

Steps Forward



FIRST PROGRESS REPORT ON *WITHIN OUR REACH, A NATIONAL STRATEGY TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES*, THE FINAL REPORT OF THE FEDERAL COMMISSION TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES

Jointly authored by

Children's Advocacy Institute
University of San Diego School of Law

Within Our Reach
Alliance for Strong Families and Communities

In partnership with
Casey Family Programs

January 2018

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Acknowledgements

The Children's Advocacy Institute and the Within Our Reach Office would like to extend their warmest thanks to all of the individuals who contributed their knowledge and expertise to this report. Special thanks to the **National Coalition to End Child Abuse Deaths** for contributing the report's chapter on federal implementation efforts. We are also grateful to **Steven Jessen Howard** for his assistance in tallying and developing the data presented in our charts and figures. Finally, we are especially grateful to the state and local officials who provided information about efforts to eliminate maltreatment fatalities in their jurisdictions. Their insights and comments helped inform and improve the end product tremendously, and we greatly appreciate their time and efforts.

About the Children's Advocacy Institute

The Children's Advocacy Institute (CAI) was founded in 1989 at the University of San Diego (USD) School of Law. CAI's mission is to improve the health, safety, development, and well-being of children and youth. CAI advocates in legislatures to make the law, in courts to interpret the law, before administrative agencies to implement the law, and before the public to provide information on the status of children. CAI's goal is to ensure that children's interests are represented effectively whenever government makes policy and budget decisions.

About Within Our Reach

Within Our Reach is an office established within the Alliance for Strong Families and Communities to further the recommendations of the Commission to Eliminate Child Abuse and Neglect Fatalities. The Alliance plays a coordinating role as a central point of contact and resource center in this national effort, which works to achieve its goals through a spirit of shared ownership among many partners. Within Our Reach is made possible through collaboration with Casey Family Programs, whose mission is to provide, improve—and ultimately prevent the need for—foster care. The goal of Within Our Reach is to equip policymakers, practitioners and advocates with the tools they need to fundamentally reform child welfare.

For More Information

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Executive Summary

Background

The Protect Our Kids Act of 2012 established the federal Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). The Commission's formation was the result of a unique groundswell of public attention and political will to address the heart-wrenching national tragedy of child abuse and neglect fatalities. The National Child Abuse and Neglect Data System (NCANDS) estimates that 1,670 children died from abuse and neglect in 2015.ⁱ The Commission acknowledged that this figure is an undercount and cited studies that estimate the actual number of fatalities to be at least double, if not triple, the number reported by NCANDS, meaning that there may be closer to 3,000 or even 5,000 child maltreatment fatalities per year.ⁱⁱ

Following two years of testimony at 12 public meetings across the country, reviews of extensive data and research and intensive deliberations, CECANF released its final report, *Within Our Reach*,ⁱⁱⁱ in March 2016. In that report, the Commission put forth 114 recommendations set within a public health framework. These recommendations are rooted in the Commission's vision of a 21st century model of child welfare, in which eliminating deaths requires actions focused on child safety, family support and primary prevention arising from a shared commitment among child protective services (CPS) and other systems working to protect and improve the health and safety of children, their families and their communities.

The 114 recommendations presented in the Commission's report provide a strategic framework to prevent child abuse and neglect fatalities. This framework encompasses three interrelated core components, all of which take into account the issue of disproportionality and populations in need of special attention: (1) improving leadership and accountability, (2) grounding child protection decisions in better data and research, and (3) enhancing multidisciplinary support for families. Although the issue of child abuse fatalities elicits compassion and concern across the political spectrum, it has been historically challenging to identify and implement effective solutions. It is the hope of this report's authors that the steps forward outlined in this report, as well as the opportunities ahead to build on this progress, will ultimately result in fewer fatalities and, one day, the elimination of fatalities altogether.

ⁱ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). *Child maltreatment 2015*. Retrieved from www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment. Although the NCANDS data show 1,585 reported fatalities for 2015, not all states reported their fatality data; accordingly, NCANDS applied the rate of 2.25 fatalities per 100,000 children to the total U.S. child population to reach the estimated figure of 1,670 fatalities.

ⁱⁱ Commission to Eliminate Child Abuse and Neglect Fatalities. (2016). *Within our reach: A national strategy to eliminate child abuse and neglect fatalities*. Washington, DC: Government Printing Office. Retrieved from www.acf.hhs.gov/programs/cb/resource/cecanf-final-report.

ⁱⁱⁱ *Within Our Reach*, *supra* note ii.

About This Report

This report, *Steps Forward: First Progress Report on Within Our Reach, the Final Report of the Federal Commission to Eliminate Child Abuse and Neglect Fatalities*, has three goals:

1. To increase visibility and emphasize the continued urgency of the issue of child abuse and neglect fatalities, the findings and recommendations of CECANF, and the need for community, state and federal action to save lives
2. To recognize and report on results of local, state and national efforts to implement the recommendations of CECANF
3. To build on the groundswell of implementation activities represented here to spur the next phase of fatality prevention efforts among all stakeholders, knowing that the prevention of fatalities will require public will, peer learning and collective action

To attain Goal 2, the Children's Advocacy Institute (CAI) and the Within Our Reach office at the Alliance for Strong Families and Communities conducted research and surveyed the states to identify comprehensive information about child maltreatment fatality prevention efforts occurring between March 2016 and May 2017 throughout the United States. that are consistent with the Commission's recommendations. Where possible, the report identifies which CECANF recommendation each activity implements or is in harmony with. In some cases, efforts can be matched directly with one specific recommendation made by the Commission; others span several recommendations. In a few cases, activities described are consistent with the spirit of the Commission's national strategy, rather than a specific recommendation. Fatality prevention implementation activities are organized within the four categories the Commission used:

1. Leadership and Accountability
2. Decisions Grounded in Better Data and Research
3. Multidisciplinary Support for Families
4. Populations in Need of Special Attention

This report attempts to be as inclusive of fatality prevention activities as possible for two reasons. First, there are limited examples of evidence-based interventions shown to prevent child maltreatment fatalities; being overly exclusive could inadvertently filter out promising interventions. Second, by outlining national, state and local efforts, we aim to promote sharing of knowledge and action across jurisdictions.

The Commission's recommendations created no binding obligations and have no legal force. Implementation of the recommendations at both the federal and state level is entirely voluntary. Thus, it is heartening to take stock of how much work has been done or is under way since last year. Preventing child maltreatment fatalities is not easy, but with continued action, shared knowledge, sustained interest and a thoughtful strategy, it is possible to save children's lives. It is the aim of this report to foster continued discussion, attention and action at all levels on this important issue.

Overview of Findings

The majority of recommendations in *Within Our Reach* were directed toward opportunities for federal action.^{iv} Although there have been several related actions taken at the federal level and by national organizations, a significant majority of implementation activity that has occurred since the report was released has been at the state and county levels. Since the Commission released its final report in March 2016, activities aimed at preventing maltreatment fatalities have been identified in every single state in the nation. Research for this report identified more than 180 such state and county actions.

State and Local Steps Forward

Every state has engaged in at least one action or activity that specifically addresses or is consistent with one or more of the Commission's 114 recommendations. As Figure ES-1 indicates, 5 states (Arizona, California, Michigan, Minnesota and Montana) are engaged in activities that address all four categories of the Commission's fatality prevention recommendations; 15 are engaged in action encompassing three categories; 19 are engaged in activities addressing two categories; and 12 states have activities in one category. Many states are engaged in multiple programs or activities (see Figure ES-2).

A number of cities, counties and regions also have embraced the Commission's report and are engaged in activities; some of their major innovations are highlighted in this report.

In total, this report identified more than 180 different child maltreatment fatality prevention efforts at the state and community levels, each reflecting one or more of the Commission's recommendations and spanning one or more of the Commission's categories (see Figure ES-3).

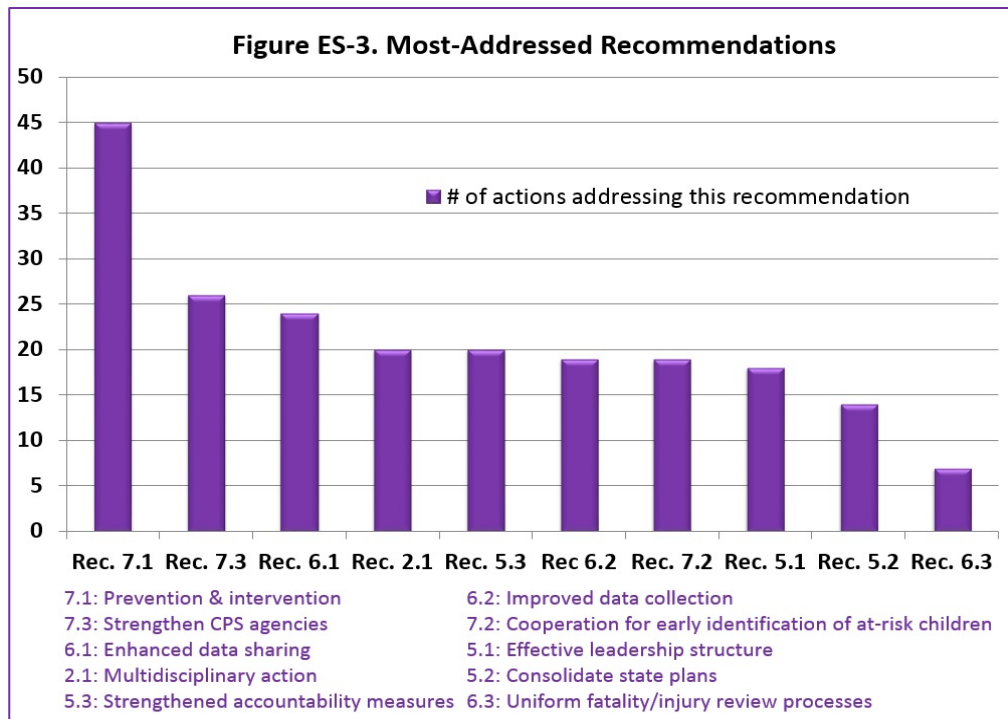
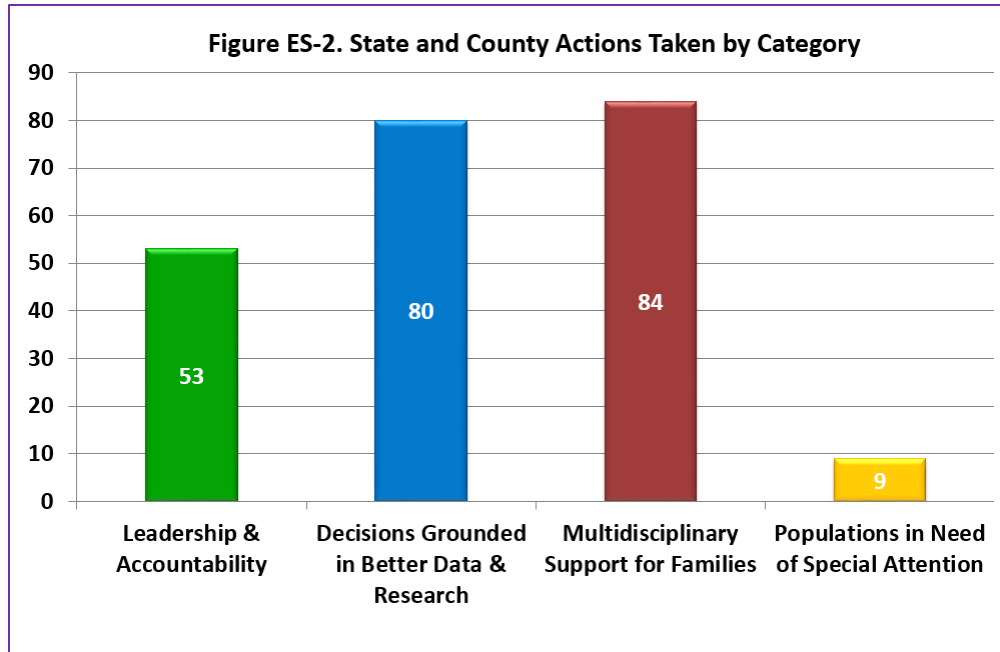
^{iv} H.R. 6655 (112th): Protect Our Kids Act of 2012. See www.govtrack.us/congress/bills/112/hr6655/text.

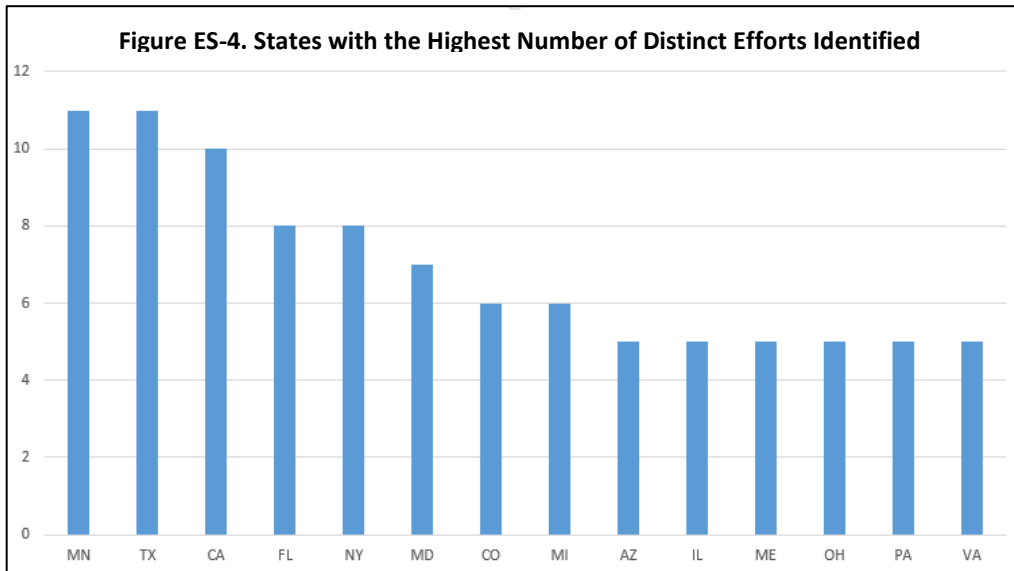
Figure ES-1. State-by-State Tally of Identified Fatality Prevention Activities

State	Leadership & Accountability	Decisions Grounded in Better Data & Research	Multidisciplinary Support for Families	Populations in Need of Special Attention	Total Distinct Efforts Identified**
Alabama	1	1	1		2
Alaska		2	1		2
Arizona	1	2	3	1	5
Arkansas	1		2		2
California*	2	6	4	2	10
Colorado*	3	2	4		6
Connecticut		4	2		4
Delaware	1	1	1		2
Dist. of Columbia			3		3
Florida	1	5	3		8
Georgia		1	1		1
Hawaii		1			1
Idaho		1			1
Illinois		3	2		5
Indiana		2	1		3
Iowa		2	1		2
Kansas	2		2		4
Kentucky	1	2			3
Louisiana		1			1
Maine		1	4		5
Maryland*	2	3	3		7
Massachusetts		1	1		2
Michigan	2	1	4	2	6
Minnesota*	1	3	9	3	11
Mississippi	2				2
Missouri	2		3		3
Montana	2	1	1	1	3
Nebraska	3				3
Nevada*	1				1
New Hampshire	2	2	1		4
New Jersey			1		1
New Mexico		1	3		4
New York*	2	2	4		8
North Carolina*	1	2	2		4
North Dakota*	1				1
Ohio*	1	1	3		5
Oklahoma		3			3
Oregon	2	1			2
Pennsylvania*	2	3	2		5
Rhode Island	2	1	1		2
South Carolina	1	2	1		3
South Dakota		1	1		2
Tennessee	2		2		4
Texas	3	6	2		11
Utah	1	2			2
Vermont		1	1		2
Virginia*	1	2	3		5
Washington	1				1
West Virginia	2	1	1		3
Wisconsin*	1	1			2
Wyoming*		2			2
Totals:	States:	33	40	37	5
	Efforts:	53	80	84	9
Distinct efforts:					184

*With regard to how child welfare services are administered and delivered, these states have a state-supervised, county-administered system or a hybrid system. For these states, some initiatives and activities under way may be county- or region-based and may not be active statewide.

**Many efforts implement aspects of more than one category.





Federal and National Steps Forward

Since the Commission released *Within Our Reach*, Congress has enacted two pieces of legislation that relate to the CECANF recommendations or to fatality prevention:

- **The Comprehensive Addiction and Recovery Act (CARA)^v** was signed into law in July 2016 to address the current epidemic of abuse of opioids and other substances. Adopted within CARA, the Infant Plan of Safe Care Act requires states that receive federal funds for child protective services to collect data and ensure safety plans are in place for infants born affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder.
- **Talia's Law^{vi}** requires mandated reporters within the Department of Defense (DOD) to report known or suspected child maltreatment to state CPS agencies in addition to the regular DOD chain of command, breaking down information silos that were not serving children's safety.

Several other important bills relating to the Commission's recommendations have been introduced in Congress, most notably the following:

- **The Family First Prevention and Services Act^{vii}** encompasses several of the Commission's findings and recommendations and proposes shifts in how federal funds are targeted to support children and their families known to the child welfare system.
- **The Maternal, Infant, and Early Childhood Home Visiting Program,^{viii}** introduced twice for reauthorization, provides funding for home visiting programs, including the sole evidence-based program recognized by the Commission as contributing to fatality prevention.

^v Public Law No. 114-198. See <https://www.congress.gov/bill/114th-congress/senate-bill/524/text>.

^{vi} See <https://www.congress.gov/114/bills/hr3894/BILLS-114hr3894rfs.pdf>.

^{vii} See <https://www.congress.gov/114/bills/s3065/BILLS-114s3065is.pdf>.

^{viii} See [http://uscode.house.gov/view.xhtml?req=\(title:42%20section:711%20edition:prelim\)](http://uscode.house.gov/view.xhtml?req=(title:42%20section:711%20edition:prelim)).

Although the **Child Abuse Prevention and Treatment Act (CAPTA)**^{ix} is central to a considerable number of the Commission's findings and recommendations and is due for reauthorization, legislation to reauthorize this program has not been reintroduced to date.

As required by the Protect Our Kids Act, the U.S. Department of Health and Human Services (HHS) released its official response to the Commission's report six months after the report was released.^x In its response, HHS states that it supports, is already engaged in, or is committed to advancing 39 of the 64 recommendations (61 percent) directed toward the agency. It expresses support for another 21 but claims that it cannot act on these without additional funding or legislative action. HHS explicitly disagrees with 4 CECANF recommendations.

Also, a variety of national entities are engaging in the work of advancing the Commission's recommendations. The Within Our Reach office at the Alliance for Strong Families and Communities is coordinating efforts to advance the Commission's recommendations and providing technical assistance upon request. Other organizations involved in advancing the work and recommendations of the Commission include the 2016 Three Branch Institute on Improving Child Safety and Preventing Child Fatalities,^{xi} the National Coalition to End Child Abuse Fatalities,^{xii} the Children's Advocacy Institute (CAI),^{xiii} the American Public Human Services Association (APHSA),^{xiv} and the Partnership for America's Children.^{xv}

Next Steps Forward

This report aims to recognize and honor all the stakeholders who have acted during this first period following the release of *Within Our Reach* to advance the CECANF recommendations and save lives. The report also aspires to provide inspiration, resources and contacts for federal, state and local stakeholders wishing to do more.

The authors of this report will continue to track and report on implementation of these important recommendations regularly, and, over time, hope to report on which activities are demonstrating results. To that end, the Within Our Reach office at the Alliance for Strong Families and Communities is hosting an online interactive map^{xvi} that reflects the activities reported here and enables stakeholders to provide information about new activities in real time. In addition, the tool will allow stakeholders to connect with each other and to ask questions about implementation activities in other jurisdictions. Policymakers, advocates and other stakeholders are encouraged to utilize this tool to inform the Within Our Reach office about any new child maltreatment fatality prevention efforts that should be reflected on the online map.

^{ix} Public Law No. 111-320. See <https://www.govtrack.us/congress/bills/111/s3817>.

^x See <https://aspe.hhs.gov/system/files/pdf/208766/ResponseReport.pdf>.

^{xi} See <http://www.ncsl.org/research/human-services/ncsl-and-nga-three-branch-institute.aspx#Current>.

^{xii} See <http://everychildmatters.org/ncecad/>.

^{xiii} See <http://caichildlaw.org/>.

^{xiv} See <http://www.aphsa.org>.

^{xv} See <https://www.4americaschildren.org/>.

^{xvi} See <http://withinourreach.org>.

Conclusion

The 18 months since the release of the CECANF report and recommendations have been marked by decisive action to heed the Commission's call to act to save children's lives now.

The worst fate of a federal commission such as CECANF is for its work and recommendations to be set aside as other topics capture the public's attention. By tracking and reporting on progress in fatality prevention, working with policymakers to implement reform, and providing tools to support stakeholder action, the authors of this report are determined to continue these steps forward and realize the Commission's goal—eliminating child abuse and neglect fatalities in this great nation.

“COLLECTIVELY, THESE ACTIONS REPRESENT AN ESSENTIAL SHIFT AT THE FEDERAL, STATE AND LOCAL LEVEL TO ADOPT A PUBLIC HEALTH APPROACH TO CHILD SAFETY PREDICATED ON PREVENTION AND COMMUNITY-LEVEL SUPPORT THAT ALIGNS AND LEVERAGES EXISTING RESOURCES TO PREVENT CRISES BEFORE THEY OCCUR... WE URGE ALL LOCAL, STATE AND FEDERAL JURISDICTIONS TO JOIN OUR EFFORTS AND TO WORK COLLABORATIVELY TOWARD REALIZING OUR NATION'S GOAL OF PROTECTING VULNERABLE CHILDREN FROM ABUSE AND NEGLECT.

OUR CHILDREN'S LIVES DEPEND ON IT.”

— Dr. David Sanders, Policy and Practice Changes Form Around National Strategy to Reduce Fatalities and Improve Child Safety, *The Chronicle of Social Change*, Feb. 24, 2017