglect. Elements of the Intact Family Court would include the following:

- Referrals to the court would come from medical workers, law enforcement, clergy, caseworkers, or other mandated reporters.
- There would be a voluntary process for families.
- Initial intake would include a physical examination for every child.
- A judge would appoint a guardian ad litem, instead of a lawyer, for the child. (No lawyers would be engaged.)
- Assessment would be made to provide focused coaching and supportive services to the family.
- This would be a confidential process.
- The caseworker would drive the Intact Family Court process and still pursue a more formal dependency process if necessary.
- The court's role would be broadened to be a resource both in the Intact Family Court, as well as in the current role in more formal dependency proceedings. The Intact Family Court would provide preemptive sup-ports to prevent child abuse and neglect fatalities. The process could have similarities among the pilots without being too prescriptive to address the unique needs in a specific community and provide targeted supports to families.

Congress
4.1a Congress should incentivize the establishment of Intact Family Court demonstration projects that feature a multidisciplinary team approach in order to promote healthy families and communities where there is a disproportionate incidence of child abuse and neglect and child abuse and neglect fatalities. This approach should not be limited to support through federal funds but could be implemented through public/private partnerships.

RECOMMENDATION 4.2:
Ensure that quality services are available to all children and families and that all families are treated equitably.

Quality services (i.e., services that are effective, culturally appropriate, and targeted) are needed to support children and their families who are disproportionately represented in child welfare and other child-serving systems. Services other than foster care must be identified and implemented. Particularly in communities disproportionately represented in child welfare and with a higher incidence of child abuse and neglect fatalities, efforts at the federal, state, and local levels need to address quality with the same emphasis as availability and accessibility.

Executive Branch

4.2a Ensure that the newly elevated Children's Bureau addresses racial equity and disproportionality in child welfare through guidance and policies on agency self-assessment, worker training, and use of decision-making tools.

4.2b Incorporate into the Child and Family Services Reviews (CFSRs) an indicator of the degree to which racial disproportionality is found within various aspects of a state's child welfare system.

4.2c Provide guidance, through the regulatory process, on best practices in the use of Structured Decision-Making (SDM) tools in areas where a disproportionate number of child abuse and neglect fatalities have been documented, to effect reduction of bias in child welfare systems' screening, investigations, and interventions.

4.2d Encourage states to promote examples, such as the National Council of Juvenile and Family Court Judges (NCJFCJ) Bench Card, to expose practitioners to decision-making tools that are focused on addressing bias directly.

4.2e Where disproportionality is pervasive, prioritize training of the child welfare workforce, partners, and mandated reporters on the topics of (1) family engagement, development, and strengthening; (2) understanding distinct racial and ethnic cultures and racial and ethnic cultural norms and differences; (3) understanding the historical context of racism; (4) understanding and recognizing biases; and (5) how biases can impact assessment of risk, access to services, and delivery of services.

4.2f Require racial equity training across federal, state, and local child welfare agencies and other child-serving systems to ensure that families disproportionately represented are served and supported by a workforce that is trained, prepared, and mobilized around equitable decision-making and shared accountability.

4.2g Require racial equity impact assessments to address issues of disproportionality and disparities at the federal, state, and local levels, when utilizing predictive analytics to develop prevention and intervention strategies. A racial equity impact assessment is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision.56

Congress

4.2h Promote examples such as the focused efforts in Sacramento County, CA, and Michigan in order to inform states and other communities in the replication of a balanced, data-informed, community-driven response to address the reduction of child abuse and neglect fatalities.

4.2i Incentivize states to implement funding mechanisms that integrate assessments, metrics, and accountability structures to ensure that the quality of services is a fundamental component of any

program/service approach that is serving disproportionately represented children and their families, with ongoing continuous quality improvement (CQI) strategies also integrated.

4.2j Promote examples from communities and/or also fund demonstration projects that leverage community partnerships (i.e., neighborhood-based work, faith-based partners, and others) to provide supports and services to families to improve outcomes and reduce child abuse and neglect and child abuse and neglect fatalities for children and families who are disproportionately represented.

4.2k Promote focused research on how implicit biases impact assessment, access to services, and service delivery. “Abusive” head trauma might be an area for a specific study on how white children and nonwhite children are assessed and related services are identified and provided.

Note: Additional recommendations made by stakeholders specific to disproportionality are available in Appendix G.

RECOMMENDATION 5.1:
Create an effective federal leadership structure to reduce child abuse and neglect fatalities.

Executive Branch
5.1a Elevate the Children’s Bureau to report directly to the Secretary of HHS. Require the HHS Secretary, in consultation with the Children’s Bureau, to report annually to Congress on the progress of the implementation of the recommendations of this Commission. A primary responsibility of the newly elevated Children’s Bureau will be to ensure that federal child abuse and neglect prevention and intervention efforts are coordinated, aligned, and championed to reduce child maltreatment fatalities and life-threatening injuries. It would do this by encouraging partnership among all levels of government, the private sector, philanthropic organizations, educational organizations, and community and faith-based organizations. Further, the Children’s Bureau will be responsible for coordinating with other key stakeholders in the relevant offices within HHS and the Departments of Education, Justice, and Defense.

The Children’s Bureau would have the following additional responsibilities:

- Lead the development and oversight of a comprehensive national plan to prevent child abuse and neglect fatalities
- Collect and analyze data from the states’ retrospective reviews of five years of data (see Recommendation 2.1) to contribute to the knowledge base about the causes and circum-stances of child abuse and neglect fatalities
- Review and coordinate approval of state plans, including working with federal partners to facilitate funding flexibility when needed to implement state plans
- Establish national caseload/workload standards
- Fund pilot projects to test the effectiveness of the application of safety science to improve CPS practice. Additional detail about these and other pro-posed responsibilities of the Children’s Bureau are detailed in Appendix H.

5.1b Consider moving the Maternal and Child Health Bureau (MCHB) back into the Children’s Bureau. Many health programs originally created by the Children’s Bureau became the responsibility of MCHB during a reorganization of the federal government in 1969.70 Bringing responsibility for these programs back under the Children’s Bureau would build and reinforce the use of a public health approach to child welfare services.

5.1c Create a position on the Domestic Policy Council that is responsible for coordinating family policy across multiple issues of priority for the administration, one of which would be child abuse and neglect fatalities.

RECOMMENDATION 5.2:
Consolidate state plans to eliminate child abuse and neglect fatalities.

Congress
5.2a Through legislation, Congress should require states to develop and implement a coordinated, integrated, and comprehensive state plan to prevent child maltreatment fatalities. The state fatality prevention plan should specify how the state is targeting resources to reach children at highest risk for fatalities, as identified by the state's data mining effort (as described in Chapter 2).Legislation should specify certain safety benchmarks, and all state plans should address common risk factors for child abuse and neglect fatalities, but legislation should allow states local flexibility in designing their plans to best meet the unique needs of their population and build on resources already in place. States should be directed to utilize evidence-based strategies and be responsible for evaluating their effectiveness. The federal government could provide targeted funds to spur innovation and to help states test and evaluate their strategies.

State child fatality prevention plans should take a comprehensive, early intervention approach, with CPS being one of multiple key partners. Core components of state plans should include the following:

Data- The plan's action strategy must be driven by data (including state needs assessments and cross-system data sharing). Data tracking must include the following:

- Use of three or more data sources in tracking fatalities and life-threatening injuries
- Identification of the ZIP codes and/or census tracks with high rates of child abuse and neglect fatalities and life-threatening injuries
- Partners. The state must have a plan to engage public-private partners, community organizations, faith-based communities, and families. For example, if parental substance use is identified as a significant risk factor for fatality, the plan should reflect coordination and shared accountability between CPS and the state's substance abuse services.
- Clear interagency roles and responsibilities. The plan should reflect clear and effective programmatic coordination to address risk factors identified through data mining. The plan also may include requests for flexibility in relevant funding streams to better address documented needs.
- Recommendations from fatality reviews and life-threatening injury reviews. Reviews of child maltreatment fatalities and life-threatening injuries will be the basis for recommendations and for establishing cross-system priorities for correcting problems identified and achieving progress toward these priorities.

State public health agencies (including title V programs) should be required through their federal authorizing legislation to assist state child welfare agencies in identifying children most at risk of maltreatment and contribute to the development of the plan for addressing their needs. This plan should be shared with the state court and included in training programs for state court improvement directors using funds already provided under the Court Improvement Program.71

Congress should direct HHS to provide technical assistance to states in identifying children at greatest risk for child abuse and neglect fatalities and provide training resources.

States and Counties
5.2b Prepare state fatality prevention plans on child abuse and neglect fatalities, as required above, under the leadership of the governor's office. This plan, similar to a comprehensive national plan to prevent child abuse and neglect fatalities, would demonstrate how the state is leveraging multiple federal grant programs whose mission involves child safety and family strengthening toward the goal of preventing fatalities from child maltreatment. At a minimum, the plan should be developed in consultation with the judiciary, agency leaders responsible for child care and early education programs, Medicaid and hospital administration, law enforcement, public health, and child protection.

RECOMMENDATION 5.3:
Strengthen accountability measures to protect children from abuse and neglect fatalities.

Executive Branch
5.3a Provide examples of best practices in state level policies, including expanding infant safe haven laws to cover infants up to age 1.

5.3b Tribal child protection programs that meet accountability and child safety standards, as outlined in federal guidelines, should be operated and implemented at the discretion of the tribe and should enable the tribe to innovate and develop best practices that are culturally specific, while maintaining those standards.

Congress
5.3c Require training and technical assistance for courts on implementation of the federal law relating to the ASFA Reunification Bypass.

5.3d Amend CAPTA to clarify and require that all information currently specified in CAPTA must be released following a death or life-threatening injury from abuse or neglect and must be posted on the state's website no later than 48 hours after receipt of the report, excepting any information that might otherwise compromise an ongoing criminal investigation. CAPTA should be further amended to require Critical Incident Review Teams (CIRTs) to review all child abuse or neglect deaths and to require that reports issued by the CIRTs be published in full on the state's website within 12 months of the child's death. These reviews should be coordinated with the state's child death and life-threatening injury review programs.

States and Counties
5.3e Amend state infant safe haven laws to expand the age of protected infants to age 1 and to expand the types of safe havens accepted, including more community-based entities such as churches, synagogues, and other places of worship. States also should expand public awareness campaigns for safe haven laws, given the correlation between awareness and effectiveness.

5.3f Publish child abuse and neglect fatality information on state public websites at least annually, similar to the approach in Florida.

RECOMMENDATION 5.4:
Hold joint congressional hearings on child safety.

Congress

5.4a Hold joint congressional hearings on child safety in committees that oversee CAPTA, title IV-E, title IV-B, and Medicaid to better align national policies, resources, and goals pertaining to the prevention of and response to safety issues for abused or neglected children. Coordinating federal child welfare policy in this way would also yield efficiencies through improved governance and oversight.

RECOMMENDATION 6.1: Enhance the ability of national and local systems to share data to save children's lives and support research and practice.

Executive Branch
6.1a Spearhead a special initiative to support state and local entities engaged in protecting children, such as law enforcement and CPS, in sharing real-time electronic information on children and families.

Regulations from the U.S. Department of Health and Human Services (HHS) and Department of Justice (DOJ) and state laws should require that state entities share real-time electronic information between agencies engaged in protecting children (specifically, law enforcement, CPS, public health agencies, hospitals and doctors, schools, and early childhood centers). States can find guidance on building such systems by reviewing projects completed under the State Systems Interoperability and Integration Projects (S2I2).

6.1b Increase the interoperability of data related to child protection across federal systems.
Data collected related to child protection and safety sit in a number of different federal, state, and local agencies, including various divisions within HHS such as the Administration on Children, Youth and Families, the National Institute of Child Health and Human Development, the Centers for Disease Control and Prevention (CDC), and the Maternal and Child Health Bureau, as well as other agencies such as DOJ. As a result, our understanding of circumstances that might contribute to child abuse and neglect fatalities is incomplete. Policy and procedures are needed to enable these systems to talk to each other.

6.1c Increase system capacity at the national level to apply the latest statistical and big data techniques to the problem of preventing child abuse and neglect fatalities.

The Commission recommends establishing a Federally Funded Research and Development Center (FFRDC) on Preventing Child Abuse and Neglect Fatalities similar to the Centers for Medicare & Medicaid Services (CMS) Alliance to Modernize Healthcare. This could be housed within HHS or DOJ. Analyses conducted by this FFRDC must be made available to the Children's Bureau's new Coordinating Council on Child Abuse and Neglect Fatalities and shared with all entities that submit data so that state and local agencies can use data to inform policy and practice decisions. (See Appendix H for more details about the Council.)

Congress
6.1d Consider what legislative or funding changes would be required to empower the Executive Branch to carry out Recommendations 6.1a: Enhanced real-time electronic data sharing among state agencies engaged in protecting children; 6.1b: Increased interoperability of data related to child protection across federal systems; and 6.1c: Application of the latest statistical and big data techniques to the problem of preventing child abuse and neglect fatalities.

6.1e Require federal legislation that defines the permissibility of data sharing for children involved in the child welfare system, those who are dependents of active duty military, and those receiving publicly

funded prevention services, to require the sharing of information between civilian CPS agencies and Department of Defense family advocacy offices and related agencies.

6.1f Clarify federal legislation that allows CPS agencies access to National Crime Information Center criminal background information.

States and Counties
6.1g Require cross-notification for allegations of child abuse and neglect between law enforcement and CPS agencies, implementing a system similar to the Electronic Suspected Child Abuse Report System (E-SCARS) in Los Angeles County.

RECOMMENDATION 6.2: Improve collection of data about child abuse and neglect fatalities.

Executive Branch
6.2a Rapidly design and validate a national standardized classification system to include uniform definitions for counting child abuse and neglect fatalities and life-threatening injuries. This national maltreatment fatality classification scheme should include criteria, operational definitions, and a process to ascertain fatal and life-threatening physical abuse and neglect. It should reconcile information from multiple agencies, using the U.S. Air Force–Family Advocacy program Central Repository Board Project as a model.

This will require development, field-testing, and implementation of a uniform operationalized definition and decision tree for child abuse and neglect fatalities. The definitions should not rely on agency-specific definitions of child abuse and neglect and should be developed for the purpose of counting and pre-venting fatalities (and include cases that may or may not meet criminal or civil definitions of abuse and neglect for purposes of substantiation or prosecution). The process of determining whether a fatality is due to abuse or neglect using the standardized definition must require the use of multidisciplinary teams (e.g., child welfare, law enforcement, health care) and shared decision-making. States should be required to use these standardized definitions and processes.

6.2b Improve the system of child death investigation and death certification by developing standards of investigation and expertise in investigation and certification.

- Develop a nationally standardized child death investigation protocol for use by medical examiners, coroners, and law enforcement, and update the CDC's sudden unexplained infant death investigation guidelines.
- Provide national training and resources to encourage widespread use of protocol and guidelines.
- Encourage states to transition from coroner systems to medical examiner systems that utilize forensic pathologists in all suspected child maltreatment deaths.
- Encourage states to establish an administrative position at the state level for an experienced forensic pathologist to provide training and oversight and ensure high-quality, standardized investigations of all sudden and unexpected child deaths.

6.2c Develop the **National Fatal and Life-Threatening Child Maltreatment Surveillance System** as a National Data Repository to collect, analyze, and report data on fatalities and life-threatening injuries from maltreatment.Require states to conduct multidisciplinary reviews of all child maltreatment fatalities and life-threatening injuries, using records from multiple agencies, and to utilize the national standardized classification system (described already in Recommendation 6.2) to classify and count all

fatal and life-threatening maltreatment. These data would be reported into the Data Repository. All entities reporting into the Data Repository would have access to the data for the purposes of research and improving practice. The data collected into the repository would include the subset of cases also entered into the NCANDS System, which will remain the CPS reporting system.

6.2d Expand upon the HHS national report of child abuse and neglect fatalities, currently provided in the annual *Child Maltreatment* report, by collecting and synthesizing all available information (cross-agency) on the circumstances surrounding child maltreatment deaths to inform policy. The report should be issued by the **Children's Bureau's new Coordinating Council on Child Abuse and Neglect Fatalities**. (See Appendix H for more details about the Council).
See Appendix I for a list of suggested elements that an expanded *Child Maltreatment* report might include. To support states, HHS should prioritize its provision of technical assistance to states to ensure timely and accurate submission of this data.

6.2e Conduct longitudinal research about the leading factors related to child abuse and neglect fatalities of AI/AN children, 18 and under. It may be possible to integrate a longitudinal research component in the Tiwahe Initiative (a partnership between HHS and the Departments of Justice and Interior) currently being piloted in four tribes.

Congress
6.2f Consider whether statutory changes and/or additional funding may be required for the Executive Branch to carry out Recommendation 6.2b: Improve the system of child death investigation and death certification by developing standards of investigation and expertise in investigation and certification;

6.2g Amend CAPTA to improve the data on fatalities and life-threatening injuries that states are required to collect and submit to NCANDS until the Data Repository is operational. Consider what additional funding may be necessary to support these changes.

- Building on current policy in CAPTA, all states should be required to collect child abuse and neglect fatality data from all sources (state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners) and submit consolidated data to NCANDS. To ensure compliance, these data requirements should be placed in authorizing legislation pertinent to programs being asked to share data, including but not limited to title IV-E, title V, the Public Health Services Act, and others.
- Expand the standardized set of data elements required to be submitted into NCANDS for all child abuse and neglect fatalities and life-threatening injuries as defined by the operationalized definitions discussed above. Currently, there are no case-specific (vs. aggregate) data elements in NCANDS that provide any details about the circumstances of a given death. This recommendation would result in a separate fatality/life-threatening injury file within NCANDS with data elements to better understand the circumstances of fatalities to inform practice and policy.
- Require redefining the data element that requires the "number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of a child" [CAPTA Sec 106(d)(11)] to include all children in the family reported to CPS, regardless of acceptance or substantiation, who later died from abuse or neglect.
- Add a data element to allow for collection of data about all deaths of children while in foster care or after being adopted from the child welfare system.

- Add data elements as needed to respond to the additional elements required for inclusion in an expanded *Child Maltreatment* report (see earlier recommendation).

RECOMMENDATION 6.3: Fatality reviews and life-threatening injury reviews should be conducted using the same process within all states.

Executive Branch
6.3a Lead the analysis and synthesis of all child maltreatment fatality and life-threatening injury review information at the national level; include expanded information in the *Child Maltreatment* report, and broadly disseminate findings including to state child welfare programs as well as to title V and CDC programs. This analysis will be conducted within HHS and overseen by the Children's Bureau's Coordinating Council for Child Abuse and Neglect Fatalities.

6.3b In order to incentivize states to add the reviews of life-threatening injuries caused by child maltreatment into their current child death review activities, receipt of CAPTA funds should be contingent upon states conducting these reviews. Currently, Wyoming and Oklahoma conduct both types of reviews.

6.3c Develop uniform standards and guidelines for conducting case reviews of maltreatment deaths so that they will lead to improved case ascertainment, agency policy, and practice improvements and actions for prevention.

Congress
6.3d Consider whether statutory changes and/or additional funding may be required for the Executive Branch to carry out the preceding recommendations in support of uniform fatality and life-threatening injury reviews.

RECOMMENDATION 7.1: Ensure access to high-quality prevention and earlier intervention services and supports for children and families at risk.

Executive Branch
7.1a Permit Medicaid reimbursement for evidence-based infant home visiting services provided to youth in foster care who are parents (Medicaid-eligible by definition) to promote expansion of home visiting services to this high risk population.

7.1b Support state waivers that would provide and evaluate the impact of presumptive Medicaid eligibility and reimbursement for parental mental health and substance abuse treatment services on behalf of EPSDT for a Medicaid-enrolled child if those intergenerational services are deemed necessary for the safety of the child.

Enabling reimbursement for immediate mental health services or other necessary treatment services for a parent under a child's EPSDT benefit would permit providers within states with Medicaid expansion to more quickly access services for parents, and might allow providers within states that have not expanded Medicaid to provide critical services to a family to prevent imminent harm to a child and prevent family disruption. Evaluation of such waivers could provide needed evidence to determine whether the EPSDT benefit to children should be amended through legislation to include parental mental health and substance abuse treatment services if those services are deemed necessary to protect the safety of the child.

7.1c Incorporate maltreatment fatality and serious injury prevention as a core value in the Office of Adolescent Health's Pregnant and Parenting Teen grant programs. Further, the Office of Adolescent Health should work with its grantees to ensure that education on crying babies and safe sleep become a routine part of education efforts with parents.

Executive Branch and Congress
7.1d Mandate the development and implementation of educational curricula connecting youth to their cultural traditions, particularly around native language renewal and positively presented Native American history, to be used at all levels of pre-collegiate education.

7.1e Mandate the development of a culturally accurate assessment of how to provide services optimally within tribes, being informed by tribes, particularly being informed by traditional medicine practitioners within tribes, in the context of federal funding opportunities and practice standards/requirements related to child and family well-being.

7.1f Mandate the implementation of fatherhood initiatives in Indian Country as well as mandating improved drug abuse education programming.

7.1g Promote and facilitate peer-to-peer connections around examples of well-formed efforts focused on AI/AN children and families.

Congress
7.1h Maintain flexible funding in existing entitlement programs to provide critical intervention services in mental health, substance abuse, and early infant home visiting services to support earlier identification and mitigation of risk within families at risk for child maltreatment fatalities.

Currently, more than half of the states are operating title IV-E waiver demonstration projects that will end in 2019 and have not been authorized to continue.121 The Commission recommends that Congress reauthorize waiver authority under title IV-E of the Social Security Act.

Reauthorization of waiver authority under title IV-E should not be seen as a substitute for more fundamental title IV-E financing reform, but rather should be utilized to allow states to experiment with new and innovative ideas regarding the administration of the title IV-E program. The Commission supports the Hatch-Wyden legislation, known as the Family First Bill, which would include provisions to include in title IV-E an option for states, as well as tribes who administer a title IV-E program, to operate a statewide prevention program.

7.1i Increase resources for the development, piloting, and scale-up of evidence-based prevention and intervention supports and services. Congress should provide resources for the testing of promising prevention and intervention supports and services.

States and Counties
7.1j Test and develop the ability of home visiting to reduce child abuse and neglect fatalities. Utilize the research infrastructure through the national Home Visiting Applied Research Collaborative to support this effort.

7.1k Capitalize on state and payer investment in primary care medical homes and health homes to increase access to trauma-informed programs (for both parents and children), home visiting services, and other family-based social services within primary care settings.

7.1l Ensure that CPS-involved children and families at the greatest risk of fatalities have priority access to effective mission-critical services, especially as they relate to caregiver mental health, substance abuse, insufficient caregiver protective capacities, and domestic and interpersonal violence.

7.1m Prioritize prevention and support services and skill-building for adolescent parents to prevent and address abuse and neglect by young parents, with a particular focus on youth in the child welfare and juvenile justice systems. These young parents have many risk factors, and government systems have access to them and have a heightened responsibility for many of the risk factors that affect their ability to parent effectively.

7.1n Provide direct purchase of services funds to local CPS agencies, ensuring prioritized access to critical services.

RECOMMENDATION 7.2: Leverage opportunities across multiple systems to improve the identification of children and families at earliest signs of risk.

Executive Branch

7.2a Ensure that other children's services providers have higher levels of accountability to reduce child fatalities. In health care, Medicaid should create greater accountability for health care providers to screen families at elevated risk for maltreatment and should use payment mechanisms, including reimbursement strategies, to incentivize greater investment in intergenerational services to these families. Communities with home-visiting programs should have greater accountability to demonstrate the connection of these services to highest risk families. Birth hospitals should be held to a higher level of accountability for Plans of Safe Care.

7.2b Ensure that HHS agencies, specifically, CMS, the Administration for Children and Families (ACF), and the Substance Abuse and Mental Health Services Administration (SAMHSA), issue clear and joint guidance to states to aid in effective implementation of Plans of Safe Care. For example, guidance should identify best practices for screening and referrals and should provide model policies and provide information on how states can access federally supported technical assistance. HHS should collect annual data from hospitals and CPS on Plans of Safe Care to learn more about the needs of children at risk of harm and to make appropriate policy updates.

7.2c Ensure that CMS encourages pediatric health information exchanges to share information on prior injury visits across provider systems, so that emergency department and acute care settings can access this information during visits for acute pediatric care and better assess children at risk of abuse and neglect. Clinical decision support in hospitals should enable the identification of abuse and neglect visits.

7.2d Ensure that HRSA and CDC expand the rollout of evidence-based screening tools for Adverse Childhood Experiences (ACEs) and parental risk. The tools should be nonproprietary to ensure expanded access. Screenings must be supported with access to effective, high-quality treatment services to address the identified needs of both parent and child.

Congress

7.2e Demand greater accountability from mandatory reporters. Federal legislation should be amended to include a "minimum standard" designating which professionals should be mandatory reporters, and training of these reporters should be an allowable expense under title IV-E administration, so long as the training model is approved by HHS. For mandatory reporters who need to maintain licenses in their fields, training and competency should be a condition for licensure, with responsibility on the licensees and their licensing entity to make sure they refresh competencies over time.

7.2f Amend CAPTA and relevant health policy to clarify the roles and responsibilities at the federal and state level to improve the implementation of CAPTA's Plan of Safe Care. Clarifications should include a requirement for hospitals' full cooperation in implementing Plans of Safe Care and specify accountability measures for both CPS and hospitals in the timely development of Plans of Safe Care and referral of services.

States and Counties
7.2g Pass state legislation to establish policies for matching birth data to data on termination of parental rights and conducting preventive visits. Can be modeled after Michigan, Maryland, or New York City.

7.2h Expand the screening of caregivers for elevated risk factors, including toxic stress and social determinants of health, and provide early connections to services. Innovation can be strengthened via public-private partnerships that help to eliminate barriers to accessing early infant mental health services that engage parents in strengthening parenting.

7.2i Ensure that health information exchanges facilitate access to injury and health service histories of children at the point of care, especially for children presenting with injuries in hospitals' emergency departments.

RECOMMENDATION 7.3: Strengthen the ability of CPS agencies to protect children most at risk of harm.

Executive Branch
7.3a Ensure that HHS and the Department of Justice (DOJ) provide guidance on best practice on screening and investigation models.

Executive Branch and Congress
7.3b Mandate the implementation of service approaches that prioritize keeping AI/AN children within their tribes as a primary alternative to out-of-home placement.

Congress
7.3c Update federal policy in CAPTA to align with and incentivize best practice in multidisciplinary investigations of child abuse and neglect fatalities. States should have clear policies on when investigations should be conducted by multidisciplinary teams, to include clinical specialists and first responders such as the "Instant Response Team" policy implemented in New York City in 1998 and the co-location of health and law enforcement in El Paso County, Colorado, as part of their "Not One More Child" campaign that began in 2012.

7.3d Require CPS agencies to identify partners/contracted resources for medical review and evaluation; case management for access to voluntary home visiting services; and access for families to domestic violence counseling, mental health services, and substance abuse treatment services.

RECOMMENDATION 7.4:
Strengthen cross-system accountability

Executive Branch
7.4a Require states to articulate in their state plans (as detailed in Chapter 2) how they are approaching coordinated case management for families at high risk of child abuse and neglect fatalities.

7.4b Prioritize the reduction of early childhood fatalities via state or regional demonstration projects within the Centers for Medicare and Medicaid Innovation (CMMI). CMMI or another entity within HHS should provide time-limited funds to test the implementation of promising multidisciplinary prevention initiatives identified within state fatality prevention plans.

7.4c Develop new pediatric quality measures for ensuring follow-up visits for failure to thrive and tracking early childhood injuries.

Congress
7.4d Establish a multiyear innovation program to finance the development and evaluation of promising multidisciplinary prevention initiatives to reduce child abuse and neglect fatalities. This innovation fund would provide participating states with resources to design, implement, and evaluate these prevention initiatives at the state or regional level, as outlined by states in their state fatality prevention plans. This model is based on the demonstrated success of the CMMI established by section 3021 of the Patient Protection and Affordable Care Act.

Appendix G: Additional Recommendations from Stakeholders for Chapters 3 and 4

- The federal government should mandate the recognition of tribal criminal jurisdiction in Indian Country in cases of child abuse and neglect, regardless of the perpetrator's race.
- Increase reporting upfront to the Bureau of Indian Affairs (BIA) on tribal and state child welfare cases involving American Indian/Alaska Native (AI/AN) children.
- Congress should mandate the provision of training and technical assistance for tribes around collecting data and building data systems.
- Federal policy should provide incentives for states and tribes to increase participation and deputation agreements and other recognition agreements between state and federal law enforcement agencies.
- Coordination between and among jurisdictions should be mandated, facilitated, and incentivized.
- Congress should mandate that all CPS cases consider the total well-being (physical, mental, and emotional) of (1) the child, and (2) the nuclear family and shall proceed with the presumption of preserving the holistic health of the family in anticipation of reunification and/or kinship care where practicable.
- Congress should mandate that all reviews of temporary and permanent kinship placement cases be conducted in favor of and prioritizing placement of children with (1) suitable kin, including

relatives in and out of the immediate jurisdiction, and (2) verifiable familiar friends of the family deemed suitable for placement.

- Congress should mandate that all due diligence be made, on an interstate basis, to locate suitable kin including verifiable familiar friends willing to receive placement of a child in need of assistance. At a minimum, suitability shall be determined by a successful CJIS background check devoid of any convictions for violent and/or sexual assault offenses.

- Congress should mandate that all organizations receiving federal funding or benefits have at least one responsible party who is registered in a federal registry and that said party be trained in the nuances of mandatory reporting of child abuse and neglect. Similar to doctors, other health care providers and attorneys, clergy and parishioners enjoy a common law communication protection of confidentiality—a shield of confidentiality that shall only be broken when evidence of harm to self or others is presented. In such situations, clergy shall have the ability to report under the shield of anonymity.

- Congress should encourage increased emphasis on teen pregnancy prevention, especially for young women in high poverty areas and those in foster care.

- Congress should mandate that no person, having been convicted and/or incarcerated for violent crimes or sexual assault crimes, be assigned probation or parole to cohabitate in a dwelling where any resident is presently the subject of a CPS or domestic violence investigation, temporary placement and/or adjudicated case. Congress should further mandate that receipt of any such person shall result in a CPS investigation and home study to determine the safety of all children within said dwelling. This cohabitation restriction shall terminate upon completion of probation or parole.

Appendix H: Proposed Additional Responsibilities of the Children's Bureau

The Commission recommends the following new responsibilities for the elevated Children's Bureau.

1. Lead the development and oversight of a comprehensive national plan that articulates federal goals and specific roles for all federal agencies involved in preventing child abuse and neglect fatalities.

   The plan should be issued to the president and Congress and include requests for legislative changes and/or executive orders to establish the collective responsibility of federal agencies focused on the goal of child safety, specifically, the prevention of child abuse and neglect fatalities. The plan will identify a core set of federal agencies whose involvement is critical to achieving greater protection of children from fatal child abuse or neglect. Agencies expected to be included in the national plan include, but are not limited to, agencies within HHS (Centers for Medicare and Medicaid Services [CMS], the Children's Bureau, the Health Resources and Services Administration, Centers for Disease Control and Prevention [CDC], Substance Abuse and Mental Health Services Administration [SAMHSA], and National Institutes of Health [NIH]), as well as others within the Department of Justice and the Department of Education.

2. Convene an interagency Coordinating Council to focus federal efforts to reduce child abuse and neglect fatalities.

A Coordinating Council on Child Abuse and Neglect Fatalities should be established in federal statute with the specific goals of (1) providing steady national leadership on child safety and the prevention of fatalities and (2) coordinating federal programs and activities aimed at keeping children safe from fatal maltreatment. The council should be co-led by the Chief of the Children's Bureau and the Attorney General in the Department of Justice (DOJ). Its membership should be composed of senior officials from agencies that share in the responsibility of protecting children from harm and serving families in need. The council's priorities should be the synthesis of national data about child abuse and neglect fatalities, identification of inefficiencies in existing programs charged with child safety, and improved coordination of programmatic goals and services. The council could be modeled on the Coordinating Council on Juvenile Justice and Delinquency Prevention, which includes a charter outlining its goals and specifies that the council report to the president and Congress.

Composition of the coordinating body should include individuals with decision-making authority and access from the following agencies:

HHS: Administration for Children and Families; Administration on Children, Youth and Families; Assistant Secretary for Planning and Evaluation; Centers for Disease Control and Prevention; Health Resources and Services Administration (Maternal and Child Health Bureau); Substance Abuse and Mental Health Services Administration; Center for Medicaid and CHIP Services; Indian Health Service; Office of Head Start; Office of Child Care; National Institutes of Health (especially the National Institute of Child Health and Human Development),DOJ: Office of Juvenile Justice and Delinquency Prevention, Office of Victims of Crime

The Council will be charged with the following:

Providing oversight, leadership, and guidance in development of child maltreatment fatality and life-threatening injury investigation and measurement systems. (See Chapter 6 for more detailed recommendations on measurement.)

Establishing data-sharing protocols across agencies and producing an annual report to Congress and the president. This report should include all of the current information on child abuse and neglect fatalities that is reported in the annual *Child Maltreatment* report but expanded to include additional data elements, discussed in in Appendix I.

Developing a national research agenda focused on eliminating child maltreatment fatalities and disseminating research knowledge and best practices to states.

3. After speaking to dozens of researchers and experts, it soon became clear that we know very little about what works to prevent child abuse and neglect fatalities. Partly this is due to poor data quality and fragmented data sets; however, it is also due to a historical failing of the federal government to prioritize efforts to build knowledge of effective child protection strategies.

   The Coordinating Council on Child Abuse and Neglect Fatalities should convene experts and philanthropic partners to develop a national research agenda needed to advance

our collective knowledge on what is needed to prevent child maltreatment fatalities. HHS should commission research projects focused on studying effectiveness of various models for preventing child abuse and neglect fatalities. It will be the Council's responsibility to consider the findings of this research and the implications of those findings on related policies and future needs of the country.

4. Fund pilot programs to test the effectiveness of applying principles of safety science to improve CPS practice.

5. We recommend that the federal government facilitate the application of principles of safety science to improve CPS practice by funding pilot programs in five states to develop proactive safety management plans modeled after the requirements in aviation and hospitals. These states must then implement these plans. An evaluation component must be required to determine the impact of these safety plans.

   As a first step, it may be necessary to provide research and development funding to support the adaptation of lessons from safety science into CPS agencies. The field of safety science has grown to develop a vast array of literature and research and cadre of experts in its application. It is critical to tap into this area of expertise and adapt methods that can make the child welfare system a safer place for children.

   This could be done by **supporting a Federally Funded Research and Development Center (FFRDC) on child abuse and neglect fatalities.** The federal government has successfully utilized the FFRDC model for a range of special issues, including airline safety. This approach of special issues, including airline safety. This approach is a good fit for the complex problem of child abuse and neglect fatalities because it offers research independence and an especially strong technical capacity. The Commission studied the FFRDC model carefully and concluded that a key element of a national strategy to prevent child maltreatment fatalities must include the type of statistical techniques that are found in FFRDC approaches. (See Chapter 6 for more information.)

6. **Collect and analyze data gathered by states through their reviews of past fatalities (see Chapter 2).** Disseminate the knowledge gained through this process.

7. Establish a multidisciplinary center for research on child abuse and neglect fatalities and life-threatening injuries.

   The center would encourage public and private collaborations to fund research and an overall focus on linking research to changes in policy and practice. States should be incubators of innovation in addressing new modalities for fatality prevention. This should be supported through federal innovation dollars and collaboration with public-private partners.

8. Research gaps identified through the Commission's work include a lack of safety and risk assessment tools and a lack of evidence that services that families receive change their level of risk for fatalities. In addition, research on brain development and the impact of trauma on the brain should be used to drive practice.

9. Establish national standards for supervisory and case management caseloads/workloads commensurate with child safety requirements.

10. We recommend that the Children's Bureau and states work together to identify standards for case supervisory and case management practices critical to child safety. In addition, other federal agencies and associations of first responders and service providers will need to identify workload standards to ensure child safety.

11. Under the Government Performance and Results Act (GPRA), establish performance goals specific to the reduction of child abuse and neglect fatalities. GPRA has been in effect for many years, and current law requires federal agencies to set goals and targets for performance management for main function areas. The Commission has found no agency that is using GPRA to drive results in the area of child abuse and neglect prevention (including prevention of fatalities and life-threatening injuries). We therefore identify GPRA as an important policy that could be leveraged to specify a national policy goal for the prevention of child abuse and neglect fatalities.

12. We recommend that the Children's Bureau create a federal government performance plan featuring cross-agency priority (CAP) goals and targets for improved child safety, with an emphasis on preventing child abuse and neglect fatalities. Under this new GPRA goal, federal agencies would work collectively and through the Office of Community Services to review goals and progress on a regular basis. Performance data on this measure would be reported via a central website at Performance.gov. In addition, Congress should amend relevant areas of federal statute to ensure that the national policy goal established under GPRA is embedded in public health, health care, early education, and law enforcement programs as appropriate.

    Focus on cases most at risk of maltreatment fatalities. The Children's Bureau should add measures specific to child abuse and neglect fatalities to its Child and Family Services Reviews (CFSRs).

13. Since 2001, the Children's Bureau has been conducting CFSRs to (1) assess states' compliance with federal child welfare requirements, (2) determine what is actually happening to children and families as they are engaged in child welfare services, and (3) assist states in helping children and families achieve positive outcomes. The CFSRs do not directly assess states' performance in eliminating child abuse and neglect fatalities. At the completion of the second round of CFSRs, no state had achieved substantial conformity with the two safety outcomes that are measured:
    a. Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. This includes timeliness of initiating investigations and repeat maltreatment.
    b. Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. This includes (1) services to families to protect children in the home and prevent removal or re-entry into foster care and (2) risk assessment and safety management. As the Children's Bureau conducts Round 3 of the CFSRs, we recommend that the Bureau make the following changes to the process:
    c. Adjust the methodology to oversample cases involving children most at risk of maltreatment fatalities and re-reports on children and/or their siblings.
    d. Work with states specifically around improving risk and safety assessment for these cases.
    e. Collect and report data about how many children served by CPS agencies died of abuse or neglect and review a sample of these cases.

f. Incorporate measures of agency management, supervision, and workforce quality that incorporate learnings from "safety science" in the Child and Family Services Reviews (CFSRs) systemic factors and in states' approach to child death review, especially those reviews focusing on cases with prior CPS agency history.
g. Although child welfare agencies experience serious challenges with management, supervision, and use of effective quality improvement systems that inhibit their abilities to keep children safe and provide quality services to families, CFSRs and death reviews currently include inadequate measures of agency staff effectiveness and management related to safety.

Appendix I: List of Proposed New Data Elements to Include in the Annual *Child Maltreatment* Report

The Commission recommends, at a minimum, the following additions to the Children's Bureau's annual *Child Maltreatment* report:

- The number of infant homicides and the number of those homicides that were the subject of any referral for services, reports to CPS, and/or investigated and substantiated as victims of child abuse or neglect.
- The number of infants safely surrendered at a designated Safe Haven and information about the disposition of these children's cases (i.e., number reunified, adopted, etc.).
- The number of infants who were abandoned but not at a safe haven (per state law) and who died.
- The age and number of children enrolled in Medic-aid and designated as failing to thrive.
- The number of referrals made by health care professionals per CAPTA's requirement for Plans of Safe Care; the number of those same children who received a referral to Part C of the Individuals with Disabilities Education Act (IDEA) or home visiting who received services.
- The number of children identified through birth match between hospitals and CPS as being at risk due to the prior termination of parental rights due to the parent's perpetration of violence on another child.
- The age and number of children receiving Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screens that detected a need for treatment of child abuse or neglect.
- The age and number of abused or neglected children referred to Part C of IDEA.
- The number of parents who were candidates for courts to utilize the reunification bypass as authorized by the Adoption and Safe Families Act.
- The number of births reimbursed by Medicaid in which an infant had a neonatal abstinence syndrome (NAS) diagnosis and the number of NAS-diagnosed infants referred to Part C.
- The number of infants referred under a Plan of Safe Care who were adjudicated dependent in the first year of life and the number who were victims of child abuse or neglect fatalities in the first year of life.
- A state-by-state analysis of state laws or other policies that specify how death scene investigations are conducted and the process for determining cause and manner of death for children.
- The age and number of children who received federal home visiting benefits who were victims of child abuse or neglect fatalities.
- A summary of research underway within the federal government focused on the prevention of child abuse and neglect fatalities. This should be developed in consultation with research partners on the Interagency Coordinating Council, including NIH, CDC, and ASPE, as well as with

the Federally Funded Research and Development Center on Child Abuse and Neglect Fatalities (per the recommendation earlier in this report).

Appendix K: Minority Report Submitted by Commissioner Cassie Statuto Bevan, Ed.D.

The lack of implementation of current laws with the goal of child protection is well known in the field. Meeting the requirements of current federal laws is a condition of states' receiving federal funds, yet no state has lost any funding for failure to implement these child protection laws. The Commission has not called for penalizing states that are not in compliance with current child protection statutes.

IV-E waivers were first established in 1994 and have been extended many times since, the latest in the Child and Family Services Improvement & Innovation Act (P.L. 112-34). The latest statute reauthorized ten new waivers for FY 2012-2014 but added a new provision that specified that all waivers must terminate September 30, 2019. The Hatch-Wyden proposed bill, Family First Act would begin the process of finance reform as it would open up the IV-E funding streams to provide specific services to children at imminent risk of entering foster care, and services to parents, and to kin caregivers for 12 months through the IV-E program. Evidenced-based, trauma-informed mental health, substance abuse and in-home skill building services will be offered to parents and kin caregivers. The bill has not yet been introduced but it is the hope of this Commissioner that the program start with babies from birth to five years. It is also my hope that the bill addresses the serious opioid epidemic that is so devastating to the survival of many children and their mothers. **The Commission in supporting the extension of IV-E waivers undermines the purposes established in the Hatch-Wyden legislation. The time for discrete waivers has come and gone, it is time for full finance reform**.