

Protect Our Kids Commission Feedback

Commissioner	Questions/Comments regarding the work of the POK	CECANF Categories	What additional information do you need?	Ground Rules	Funding possibilities
Dr. Marian Sokol	<p>I heard stated several times that most deaths are occurring in very young children, and that majority are neglect. In addition to assuring that the “Room to Breathe”/Safe Sleep In hearing about the creation of a new Office on Child Safety at DFPS, I am very hopeful. But what is, or will be, the capacity? In reading the material I see that 3 people will be hired. Is this the team that will lead the workforce stabilization effort? How can we help it succeed? And what can we do to transition from an antiquated data collection system so that CPS workers can spend time with families?</p> <p>I heard mixed messages about whether or not the CFRTs are adequate in terms of covering the state of Texas. Do we need more; or do we need to improve the efficacy of those we have? It does not seem reasonable to have to wait 4 to 6 months before information is provided to the teams. What can we do to get timely reviews?</p> <p>We consistently hear that parental drugs and alcohol are a major reason for removal of children from the home, and the trigger that leads to abuse and fatalities. How can we create more family drug courts or baby courts to hold parents accountable? In terms of briefings, can someone help explain the status of predictive analytics? What do we know about “near fatalities” and serious injuries in terms of predictive information?</p> <p>With regard to rural communities, I heard Commissioner Specia (whom I highly respect) state that basic health, affordable child care services, and public housing are priority issues/problems. Without these low level Maslow hierarchy needs met, I would imagine that frustration and anger will continue to evoke anger that will be targeted at innocent children. What ...if any...if our role with regard to advocating for changes that are this “rooted” or systemic?</p>			First, the ground rules are fine and fair. And, yes, the dates for the next several meetings are on my calendar.	Also, travel costs are not an issue for me, as I often drive from San Antonio to Austin to work on child advocacy issues. Still, I would be in favor of helping anyone who has to fly or pay lodging, if that becomes a barrier to their participation.
Dr. Nancy Kellogg	<p>1. Questions</p> <p>a. Recommendations and resources necessary to reduce abuse fatalities will likely differ from recommendations and resources necessary to reduce neglect fatalities; data collection and tracking for each will be different as well. Will the Commission only focus on guidelines, recommendations and resources common to both?</p> <p>b. While it may be easier to determine whether abuse caused or contributed to a child’s death, more structured definitions may be needed to determine whether neglect caused or contributed to a child’s death. For example, under which circumstances would supervision neglect contribute to a drowning death? Does this depend on the age of the child? Whether the parent was intoxicated? The length of time the child was not watched by the parent? The presence or absence of enclosed fencing around a pool? Similar questions apply to a child found dead while co-sleeping with a parent.</p> <p>c. While charge 3 to the Commission is to develop guidelines for the types of information that should be tracked(and therefore analyzed for trends and risk factors), we are also asked to develop recommendations and resources necessary to reduce fatalities-before we have collected and analyzed the data we are recommending to be tracked. If we implement interventions to reduce child maltreatment fatalities <i>and</i> make changes to the current data collection simultaneously, then it will be hard to track whether the interventions changed fatality rates because we would be tracking data differently.</p>	I am fine with subcommittees as she suggests, but feel like I would need a lot more information before I could pick which subcommittee(s) best match my interest/expertise and bring a summary back to the Commission on any of these items.	<p>1. Additional information that may be helpful:</p> <p>a. Reviewing the CFRT case reporting system forms(Dr. Quinton had these)</p> <p>b. Reviewing currently available data (from CFRT and CPS) for child maltreatment deaths in Texas:</p> <p>i. Are cases differentiated: abuse/neglect caused death vs. abuse/neglect contributed to death?</p>	I am fine with the Ground Rules as written	No need for funding to cover my expenses

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<p>Dr. Nancy Kellogg</p>	<p>d. Are we going to look at near-fatalities? It may be a bit too soon as this was implemented in the CPS data system only recently. Additionally, this designation requires a physician determination yet at a meeting in September 2014 <i>none</i> of the members of the Texas Pediatric Society Committee on Child Abuse had heard about this, nor was it clear how to define a near-fatality.</p> <p>e. Do we have sufficient/accurate data now to identify a target population for POK Commission charges 1 and 2? Would this be data from CFRTs and from CPS death reviews? Can the information from both be merged somehow for common cases?</p> <p>f. There was much discussion by the Federal Commission on how child maltreatment cases are identified and counted, and the challenges associated with achieving uniform, child-centered definitions. The Federal Commission may make recommendations about what data to collect and how- for all states. Will we need to coordinate these recommendations with the recommendations from the Texas Commission?</p> <p>2. Comments on Interventions/Prevention</p> <p>a. Such interventions can be universal (such as PSAs on safe sleep) or targeted (focused on parents or children with risk factors based on evidence/data). Many interventions discussed today concern parenting education and classes and providing resources for families, focusing on building resilience and strengths. Some families will not be compliant with these services, or may only participate to the extent that it “gets CPS off my back.” It seems improving early recognition of signs of abuse or neglect is also needed. Today it was mentioned that about 50% of the child maltreatment fatalities had prior CPS history and one of the presenters in Florida indicated a report to CPS within the first 5 years of life significantly elevated risk of death. CPS is just one safety net/filter. Could we look also look at how often/whether a child saw a physician, whether a domestic violence/dispute report was made to the child’s home, whether any caregiver of the child had any drug or alcohol-related charges, and whether the child was enrolled in a daycare during the time he or she was alive? Education in recognition of signs of child abuse/neglect for these other safety filters may increase earlier recognition of child maltreatment, preventing deaths.</p> <p>b. I think the Federal Commission is working on this, but it would be nice if any HIPAA obstacles could be cleared to enable folks to collect various kinds of data related to child maltreatment death, as it is considered critical to public health monitoring.</p>		<p>c. We heard about some universal prevention approaches such as media campaigns about water safety, safe sleep. These are easy to do, but how effective are they? What is the best way to disperse information and how often? Do we have data that shows effectiveness of such interventions? (for example, reduction in drownings in the 1-2 months following media blast in April?)</p>		
<p>Dr. Eric Higginbotham</p>	<p>Now that I have a better idea of how the SCFRT and local CFRTs work (or fail to work) I would be interested to see how granular the data can become and be used. My specific reason for wanting this would be to better identify the areas with high levels of abuse and neglect so that interventions can be targeted to those communities. I would also be interested in seeing if there is any use of focusing interventions with this type of data that is on-going in the country so that we could adopt those practices. I would defer to Dr. Quinton (Deputy Chief Medical Examiner, Southwestern Institute of Forensic Sciences) and Ms. Sajak (Office of Title V and Family Health Director, Texas DSHS) who best could speak to these issues or requests.</p>	<p>I think the recommendation to divide the work in proposed 6 buckets make the most sense and is in alignment with federal work being done. Small group work that is presented to the large committee seems the quickest way to get this done.</p>	<p>Granular data to better identify the areas with high levels of abuse and neglect so that interventions can be targeted to those communities.</p>	<p>The ground rules seem straight forward. In some of the medical committees I work on we usually have a ground rule on when work is to be completed... I don't know if that needed here for not.</p>	<p>I would support finding funds to help those that need to have travel costs defrayed. I luckily live here in Austin so I will not incur travel expenses.</p>