

2016 Federal Public Policy Agenda

Prevent Child Abuse America advocates for policies, legislation and programs that promote healthy child development and prevent child abuse and neglect before it occurs. The research is clear that prevention reduces the likelihood of a significant array of costly ailments to the individual and to society, including mental illness, violent crime, delinquency, substance abuse and addiction, chronic health problems, lowered educational achievement, and the perpetuation of abuse and neglect.¹

Child abuse and neglect affects over **one million children**² every year and costs our nation \$220 million every day.³ A U.S. Government Accountability Office (GAO) study finds that total federal costs of providing initial prevention program funding for low-income populations were offset over four years.⁴ Another study found longer term savings based on the cost reduction of social problems related to abuse.⁵

Implementation of effective policies and strategies to prevent child abuse and neglect can save taxpayers **\$80 billion per year**.⁶ It is time that our nation prioritizes children in both policy and budgets by increasing early funding surrounding child abuse prevention to improve our return on investment and save taxpayers over the long-term while at the same time protecting children who are at risk.

We must develop a comprehensive continuum of primary prevention services at all levels of the social ecology that start early to prevent adverse childhood experiences and promote safe, stable, nurturing relationships and environments and focus on well-being for all children and families.

To that end, Prevent Child Abuse America urges the President and Congress to take the following actions in 2016:

¹ Fang, X., et al. (2012). *The Economic Burden of Child Maltreatment in the United States and Implications for Prevention*. Child Abuse & Neglect, Volume 36, Issue 2, pages 156–165.

² Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

³ Gelles, Richard J., & Perlman, Staci (2012). *Estimated Annual Cost of Child Abuse and Neglect*. Chicago IL: Prevent Child Abuse America.

http://www.preventchildabuse.org/images/research/pcaa_cost_report_2012_gelles_perlman.pdf

⁴ U.S. General Accountability Office. (1992). *Prevention Programs Need Greater Emphasis. Report to the Chairman, Subcommittee on Oversight of Government Management, Committee on Governmental Affairs, U.S. Senate*. (GAO Publication No. GAO/HRD-92-99).

⁵ Ibid., 25.

1. Develop a National Strategy for America's Children

Establishing a shared vision is essential to ensuring a future without child abuse and neglect. Congress and the Executive Branch should plan, guide and coordinate the development of a national strategy and policy framework to prevent child abuse and neglect from occurring in the first place. This country needs a systematic approach, political will, accountability, coordination and cooperation to lay the groundwork for this goal.

Prevent Child Abuse America will convene an expert working group to develop recommendations for a coordinated approach involving federal, state, private and public institutions, and the implementation of a comprehensive national strategy. We will lead this group of experts to examine prevention-related policies, processes and best practice standards to outline specific steps the President, Congress and federal agencies can take to more effectively prevent child maltreatment.

A comprehensive, evidence-based and evidence-informed continuum of services that improves child and family well-being and places greater emphasis on prevention-related activities will strengthen and support families across the country. The working group will review and discuss prevention policies that include but are not limited to: funding of place-based initiatives allowing communities to align and integrate cross-system efforts; expansion of evidence-based processes such as the Centers for Disease Control and Prevention's *Essentials for Childhood Framework*, including establishment of collective impact teams that include partners such as Prevent Child Abuse America state chapters, state children's trust funds, state Departments of Health, Circle of Parents or Parents Anonymous chapters, and state Community-Based Child Abuse Prevention (CB-CAP) lead agencies; building community support systems by integrating programs, developing strategies to improve access to services and resources and developing local infrastructure; and, development of a standardized assessment for child well-being that is aligned with national and international methodologies, among others.

2. Reauthorize the Child Abuse Prevention and Treatment Act

The Child Abuse Prevention and Treatment Act (CAPTA) expired on September 30, 2015. CAPTA is the only federal legislation exclusively targeting prevention, assessment, identification, and treatment of child abuse and neglect. It is also the only federal legislation providing for universal primary prevention of child abuse and neglect capacity building. Congress must **act urgently** to reauthorize CAPTA, including adequately funding and fully implementing provisions in the law and issuing formal guidance and financial incentives to states.

Prevent Child Abuse America will continue to meet with Members of Congress to discuss reauthorization and current funding levels. Specifically, we will encourage Members to improve implementation and funding to address the needs of drug-exposed infants; provisions to refer children under age three who are involved in a substantiated case to early intervention services under IDEA Part C; and, increase funding to states for Community-Based Child Abuse Prevention, among others. Prevent Child Abuse America chaired the National Child Abuse Coalition Prevention Subcommittee and helped to develop two critical issues we will raise in reauthorization:

- CAPTA requires states to have a plan for the safe care of prenatally substance-exposed infants and a plan for receiving referrals of these births from CPS. States are inconsistent and uneven in their implementation of provisions to refer substance-exposed newborns to child protective services for prenatal exposure to alcohol. This is a missed opportunity concerning infants and toddlers affected by prenatal alcohol exposure.
- As part of the 2003 CAPTA reauthorization, Congress mandated that states have procedures in place to refer children under the age of three who are found to be substantiated victims of child abuse or neglect for screening under the Individuals with Disabilities Education Act, Part C (IDEA Part C), early intervention services. States administer this program to improve services and outcomes for infants and toddlers with developmental delays. Implementation across all 50 states has not been universal and children who have been substantiated have not been referred for screening under IDEA Part C as the 2003 changes required.

We will call on Congress to strengthen the law by including the necessary funding through authorization levels and the annual budget process as follows:

- In FY 2015, CAPTA state grants provided less than \$26 million a year for all 50 states with some states receiving less than \$100,000 annually to cover child protection, reporting and investigations. A state can also use its funds for prevention services, training, workforce recruitment and data collection.
 - Funding is inadequate and does not live up to the directives Congress has inserted into CAPTA. **We request no less than \$30 million dollars for CAPTA state grants.**
 - Funding at the \$30 million level means that each state will receive a minimum grant of \$150,000. With this funding, states will be able to implement several important protections and requirements in their child welfare service systems such as IDEA Part C or safe care of prenatally substance exposed infants.

- In FY 2015, Community-Based Child Abuse Prevention (CB-CAP) grants were funded at \$40 million, half of the federal authorization cap of \$80 million. The grants support state efforts to develop, operate and expand a network of community-based, prevention-focused family support programs that coordinate resources among a range of existing public and private organizations. States are required to have a strategy that assesses local needs, provides a continuum of services, develops local partnerships, and involves a number of target populations and service providers.
 - These grants provide a continuum of preventive services, allow the development of unique approaches and foster understanding, appreciation and knowledge of diverse populations to address child abuse and neglect prevention efforts in our communities yet they are grossly underfunded.
 - Community-Based Grants for the Prevention of Child Abuse and Neglect (CB-CAP) are vital to providing funding to promote the prevention of child abuse and neglect and are structured to leverage local and private funds. Investing in prevention is less costly to society and individuals than trying to treat problems later. CB-CAP funding should reflect the importance of prevention and invest in these front-end services at full authorization levels.

3. Prioritize Healthy Child Development in Federal Budget Decisions

The President and Congress face difficult budgetary choices every year. Prevent Child Abuse America will work to ensure that decisions related to the federal budget maintain and, where appropriate, enhance the federal government's commitment to healthy child development by focusing on well-being strategies to decrease the risk of child maltreatment including:

- Ensuring that budget process and overall funding decisions enable families to meet the basic needs of their children by helping families achieve financial security, and access quality services, such as health care and child care; and,
- Ensuring adequate federal funding for evidence-based services to prevent child abuse and neglect, such as early childhood home visiting, parenting education, social and emotional learning and child sexual abuse prevention, among others. This includes fully funding:
 - The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV);

- The Promoting Safe and Stable Families Program (PSSF) at \$335 million;
- Child Care Development Block Grant (CCDBG) at \$2,805 billion;
- Increase the Child Abuse Prevention and Treatment Act (CAPTA) state grant funding to \$30 million;
- Increase the Community-Based Child Abuse Prevention grants (CB-CAP) funding to \$42 million;
- Restore funding for preventive and protective services funded by the Title IV-B, Child Welfare Services (CWS) to \$269 million;
- The Social Services Block Grant (SSBG) at \$1.7 billion; and,
- The Temporary Assistance for Needy Families (TANF) at \$16.5 billion.

4. Advocate Passage of Key Recommendations of the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF)

Prevent Child Abuse America will work with our national partners, state chapters and Healthy Families America network to ensure support for the Commission's goals to develop a national strategy and legislative recommendations for reducing and preventing fatalities resulting from child abuse and neglect [P.L. 112-275].⁷ We will advocate for key Commission recommendations that focus on strategies to increase safety, decrease child abuse and neglect, and improve reporting are passed into law.

We will use the research, awareness and recommendations created by the Commission to advocate on Capitol Hill with the new administration and within federal departments for effective strategies and solutions. Key priorities could include:

- Funding of place-based initiatives;
- Request the establishment of a national commission to study the effects of poverty on child maltreatment and neglect;
- Request the U.S. Department of Health and Human Services (HHS) lead in the research and development of an evidence-based screening tool for Adverse Childhood Experiences to provide upstream connections to services;
- Place greater emphasis on educating the American public on healthy child development through social norms research and a national public information campaign;

⁷ Protect Our Kids Act 2012, Pub. L. No. 112-275 § 42 USC 1305, Page 126 (2012).

- Develop a standardized assessment for child well-being that is aligned with national and international methodologies and is useful to both community and state levels;
- Investment and establishment of evidence-based abusive head trauma & shaken baby syndrome prevention programs; and,
- Encouraging the federal government to issue guidance to states regarding the use of Medicaid, the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, and the Affordable Care Act (ACA) for wraparound services, where it is permitted, including what can be used to fund services such as mental health treatment, health screenings, and substance abuse screening and treatment.

5. Assure Long-term Reauthorization of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Alongside the national Home Visiting Coalition, Prevent Child Abuse America worked successfully to reauthorize an extension of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program at current funding levels through March of 2017. The bill [[H.R. 2](#)] included funding for MIECHV at its current annual level of \$400 million for two years (\$800 million total), helping to continue evidence-based home visiting services in at-risk communities across the country, including programs like Healthy Families America.

Prevent Child Abuse America and the national Home Visiting Coalition were successful in garnering signatures from 49 Members of Congress on a letter of support for the reauthorization as well as organizing a sign-on letter with more than [750 agencies](#) across the country and the territories. The program, which funds evidence-based home visiting for low-income children and families, has been shown to improve prenatal health and birth outcomes, early childhood health and development, school readiness and prevention of child injuries, child abuse, neglect and maltreatment.

The total number of counties served by the MIECHV program has more than doubled since the program's inception, from 344 in 2010 to 721 in 2014, now serving 22% of all U.S. counties. It is in nearly twice as many of the highest-risk counties in 2014 as in 2010. Yet still in 2015, home visiting still only reaches one-third of the counties that states themselves identify as highest risk. Prevent Child Abuse America will work to ensure a long term legislative solution for this important program; ideally, a full five-year reauthorization.

6. Monitoring Outcomes of the Maternal, Infant, and Early Childhood Home Visiting Evaluation (MIHOPE).

The Maternal, Infant, and Early Childhood Home Visiting Evaluation (MIHOPE) is a legislatively-mandated evaluation of the MIECHV program. The evaluation uses a randomized controlled design to measure the effect of early childhood home visiting programs on child and parent outcomes, including how effects vary for different populations, and the cost of operating the programs. This study will include 85 program sites and 5,100 families in 12 states nationwide. Sites in the evaluation operate one of four models: Early Head Start-Home Visiting, Healthy Families America, Nurse Family Partnership and/or Parents as Teachers.

Prevent Child Abuse America will monitor the outcomes of the evaluation to understand evaluation findings and their implications for Healthy Families America and home visiting program improvement.

Conclusion:

Looking ahead, Prevent Child Abuse America will work with the President, Congress, stakeholders and our national coalitions to ensure important programs, services and funding are protected. Our nation must work together to address the social, political and economic challenges confronting a shared vision and help shape a future where America's children can live free from abuse and neglect.