



MODERNIZING THE CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) TO ESTABLISH A NATIONAL PRIORITY, ACHIEVE URGENCY, AND IMPROVE CHILD PROTECTION POLICY, PRACTICE, AND ACCOUNTABILITY

Background

As the Commission develops a national strategy to eliminate child abuse and neglect fatalities, one priority could be a new vision and role for the Child Abuse Prevention and Treatment Act (CAPTA), which could advance both policy and funding issues that align with a 21st-Century Child Protection System. At present, CAPTA illustrates the challenge America confronts in urgently working to prevent, measure, respond to, and treat child abuse and neglect, particularly child abuse and neglect fatalities and near fatalities.

The human and fiscal consequences associated with maltreatment, including those tragic cases that result in fatalities, are significant. Economic estimates from the CDC indicate that the total cost resulting from new cases of child maltreatment in the United States, including lifetime costs per victim of fatal and nonfatal maltreatment, is approximately \$124 billion. Yet, the federal governance of CAPTA—our nation’s central policy focused on preventing abuse and neglect and ensuring safety for children in harm’s way—is buried deep within the Department of Health and Human Services. CAPTA is managed by the Children’s Bureau (CB), of which the Office of Child Abuse and Neglect is one division. The Associate Commissioner of the CB reports to the Commissioner for the Administration on Children, Youth and Families (ACYF), who, in turn, reports to the Assistant Secretary for the Administration of Children and Families (ACF), who reports to the Secretary of the Department of Health and Human Services (HHS).

CAPTA’s current statutory language rightly recognizes important federal policy goals: the need to have comprehensive prevention strategies, to foster interdisciplinary training, to coordinate planning and service delivery, and to rely on multidisciplinary teams operating with well-established protocols. CAPTA, in words, appears to largely embody an overall appreciation for what this Commission has heard consistently in its public hearings: Protecting children and preventing child abuse and neglect fatalities requires a comprehensive approach that involves diverse disciplines and stakeholders. In addition, but to a lesser extent, CAPTA acknowledges a role of federal leadership. For example, Section 107 outlines an expectation that the HHS Secretary “in consultation” with the Attorney General will provide funding to assist states in effectively assessing and investigating suspected child abuse and neglect cases.

As our nation’s central federal policy on child protection, CAPTA provides states and communities with the directive to prevent and respond to abuse and neglect of children.

Since its inception in 1974, the spirit of CAPTA has consistently conveyed a strong national concern about the safety of children. Yet, as prior commissions and experts have noted so clearly, and as we have come to understand through our commission's deliberations, there are significant gaps between policies and practices intended to keep children safe, including from fatal harm. Fiscal considerations pose an added and significant complication in contemplating what's next for CAPTA. For years, multiple experts have commented on the dilemma that results from CAPTA's extensive requirements but modest federal resources.

CAPTA as a Headline Recommendation

The question for us to deliberate is how (or if) our Commission might create a headline recommendation relating to CAPTA that will help achieve urgency in protecting America's infants and children from fatal maltreatment. For discussion purposes, we've outlined a "new CAPTA framework" with policy goals that reflect recommendations that have been posed by issue experts as well as those that have been raised by Commissioners through their subcommittee deliberations.

Goal 1—Clear and Effective National Leadership, Accountability and Oversight to Prioritize Prevention, Ensure Child Safety, and to Eliminate Child Abuse and Neglect Fatalities and Near Fatalities

- Establish national leadership through assigning shared departmental-level accountability between the U.S. Departments of Health and Human Services (HHS) and Justice (DOJ). Make HHS the lead federal entity with responsibility at the Secretary's level, and elevate the duties of managing CAPTA to be a direct report to the Secretary of HHS.
 - The following are three actions/options: (1) Elevate the Children's Bureau to be an Assistant Secretary of Child Protection directly reporting to the Secretary of HHS; (2) create an additional new position (i.e., Child Safety Czar) to foster an interagency data and surveillance system targeting child safety with an initial focus on CAN fatalities and near fatalities by working with the new Assistant Secretary of Child Protection, DOJ's Offices of Justice Programs and Violence Against Women, National Institutes of Health, and the Centers for Disease Control and Prevention; and (3) establish, through executive order, an interagency task force to be co-chaired by the HHS Secretary and Attorney General directly reporting to the President. The task force would be permanent and would have clearly articulated responsibilities that could be annually measured, such as measuring the scope of child maltreatment, setting a research agenda, overseeing/monitoring effectiveness of federal technical assistance, and issuing reports to Congress.
- Create clear, cross-jurisdictional accountability and set national goals for child safety and justice for children.
 - Amend, through legislation (and updating all program instruction), the following federal programs to ensure clear and coordinated programmatic safety measures and accountability requirements relating to program coordination and data sharing on child safety/fatality outcomes/measures: title IV-A, title IV-B, title IV-E, title XX, SAMHSA, Maternal Infant and Early Childhood Home Visiting (MIECHV), Head Start, Early Head Start, Child Care and

Development Block Grant (CCDBG), title V, Medicaid, DOJ (Domestic Violence), Teen Pregnancy Prevention (TPP), Pregnancy Assistance Fund (PAF), the Personal Responsibility Educational Program (PREP), Indian Health Services (IHS), the Victims of Crime Act, the Victims of Child Abuse Act, and the Violence Against Women Act (VAWA).

- Require HHS and DOJ to establish CAPTA-specific Government Performance and Results Act (GPRA) goals and targets for improvement on child abuse and neglect fatalities (and related maltreatment measures). Also, require the Office of Management and Budget (OMB) to develop cross-agency priority (CAP) goals and targets for improved government performance (also under GPRA), reported and reviewed on a quarterly basis. Performance data must be reported via a central website, Performance.gov.
- Establish a coordinated federal data/surveillance system on child safety, maltreatment, and child abuse/neglect fatalities.
 - Congress would grant the Child Safety Czar all necessary authority to design and oversee a new surveillance system. It would build on (and expand where necessary) the data capacity across federal departments/agencies (Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), National Child Abuse and Neglect Data System (NCANDS), DOJ, etc.)
 - The Child Safety Czar would issue public reports annually (in conjunction with, or replacing *Child Maltreatment* reports).
- Provide federal technical assistance to states in these areas:
 - Data sharing
 - Screening of referrals
 - Interdisciplinary assessment of risk and service delivery planning and coordination to mitigate risk and keep children safely at home
 - Multidisciplinary investigations conducted earlier/at a lower bar than sexual abuse or near-death/death risk assessment
 - Interagency collaboration

Goal 2—Reliable Resources for States, Professional Associations, and Community-Based Organizations Tied to the Use or Testing of Evidence-Based Approaches

- Provide CAPTA/children’s advocacy center (CAC) state grants (new to reflect cross-discipline structure of CAPTA, with a more accountable review and approval process).
 - Revise/streamline assurances and core requirements on the following:
 - State definitions of child abuse and neglect/CAN fatalities, data, and reporting
 - State criminal penalty laws
 - Safety practices

- Eligibility conditions tied to states demonstrating effective program planning and coordination
 - Resources—increase
- Provide grants to support evidence-based training academies, distributed across professional sectors, including the following:
 - Schools of social work
 - Law enforcement
 - Coroner and medical examiners
 - Courts
 - Educators
 - Military
 - Health
 - Tribes
- Provide best practice demonstration programs, with topics informed by an independent expert panel (see Title 3), such as the following programs:
 - Dual generation
 - Multidisciplinary CPS response
 - Place-based initiatives

Goal 3—Improved Understanding of Effective Prevention Strategies Through Implementation of a National Research Agenda and Technical Assistance to Promote Evidence-Based Practices to Prevent Child Abuse and Neglect Fatalities and Child Maltreatment

- Establish an independent expert panel to advise Congress—similar to the Medicare Payment Advisory Commission (MedPAC) or Medicare Payment Advisory Commission (MACPAC)—on financing issues, policy gaps, and program implementation.
- Through executive order, the President would establish a research and evaluation advisory panel charged with developing a national research agenda on child abuse and neglect fatalities. Advisors would include experts from NIH, CDC, and other relevant child abuse/safety agencies and would build on recent efforts like the IOM’s Supporting Parents With Young Children. Within two years, the panel would issue a multipronged research agenda.
 - The research agenda must be coordinated with the programmatic oversight and governance activities within HHS/DOJ (i.e., research findings should inform updates to policy/practice). It should also be reflected in HHS/DOJ/OMB/GPRA goals.
 - The research agenda should reflect input from the IOM (“New Directions”), philanthropy, American Academy of Pediatrics, and other experts.