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The Child Abuse Prevention and Treatment Act

Keeping children safe and strengthening families in communities

MAY 2019

SAFE STRONG SUPPORTIVE





The Child Abuse Prevention and Treatment Act (CAPTA) is a federal law that provides grants to states to support the prevention, assessment, investigation, prosecution and treatment of child abuse and neglect.¹ This brief provides background information, summarizes the law, provides national and state-specific funding levels, and considers CAPTA's place in the broader approach to federal child welfare financing and programs to keep children safe, strengthen vulnerable families and support strong communities.

Who is at risk?

Child abuse and neglect is a significant social, health and economic problem impacting families and communities across the country. One in eight children in the United States — 12.5 percent of the country's total child population — will be confirmed as a victim of abuse and neglect before turning age 18.²



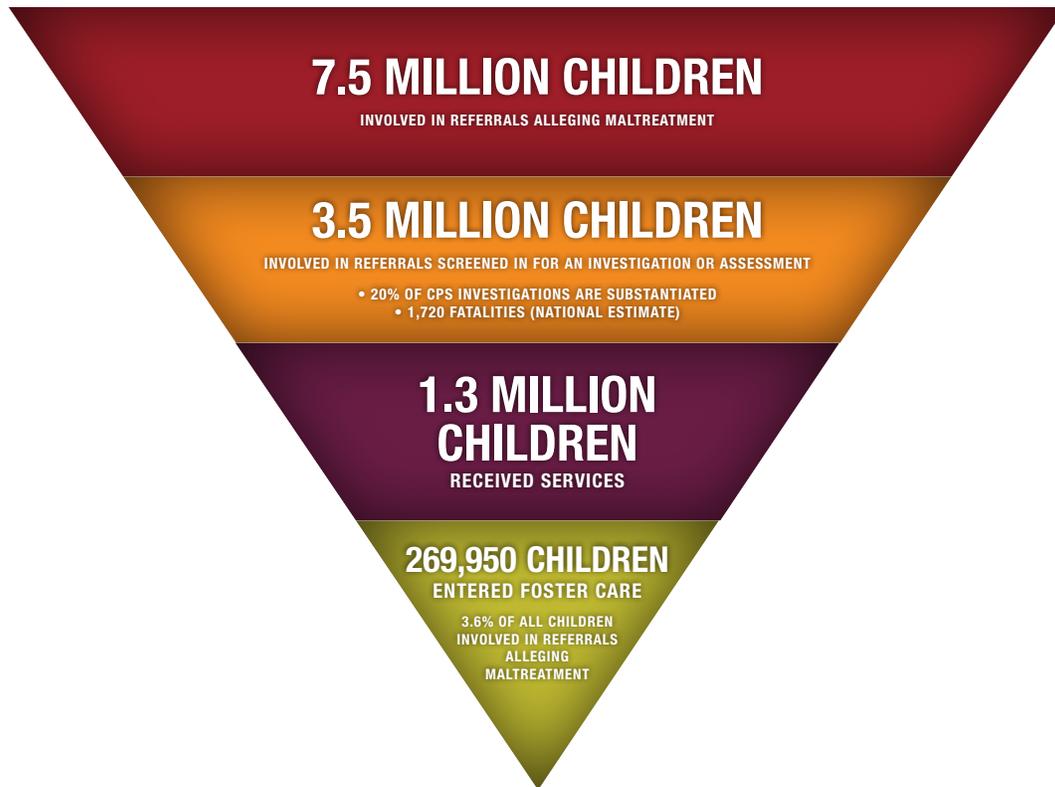
Across the country in FY 2017, child protection agency hotlines received 4.1 million referrals involving about 7.5 million children. About 58 percent of those referrals are screened in and investigated, or receive a non-investigative alternative response, while 42 percent are screened out. Reasons for screening out calls can include not enough information, or information that does not rise to the level of standards for screening in a call.³

Of the 3.5 million children who received either an investigation or alternative response, about 674,000 were determined to be victims of child maltreatment. Of those, 269,690 received foster care services. Tragically, there were at least 1,720 child maltreatment-related fatalities in FY 2017.

Although CAPTA was enacted amid concern about physical abuse of children, the vast majority of founded instances of child maltreatment today are due to neglect. While definitions of maltreatment vary by state, neglect is generally defined in state law as failure to provide needed food, clothing, shelter, medical care or supervision to the extent that the child's health, safety and well-being are threatened.⁴ Among children determined to be victims of maltreatment, 75 percent experienced neglect, while 18 percent were physically abused and nearly 9 percent were sexually abused. Some victims experienced single maltreatment types while others experienced multiple types of maltreatment.⁵

Young children are most at risk of maltreatment. Children from birth to age 1 experience the highest rates of fatalities, near fatalities, egregious incidents, out-of-home placements and child victimization, followed closely by children under age 5. This is of particular concern because early years for children are critical to their development. Research has shown that children's brains are

Every child counts

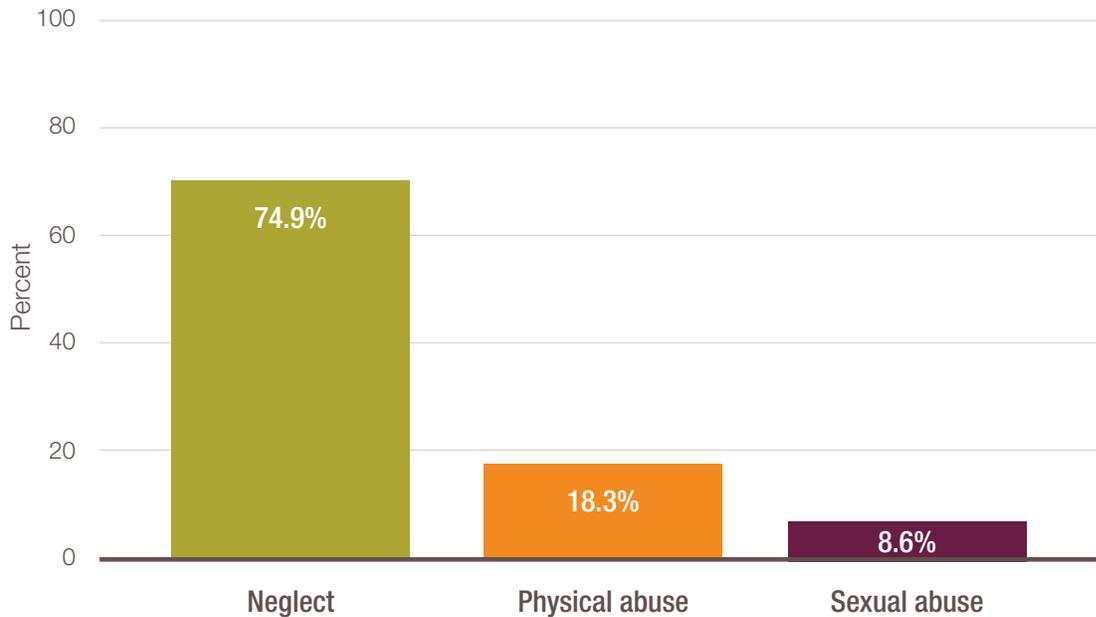


Source: Child Maltreatment 2017.

physically affected by their earliest experiences. Positive experiences shape the brain from the very beginning, while negative experiences, including abuse and neglect, can undermine development and have a lifelong impact.⁶

In 2017 across the U.S., 35 percent of the 643,291 children who spent time in out-of-home care were younger than age 5. In addition, child protection agencies see the highest impact and workload with families with children younger than age 5. Of the 1,720 estimated child maltreatment fatalities in 2017, the overwhelming majority were infants and toddlers.⁷

Maltreatment by type



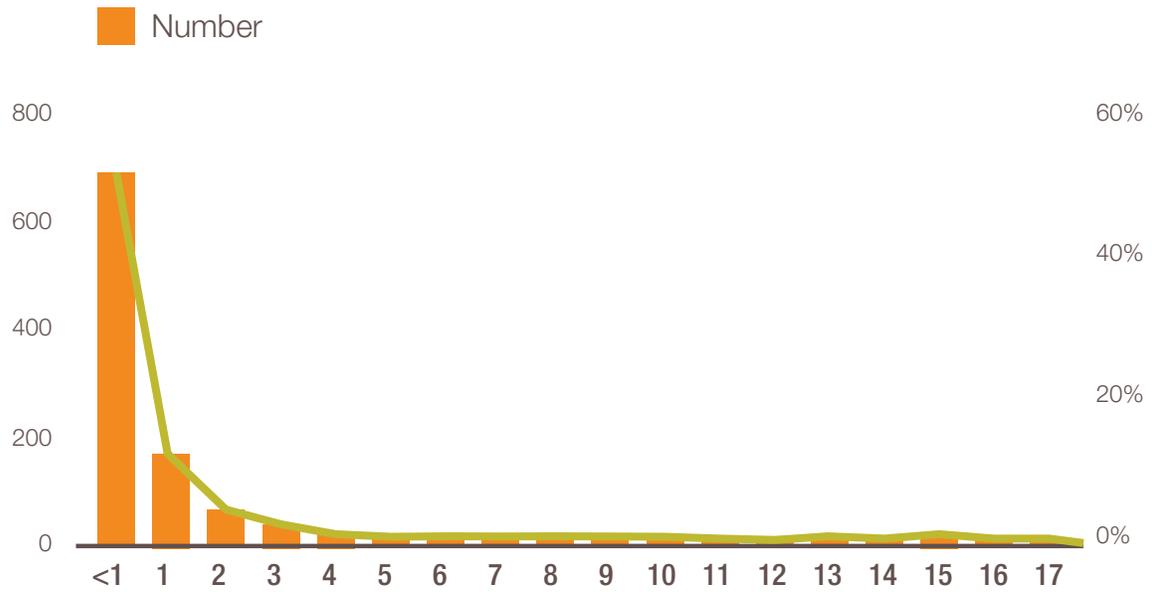
Children may suffer a single maltreatment type or a combination of two or more maltreatment types.

Source: Child Maltreatment 2017.

Legislative history

The 1960s and 1970s were a period of heightened awareness of the problem of child maltreatment. In 1962, Dr. C. Henry Kempe and his colleagues published “The Battered Child Syndrome,” an article that called attention to the incidence of severe physical abuse of children.⁸ The following years saw enactment of state laws requiring the reporting of child maltreatment and response by state and local authorities. CAPTA was enacted in 1974 as an acknowledgment of the problem of child abuse and neglect, and to provide federal financial support and policy direction to address it. The act has been reauthorized and amended many times in the past 40 years. The CAPTA Reauthorization Act of 2010 extended the law through the end of FY 2015,⁹ and Congress has continued to fund CAPTA since that date.

Maltreatment-Related Child Fatalities, by Age



Source: Child Maltreatment 2017.



Summary of CAPTA

CAPTA consists of four main funding streams:

1. State Grants
2. Child Abuse Discretionary Activities
3. Children's Justice Act Grants
4. Community-Based Child Abuse Prevention Grants

State Grants

These formula grants are provided to states to improve child protective services, including mandatory reporting of child maltreatment, intake, screening, investigations, risk and safety assessments, case management and training. To qualify for this funding, each state must:

- **Submit a state plan** to the U.S. Department of Health and Human Services (HHS) that provides assurances that the state has a variety of laws, policies and programs regarding child welfare, including:
 - mandatory reporting
 - screening of and response to child abuse reports
 - a technology system to track reports
 - procedures to identify and provide plans of safe care for substance-exposed newborns
 - referrals of children not at imminent risk to community services
 - criminal records checks of foster and adoptive parents
 - training of caseworkers
 - referrals of young children to early intervention services
 - provision of guardians ad litem for children in court proceedings
 - laws mandating identification and assessment of reports involving children known or suspected to be victims of sex trafficking and requiring training of child protective services workers in identifying and providing services to children who are victims of sex trafficking.¹⁰
- **Establish and support citizen review panels** to evaluate the effectiveness of child welfare practices and policies.
- **Submit state data reports** “to the maximum extent practicable” on child abuse and neglect to the National Child Abuse and Neglect Data System (NCANDS), which are compiled annually by HHS and published as a report titled “Child Maltreatment.” The 2015 amendments to CAPTA require states to report annually on the number of children determined to be victims

of sex trafficking. The 2016 amendments require annual reporting on the number of infants identified as substance-exposed, the number for whom a plan of safe care was developed, and the number of infants referred for services.

PLANS OF SAFE CARE FOR SUBSTANCE-EXPOSED NEWBORNS

The requirement for plans of safe care for substance-exposed newborns was first added to CAPTA in 2003. In the past decade, the rate of opioid misuse and dependence is escalating in many communities, including among pregnant and parenting women, which has increased the number of infants born with neonatal abstinence syndrome.

In 2016, CAPTA was amended to emphasize that plans of safe care are intended to ensure the safety and well-being of children prenatally exposed to maternal use of substances, both legal and illegal, and to address the health and substance use disorder treatment needs of both the infant and family. In addition, the 2016 amendments added a requirement that states implement monitoring systems to determine whether local entities are providing referrals to and delivery of appropriate services to infants and family members affected by substance abuse. Finally, the 2016 amendments require HHS to monitor state compliance with the plan of safe care requirement and to provide best practice guidance to states on plans of safe care.¹¹ In 2018, a large package of opioid and other substance use-related legislation, Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, included amendments to plans of safe care and the necessary data that states must collect and report to HHS in order to receive funding. The legislation also included \$60 million in grants to states to strengthen their plans of safe care and requires HHS to provide technical assistance.¹² These recent changes to CAPTA are intended to strengthen a coordinated, multisystemic approach that is grounded in early identification and intervention to keep infants safe and strengthen families by ensuring parents/caregivers have support and access to services to address their substance use disorder and other challenges. The Government Accountability Office (GAO) published a report in 2018 after surveying child protection services directors in all 50 states and the District of Columbia. In the report, GAO recommends that HHS provide additional guidance and technical assistance to states to address known challenges and enhance their understanding of requirements.¹³

The FY 2018 and FY 2019 appropriations added \$60 million to help states develop and implement plans of safe care to improve their response to infants affected by substance use disorders and their families.¹⁴ The Administration for Children and Families is directed to provide technical assistance to states on best practices and evidence-based interventions in this area to help address the health, safety and substance use disorder treatment needs of the child and family, and to evaluate state’s activities on plans of safe care.

Child Abuse Discretionary Activities

This funding supports a number of competitive research and demonstration grants and contracts to public and private agencies, and the provision of technical assistance to states regarding prevention and treatment of child abuse and neglect. The funding also supports the Child Welfare Information Gateway, an online information clearinghouse; the National Incidence Studies of Child Abuse and

Neglect; the Child Welfare Capacity-Building Collaborative; and the Office of Child Abuse and Neglect within the Children’s Bureau at HHS. Projects funded with discretionary dollars include efforts to address trafficking of child welfare-involved children; evaluating the effectiveness of supportive housing for families involved with the child welfare system; interventions for child welfare-involved youth at risk of homelessness; and innovative research on child maltreatment.

Children’s Justice Act Grants

This program supports the investigation, assessment and prosecution of child abuse and neglect, with particular emphasis on sexual abuse, child fatalities caused by maltreatment, and abuse of children with disabilities or serious health disorders. In order to qualify for funding, states must have a CAPTA state plan under the State Grant program and must establish a multidisciplinary task force on children’s justice. These task forces review and make recommendations regarding improvement of policies and procedures governing the handling of child abuse and neglect cases.

Community-Based Child Abuse Prevention Grants (CBCAP)

These grants are made to a “lead entity” in each state, designated by the governor. Lead entities can be public, quasi-public or nonprofit private agencies, with priority given to Children’s Trust Fund Advisory Boards. Lead entities distribute grant funds to community-based organizations that work to prevent child abuse and neglect.

Core services funded through CBCAP include parent education and mutual support; respite care; and outreach and follow-up, including home visiting. Optional services include adoption services; child care; programs supporting job readiness, education and self-sufficiency; referrals to community services; and domestic violence services.

About 3.1 million children are estimated to receive preventive services through CBCAP each year.¹⁵

HHS may use CBCAP funds to maintain a peer review process, an information clearinghouse and an information sharing system. These funds support the National Resource Center for Community-Based Child Abuse Prevention, which provides training and technical assistance to state lead entities.

CAPTA funding

CAPTA funding requires no state match. State Grants, Children’s Justice Act Grants and CBCAP Grants are distributed to states on a formula basis, except that a portion of each state’s CBCAP allocation is based on the amount of non-federal funds leveraged for child abuse prevention activities.

The amount of CAPTA funding varies greatly by state, as shown in Appendix A. State Grants, for example, range from a low of \$227,331 for the District of Columbia to a high of more than \$9.5 million for California. CAPTA funding may be leveraged to acquire non-federal funds from state, community and philanthropic sources.

FY 2019 CAPTA FUNDING

Final funding in FY 2019¹⁶ for CAPTA grants and activities totaled \$178 million and was distributed among the four funding streams as follows:

State Grants: \$85 million, of which \$25 million is for state grants for improvement of Child Protective Services as described on pages 8-9. \$60 million was specifically appropriated in FY 2019, as was the case in FY 2018, to help states implement plans of safe care.

Child Abuse Discretionary Activities: \$33 million

Children's Justice Act Grants: \$20 million

Community-Based Child Abuse Prevention Grants (CBCAP): \$39.7 million

FY 2010-2015 CAPTA FUNDING

Authorized funding for CAPTA was as follows:

State Grants and Discretionary Activities: \$120 million for FY 2010 and such sums as may be necessary for fiscal years 2011 through 2015. Of that appropriation, 30 percent is reserved for Discretionary Activities, with 40 percent of those funds used to support research, technical assistance and demonstrations.

Children's Justice Act Grants: There is no funding authorization in CAPTA. This funding is administered by HHS, but is authorized by the Victims of Crime Act and is transferred annually to HHS from the Department of Justice.

Community-Based Child Abuse Prevention Grants: \$80 million for FY 2010 and such sums as may be necessary for fiscal years 2011 through 2015. Of a state's grant amount, 70 percent is calculated based on the number of children under 18 in the state, with a minimum award of \$200,000 per state. The remaining funding in the grant award is allotted among the states based on the amount leveraged by the state from private, state or other non-federal sources and directed through the state lead agency in the preceding fiscal year for community-based child abuse prevention services. One percent of funds appropriated must be set aside for tribal and migrant programs.

CAPTA in the context of other child welfare funding

CAPTA funding is small in relation to federal funding for foster care and permanency (guardianship and adoption). In FY 2016, CAPTA funds accounted for less than 3 percent of the total \$13.5 billion that the federal government spent on child welfare, including Title IV-E of the Social Security Act, Temporary Assistance for Needy Families (TANF), the Social Services Block Grant (SSBG), Medicaid and Title IV-B of the Social Security Act.¹⁷

While the amount of CAPTA funding is small, its role is significant. CAPTA is one of the few federal child welfare funding streams that support state activities to prevent and respond to child abuse and neglect on the “front end” of the child protection continuum, when children are first brought to the attention of state and local agencies, in many cases before abuse or neglect occurs. States and localities are required to pay most of the cost associated with reporting, screening and responding to child maltreatment. CAPTA State Grants, for example, cover only a small percentage of the cost of “front-end” services, with that contribution amounting to an average of only \$12 per each investigation.¹⁸ Most federal funding for child welfare goes to support the “back end” of the continuum, namely services to children who have been removed from home and placed in foster care. These services include foster care maintenance payments and administration; independent living services; adoption assistance and administration; and guardianship assistance. All of those are governed by Title IV-E of the Social Security Act.

The Family First Prevention Services Act¹⁹ allows states and tribes with Title IV-E agreements the option, as early as October 1, 2019, to claim federal Title IV-E reimbursement for half of the cost of providing evidence-based prevention services to children at imminent risk of entry into foster care and their caregivers in the areas of substance use prevention and treatment, mental health prevention and treatment, and in-home parent skill-based services. Federal reimbursement for these services also can be made for pregnant and parenting youth in foster care and their caregivers.

The most recent evaluation of state activities funded by CAPTA found that in 2012:

- 85 percent of states planned to use their State Grants to support intake, assessment, screening and investigation of reports of child maltreatment.
- 73 percent of states planned to use State Grants to develop, improve and implement risk and safety assessment tools and protocols, including the use of differential response or alternative response.
- 65 percent of states intended to use the funds to improve case management, case monitoring and delivery of services provided to families.²⁰

There is limited evidence of the effectiveness of activities and programs funded by CAPTA grants. Although CAPTA requires that such programs be evaluated every two years, the only publicly available evaluation report is limited to a review of state plans, which are descriptive rather than evaluative.

The future of CAPTA

CAPTA is being considered for reauthorization by Congress in 2019. Authorization for CAPTA expired on September 30, 2015; however, funding has continued to be appropriated annually. Congressional jurisdiction over CAPTA is in the U.S. House of Representatives Committee on Education and Labor and the U.S. Senate Committee on Health, Education, Labor and Pensions.

Congress has recognized the need to serve children and families to ensure that children are safe and remain with their family and community whenever possible, most recently with the enactment of the Family First Prevention Services Act in 2018.²¹

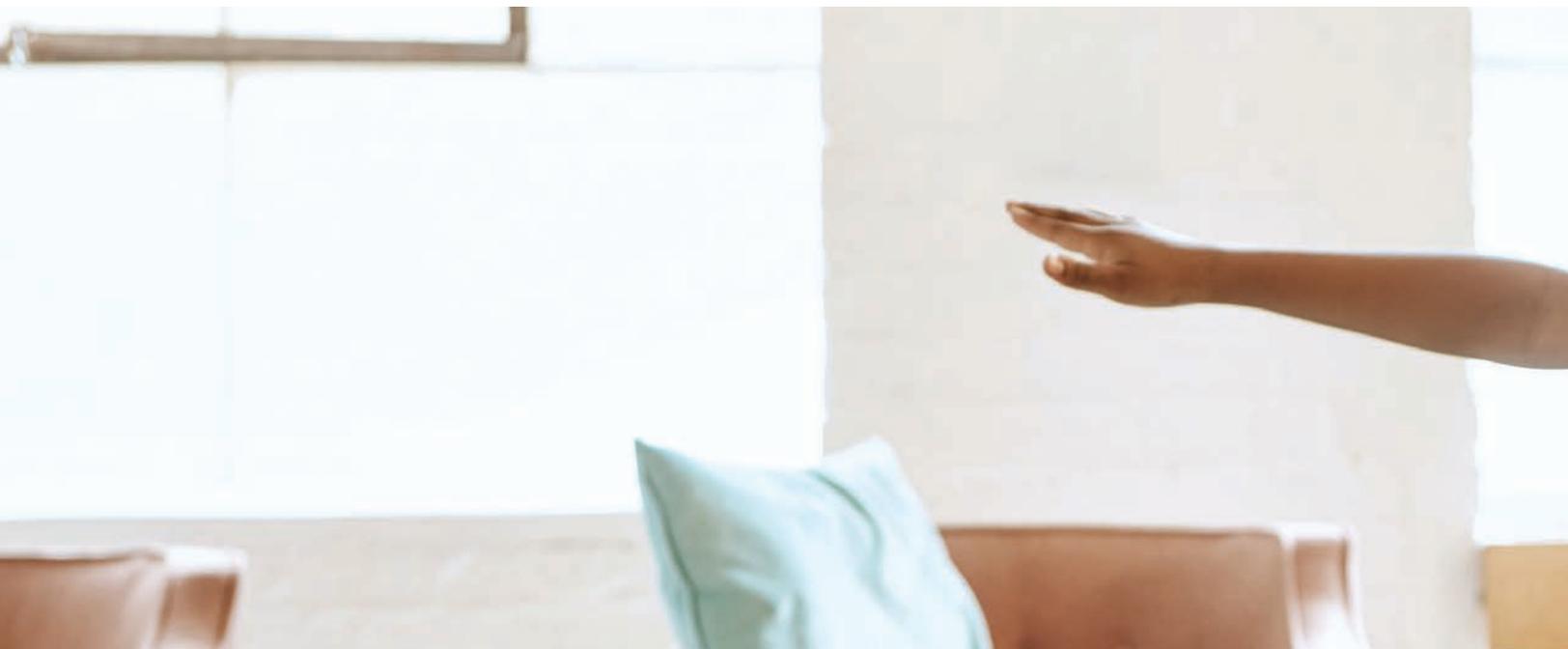
Amending CAPTA was the subject of discussions by the Commission to Eliminate Child Abuse and Neglect Fatalities. The Commission was established by Congress through the bipartisan Protect Our Kids Act of 2012 and was charged with developing a national strategy and recommendations to reduce fatalities among children resulting from child abuse and neglect. The Commission released its final report, *Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*, in March 2016.²² In September 2016, HHS sent a report to Congress, a requirement in the Protect Our Kids Act, responding to the report's recommendations. In its response, HHS identified 60 recommendations that require HHS action, some of which are being implemented. Implementing the CAPTA-related recommendations would require Congressional authorization. A copy of the Executive Summary of the Commission's report is attached as Appendix B.

The Commission to Eliminate Child Abuse and Neglect Fatalities final report proposed a new and reinvigorated child welfare system for the 21st century that keeps children safe and free from abuse and neglect and supports child and family well-being.²³ CAPTA is a critical component on the continuum of a 21st century child welfare system and can promote population-based prevention strategies to prevent child abuse and neglect and intervene early and effectively when maltreatment occurs.

Casey Family Programs has hosted and participated in a series of forums since 2011 to exchange information and discuss innovative new approaches to improve child safety and reduce fatalities related to child maltreatment. Participants include child safety experts, policymakers, advocates, researchers, practitioners, child welfare and public health leaders, and community and foundation partners from across the country. The following questions have been discussed in these forums and continue to be considered:

- How might the information we have about brain development be applied and aligned with federal policy?
- How might federal policy support a developmental approach to child safety?
- What is the local, tribal, state and federal role in building a 21st century child welfare system that keeps children safe and supports child and family well-being?
- How are federal policy priorities aligned to keep children safe and promote child and family well-being?

- What do we know about interventions that mitigate risk among children and how might these approaches to prevent child abuse and neglect be strengthened?
- How can recent changes to federal child welfare policy made through the Family First Prevention Services Act be leveraged and complemented through tribal, state and federal efforts?
- Does federal funding to tribes, states and communities prioritize improvements in child safety and family well-being?
- Do existing child safety requirements in state and federal law match what research is now telling us about child safety and risk? Are existing requirements outcome or compliance based?
- How are states coordinating and integrating the goals and activities of other child and family plans? Are there existing barriers to coordinate activities and data use across federal, state and local plans?
- How can state child welfare, public health and other child/family services more effectively collaborate and use federal and state resources to reduce child abuse and neglect? Are there existing barriers to sharing information?
- What is the effectiveness of child welfare services funded by federal child safety programs?
- To what extent do public child welfare agencies coordinate child safety activities with public health and other child- and family-serving agencies? How could collaboration across these agencies be more effective?
- What else can be done to address the impact of substance abuse on child safety and child and family well-being?
- What evidence from state and local innovations in child protection and public health could inform state and federal policy?



Conclusion

CAPTA is an important part of the federal child welfare policy continuum. It provides a framework and resources for states and tribes in their response to child abuse and neglect as well as critical resources to communities to strengthen families and promote child and family well-being.

Since CAPTA became law, the field has learned significantly more about:

- brain science, especially among infants and young children, and applied this science to create developmentally appropriate interventions
- the impact of adverse childhood experiences and their impact on health disparities and the negative economic costs associated with these experiences
- data about who is most at risk for maltreatment and a fatality due to maltreatment and the utilization of data to keep children safe and improve outcomes for children and their families
- the role that families and communities play in creating safe and supportive environments for children to grow and be nurtured
- evidence-based programs and interventions that have demonstrated positive outcomes, including mitigating risk, for different populations.

The advances in science and data can continue to inform and align federal policy to keep children safe, strengthen families and support the communities in which they live. As federal policy is analyzed, considered and developed to align with the evidence of what works to keep children safe and families strong, there is an opportunity to further build on and strengthen prevention and early intervention strategies to prevent children from being harmed. While promoting prevention strategies, it will be essential to also build the technical excellence necessary in the field, for example in the workforce and data systems, to prevent child abuse and neglect from happening in the first place and intervening early and effectively when it does occur.



APPENDIX A

CAPTA Funding by State (FY 2019 Enacted)²⁴

State	State Grants	Community-Based Child Abuse Prevention Grants*
Alabama	\$1,158,613	\$396,396
Alaska	\$285,698	\$221,915
Arizona	\$1,756,152	\$639,247
Arkansas	\$825,157	\$228,797
California	\$9,554,617	\$3,216,203
Colorado	\$1,416,216	\$823,244
Connecticut	\$888,594	\$634,899
Delaware	\$314,503	\$207,145
District of Columbia	\$227,331	\$217,968
Florida	\$4,480,599	\$1,596,182
Georgia	\$2,759,476	\$838,093
Hawaii	\$426,842	\$415,006
Idaho	\$564,850	\$202,816
Illinois	\$3,217,647	\$1,017,663
Indiana	\$1,781,585	\$961,181
Iowa	\$881,274	\$455,041
Kansas	\$865,656	\$872,303
Kentucky	\$1,184,033	\$1,490,322
Louisiana	\$1,296,700	\$365,394
Maine	\$374,042	\$269,188

State	State Grants	Community-Based Child Abuse Prevention Grants*
Maryland	\$1,553,206	\$581,360
Massachusetts	\$1,586,946	\$506,133
Michigan	\$2,467,301	\$746,254
Minnesota	\$1,493,728	\$2,330,353
Mississippi	\$881,248	\$237,307
Missouri	\$1,603,952	\$483,547
Montana	\$347,113	\$205,288
Nebraska	\$614,469	\$398,906
Nevada	\$837,147	\$221,281
New Hampshire	\$383,876	\$207,294
New Jersey	\$2,264,513	\$1,928,401
New Mexico	\$635,666	\$317,645
New York	\$4,668,745	\$2,032,780
North Carolina	\$2,614,552	\$1,007,883
North Dakota	\$293,040	\$205,930
Ohio	\$2,962,598	\$914,361
Oklahoma	\$1,154,720	\$619,740
Oregon	\$1,053,626	\$280,958
Pennsylvania	\$3,038,636	\$888,298
Rhode Island	\$329,115	\$224,934

State	State Grants	Community-Based Child Abuse Prevention Grants*
South Carolina	\$1,307,781	\$484,151
South Dakota	\$334,873	\$200,768
Tennessee	\$1,755,055	\$504,934
Texas	\$8,145,005	\$3,115,711
Utah	\$1,117,275	\$354,701
Vermont	\$230,894	\$200,000
Virginia	\$2,166,588	\$613,527
Washington	\$1,901,831	\$853,574
West Virginia	\$514,993	\$246,441
Wisconsin	\$1,525,645	\$471,538
Wyoming	\$253,875	\$200,000

*CBCAP grant amounts include both population-based allocations and awards based on the amount of non-federal funds leveraged by the state for child abuse prevention.



APPENDIX B

Commission to Eliminate Child Abuse and Neglect Fatalities Report, Executive Summary²⁵

Every day, four to eight children in the United States die from abuse or neglect at the hands of their parents or caretakers. No one knows the exact number, and there has been little progress in preventing these tragic deaths. Most of the children who die are infants or toddlers. Concern for these most vulnerable citizens led Congress to create the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) in 2013. The president and Congress appointed a diverse group of 12 Commissioners, with the hope that we could identify a national strategy to end child maltreatment fatalities in our country.

The Protect Our Kids Act, the Commission's founding legislation, gave us two years to learn everything we could about this issue. During our tenure, we heard from government leaders, researchers, public and private organizations who serve children and families, and those who work on the front lines of child protection. In the end, we found few evidence-based programs to prevent child maltreatment deaths, and no state with a sufficiently comprehensive plan to eliminate them. But we found examples of promising practices, and we met leaders eager to learn what it takes to save children's lives.

This final report discusses what we learned about the gap between good intentions and real results, and it outlines the challenges that lie ahead if we are to bridge that divide. It includes recommendations for actions that we believe will most effectively address these challenges, including steps to be taken by the executive branch, Congress, and states and counties.

The Framework for Our Recommendations

A set of recommendations that aims simply to improve the current system of child protection in this country may reduce the number of fatalities, but we have reached the conclusion that eliminating these deaths altogether requires fundamental reform. That's why our national strategy proposes a new and reinvigorated child welfare system for the 21st century.

We realize that parents of children who die from abuse or neglect are often struggling. They may have drug addictions, mental illnesses, cognitive disabilities, or previous criminal histories. They may face domestic violence at home or live in unsafe, crime-ridden communities. These conditions do not excuse harmful behaviors toward children, but they do help to explain why no single agency, acting alone, can address all of the complex circumstances in troubled families' lives. Public and private sectors must work together to make a difference.

Our proposals incorporate a public health approach to child safety that engages a broad spectrum

of community agencies and systems to identify, test, and evaluate strategies to prevent harm to children. CPS agencies remain critical to this approach, leading the effort and responding quickly to reports of harm. But CPS shares the responsibility for child safety with multiple partners that come into contact with vulnerable families in the community. This report is a vision of how we as a society can realign our organizations and communities—as well as our priorities—to identify and support children at highest risk of abuse or neglect fatality.

Core Components of the 21st Century Child Welfare System

The Commission’s national strategy is based on the synergy of three interrelated core components:

1. **Leadership and Accountability:** Strong leaders at every level are needed to work across systems and forge a path to a new child welfare system.
2. **Decisions Grounded in Better Data and Research:** Current data barely begin to give us the information needed to build a better system. More accurate data, and sharing and analysis of those data, are required.
3. **Multidisciplinary Support for Families:** Cross-system prevention and earlier intervention are critical to building and sustaining healthier families and communities.

Recommendations to Save Lives Now

As a Commission, we recognize that large-scale, systemic reform does not happen overnight. At the same time, we cannot abdicate our responsibility to those children who could be saved now.

All of our recommendations should be implemented as soon as possible, but throughout the report we have identified specific steps that will be critical to build infrastructure and the body of knowledge needed to accelerate the rest. If these steps are taken, children will be safer today and tomorrow:

- Identifying children and families most at risk of a maltreatment fatality is key to knowing when and how to intervene. Therefore, we recommend that states undertake a retrospective review of child abuse and neglect fatalities to help them identify family and systemic circumstances that led to child maltreatment deaths in the past five years. States will then use this information to identify children at highest risk now, and they will develop a fatality prevention plan to prevent similar deaths both now and in the future.
- Ensuring that the most vulnerable children are seen and supported is a critical element of this process.
- Sharing data electronically and in real time will have an immediate impact on improving child protection decision-making by state and local entities.
- Reviewing life-threatening injuries from abuse and neglect is an important part of the

picture when it comes to preventing maltreatment fatalities and should be included in the child death review process.

- Accountability is a critical component for success and is relevant to almost all of our recommendations. A range of providers, including CPS, must work together and hold each other accountable. Mandated reporters, too, should be held to minimum standards and receive quality training.
- Enhancing the structure of the federal government and its authority and oversight of state policy and practice was an area of focus for our work. We recommend elevating the Children's Bureau to report directly to the Secretary of HHS and giving the Bureau the stature and authority to partner with states and local jurisdictions as they work together to prevent child maltreatment fatalities.
- Funding for the 21st century child welfare system generated lively discussions in our meetings. In the end, we did not all agree on one specific strategy, but we spelled out options to ensure our recommendations move forward.

Recommendations for Populations in Need of Special Attention

Three groups of children present unique challenges when it comes to preventing child abuse and neglect fatalities: children known to the CPS system today who are at high risk of an abuse or neglect fatality, American Indian/Alaska Native children, and African American children. Commissioners discussed efforts to support these children and their families and made a number of recommendations.

Save Children's Lives Today and Into the Future

Many children who have died from abuse or neglect were known to CPS agencies that did not take adequate action to ensure the children's safety. Commissioners agreed that analyzing data from past fatalities to identify the children who are at greatest risk right now could make an immediate difference for children with current and ongoing CPS cases.

Recommendation:

- 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.

Address the Needs of American Indian/Alaska Native Children

The Commission heard from a number of American Indian and Alaska Native (AI/AN) tribal representatives and experts. Testimony presented to the Commission focused on the lack of data about child abuse and neglect deaths of AI/AN children, jurisdictional challenges, and inadequate federal leadership and funding for tribal issues.

Recommendations:

- Improve and support data collection about child abuse and neglect fatalities of AI/AN children, and integrate the data into national databases for analysis, research, and the development of effective prevention strategies.

Improve collaborative jurisdictional responsibility for Indian children's safety.

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.

Reduce Child Abuse and Neglect Deaths in Disproportionately Affected Communities

African American children die from abuse or neglect at a rate at least two-and-a-half times higher than white children. This is an issue of deep concern to Commissioners. Challenges to overcoming disproportionate abuse and neglect fatalities include differential treatment for families of color at every stage of the child protection process.

Recommendations:

- Conduct pilot studies of place-based intact family courts in communities with disproportionate numbers of African American child maltreatment fatalities to provide preemptive supports to prevent such fatalities.
- Ensure that quality services are available to all children and families and that all families are treated equitably.

Recommendations to Implement Components of the Commission's National Strategy

An effective national strategy to prevent child abuse and neglect fatalities must be based on a strong, integrated and collective responsibility to keep children safe. The Commission identified three core components of a recommended national strategy to prevent child abuse and neglect fatalities.

Improve Leadership and Accountability

Through hearings, meetings, and testimony, the Commission learned that nearly 30 major federal programs in more than 20 federal agencies across at least three federal departments address children's safety and child welfare issues. Related challenges include insufficient federal leadership, lack of coordination for fatality prevention in state planning processes, inadequate federal oversight, and a lack of coordination among congressional committees that oversee this issue.

Recommendations:

- Create an effective federal leadership structure to reduce child abuse and neglect fatalities.
- Consolidate state plans to eliminate child abuse and neglect fatalities.
- Strengthen accountability measures to protect children from abuse and neglect fatalities.
- Hold joint congressional hearings on child safety.

Ground Child Protection Decisions in Better Data and Research

The Commission learned that agencies do not always share data to the extent that would best serve children at risk of abuse or neglect fatalities, the current count of fatalities is incomplete and based on inconsistent definitions, and the lessons learned from reviews of fatalities and life-threatening injuries are not used effectively to prevent future deaths.

Recommendations:

- Enhance the ability of national and local systems to share data to save children's lives and support research and practice.
- Improve collection of data about child abuse and neglect fatalities.
- Conduct child maltreatment fatality reviews and life-threatening injury reviews using the same process and under the same authority within all states.

Enhance Multidisciplinary Support for Families

No single agency, working alone, can be expected to possess the expertise required to effectively eliminate all child abuse and neglect fatalities. Responsibility for protecting children must be shared among many sectors of the community, all working together, to strengthen prevention and early intervention, surveillance, CPS agency intervention, and cross-system collaboration.

Recommendations:

- Ensure access to high-quality prevention and earlier intervention services and supports for children and families at risk.
- Leverage opportunities across multiple systems to improve the identification of children and families at earliest signs of risk.
- Strengthen the ability of CPS agencies to protect children most at risk of harm.
- Strengthen cross-system accountability.

Conclusion

Our recommendations take a public health approach, linking CPS agencies with partners in the community to build support for and resilience within families before crises occur. Through implementation of these recommendations, we will be creating a learning laboratory, building from pilot sites, testing ideas, and learning from one another.

The approach outlined in this report will support stronger CPS agencies that are better able to use data to identify and protect children who have been harmed and those who are at risk of a fatality. CPS leaders and staff will be held accountable for doing the job they are trained and committed to do. At the same time, the many other agencies and systems that touch the lives of children and families will share data and information to ensure families and communities get the support they need to build on family strengths and keep children safe. This 21st century child welfare system will engage partners in the AI/AN communities to tackle the unique complexities of tribal sovereignty that impact child fatalities and will address disproportionality head on to eliminate fatalities equally among all communities.

Those who take the work of this Commission forward will pool their knowledge and apply what works. This in turn will lead to the goal of a 21st century child welfare system in which children thrive and no child dies from abuse or neglect.



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