



WRITTEN TESTIMONY

of

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on behalf of the

AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION
THE NATIONAL ASSOCIATION OF PUBLIC CHILD WELFARE ADMINISTRATORS
and the
STATE OF MINNESOTA

Submitted to the

SENATE HEALTH, EDUCATION, LABOR AND PENSIONS COMMITTEE
SUBCOMMITTEE ON CHILDREN AND FAMILIES

HEARING ON

BREAKING THE SILENCE ON CHILD ABUSE:
PROTECTION, PREVENTION, INTERVENTION AND DETERRENCE

December 13, 2011

Introduction

Good morning Chairperson Mikulski and Ranking Member Burr, and members of the subcommittee. I am Erin Sullivan Sutton, assistant commissioner of Children and Family Services for Child Safety and Permanency, Child Support Enforcement, Community Partnerships and Child Care Services, Management Operations, Transitional Support Quality Services, Office of Enterprise Technology-Transition Support Systems and Transition to Economic Stability. I have worked in the field of child welfare for 28 years. My testimony today will focus on child protection services including child maltreatment prevention and intervention, and approaches to securing child safety.

I am here today representing the American Public Human Services Association (APHSA), and its affiliate, the National Association of Public Child Welfare Administrators (NAPCWA) as well as the state of Minnesota. I serve on the NAPCWA executive committee and am a past president of the organization.

On behalf of all child welfare directors, I would like to thank the subcommittee for your interest in the Child Abuse Prevention and Treatment Act, also known as CAPTA, which states have used to support the delivery of services for children who come to the attention of child welfare due to allegations of abuse and neglect or who are at risk of abuse or neglect. Minnesota has used CAPTA dollars to fund and establish innovative initiatives to support families and keep children safe from maltreatment. We appreciate your efforts to hold this hearing to bring about greater awareness of this critical issue and your desire to examine better ways to improve the child protection system's capacity to identify, intervene, and protect at-risk children as well as to prevent child maltreatment from ever occurring.

Our recommendations involve three critical areas: integration of services, expanded mandatory reporting requirements, and child welfare finance reform. Each of our recommendations—which I will discuss in more detail—is designed to make the child welfare program more efficient and to give states greater flexibility to determine what works best for the families and children they serve.

States can become more responsive to the needs of at-risk children, families, and other community needs by building upon the interagency coordination provisions of the 2010 CAPTA reauthorization. By providing for a fully integrated system, states can provide a holistic approach that cuts across historical barriers to provide an effective, efficient, and outcomes-focused service delivery system for children and families. In addition, finance reforms that give states the ability to prioritize prevention and expand populations of children served are needed.

APHSA believes that the federal government must help defray the cost of any additional assurances built into CAPTA. Recommendations that universal mandatory reporting requirements be included in CAPTA as an assurance should be accompanied by additional funding to offset the cost of training and public awareness campaigns.

Finally, APHSA is concerned with CAPTA's future funding levels. In particular, the promise of sequestration, as required by the Budget Control Act, threatens the long-term viability of the CAPTA program. CAPTA funding needs to be sufficient to ensure that the program's core mission is met.

CAPTA and Its Impact

Child maltreatment has a profound impact on our nation's children, families, and social environments and is of particular concern for public child welfare. Public child welfare agencies work to reduce child abuse and neglect by supporting and responding to families either not known to the system (primary prevention); families known, but with no open case (early intervention/secondary prevention) and families already part of the system (intervention). Child welfare is responsible for responding to abuse committed by a family member, caretaker, or someone living with the child. Law enforcement is responsible any time a child is abused and a crime is committed. Children at risk of maltreatment are often from families where the parents or caregiver(s) have

multiple personal, emotional, and interpersonal stressors that interfere with healthy parenting. These stressors include: a history of childhood trauma, mental health issues, poverty, domestic violence, inaccurate knowledge about child development, social isolation, and the absence of appropriate social support networks.¹

The conditions that led to the development of the original CAPTA legislation in 1974 have changed significantly over the intervening years. Forty years ago the reality of parents harming children was under-recognized by the public and systems of intervention were not always prepared to respond. Since then there have been sustained efforts to educate the public and develop a child protection infrastructure to respond quickly to reports of child maltreatment. In most instances, both mandated reporters and the general public diligently report suspected child maltreatment. Child physical and sexual abuse within the family is responded to with a forensic investigation coordinated between law enforcement and child protection. Child maltreatment in licensed facilities is investigated by the licensing agent (generally a state's department of health, education, human services, or corrections) and law enforcement addresses crimes against children occurring outside the family unit.

According to the 2009 National Child Abuse and Neglect Data Systems (NCANDS) report, in 2009 the child protection system received 3.3 million referrals alleging the maltreatment of approximately 6 million children. Of these referrals 61.9 percent were screened and approximately 25 percent were substantiated. Even when alleged maltreatment is not substantiated, many families are exposed to child maltreatment risks that, left unresolved, are likely to result in child maltreatment.

Expanded public understanding of child physical and sexual abuse, coupled with aggressive intervention, has reduced the number of incidents of child maltreatment. The recent Fourth National Incidence Study (NIS) of Child Abuse and Neglect issued by the U.S. Department of Health and Human Services found that both physical abuse and sexual abuse have decreased significantly over the past 20 years. Together physical, sexual, and emotional abuse have decreased by 26 percent between 1993 and 2005 and sexual abuse alone by 38 percent during the same time period.

Although CAPTA is the single federal funding source designed to address maltreatment of children, it offers limited support to states to fully carry out its requirements and does not adequately account for the expenditures related to these requirements. For example, Minnesota's state allocation for a CAPTA State Grant is \$445,000 annually, yet our state uses approximately \$28 million for assessment and investigation of reports of alleged maltreatment—expenses paid by local property tax dollars and limited general fund revenue. In addition to assessment, child welfare systems must provide other services to children and their parents to keep children safe and well cared for.

Because the total distribution of these funds is extremely limited for each state, public child welfare agencies often tap into other federal funding streams such as the Temporary Assistance for Needy Families program, Social Services Block Grant, the Stephanie Tubbs Jones Child Welfare Services Program, and other state and local funds that serve families. Federal resources for prevention are scarce and mainly support children placed in out-of-home settings such as foster care and adoption. Ninety percent of all federal dollars are used for foster care; only the remaining 10 percent supports prevention programs. This imbalance indicates the need for a stronger federal role in providing adequate resources for preventing and treating child abuse and neglect. In Minnesota, we have learned that by investing resources earlier and in more flexible ways to meet the individual need of families, we are able to keep children safer sooner, reduce repeat maltreatment, and reduce the need for out-of-home care.

Child Protective Services in Minnesota

Over the past decade Minnesota has made significant changes in how we address child maltreatment. Driven by poverty, most child maltreatment, especially child neglect, is more responsive to resources and services that address basic needs and that provide counseling, education, and connections to community supports than to adversarial investigative practices. We also acknowledge that most families reported to the child protection system are struggling but are not found to be abusive or neglectful. Aggressive law enforcement efforts are not needed for these families and are often counter-productive and mismatched to the family's needs. Whenever possible, child maltreatment prevention and intervention efforts in Minnesota focus on respectful engagement of families concerning child and family safety and well-being. Our practice model recognizes that most parents want to keep their children safe and that families are best served by interventions that identify and support parent protective capacities such as parental residence, concrete supports, and social and emotional competence.

Minnesota has been a leader in the development of a differential response to child maltreatment. While retaining forensic investigation for reports alleging substantial child endangerment, more than 70 percent of Minnesota child maltreatment reports receive an alternative assessment called the Family Assessment Response (FAR). This approach sets aside the investigative fault-finding activity and focuses on ensuring child safety by engaging the family in the services and resources they need to keep their children safe. Structured assessments of safety, risk, strengths, and needs are conducted with families and inform service planning and delivery.

A random clinical field trial following outcomes from 2000–2005 revealed that this approach made children safer sooner by quickly engaging parents, resulting in lower child maltreatment re-reporting and decreased need for out-of-home placements. Both families and child protection workers identified this approach as creating greater cooperation between families and child protection agencies and greater satisfaction in services and outcomes. Although requiring more funding initially, FAR was 35 percent less costly over the five-year longitudinal study.

Minnesota has extensively employed other strength-based family collaborative interventions including engaging extended family in child safety and permanency decisions (via Family Group Decision Making), early intervention with at-risk families (via a Parent Support Outreach Program), and use of family and community safety teams assisting families to ensure child safety within their own homes (via Signs of Safety). From 2006–2010, introducing these programs has led to a 10 percent reduction in child maltreatment reports in Minnesota as well as a 24 percent reduction in the number of children requiring out-of-home placement.

Recommendations

Integrated Services

To assure greater well-being for children, federal and state laws invest in a variety of prevention and early intervention activities that support safe and stable families, including in-home training for new parents; parent support groups; access to after-school programs; interventions for distressed families; and youth mentoring and supports to successful adulthood. Child welfare services also provide child support services such as timely receipt of court-ordered payments and parent engagement activities. Child welfare links to the juvenile justice, mental health, and education systems assure interdisciplinary efforts toward permanency, including cross-cutting initiatives to divert youth from the justice system and secure their successful transition to independent adulthood. And when necessary to support children's long-term health and stability, our agencies also arrange foster and adoptive home placements.

The 2010 reauthorization of CAPTA included language “supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs.” The degrees to which states have been able to take advantage of this directive

vary. For many states, the current system of child welfare services are defined by a series of federal programs, under the jurisdiction of different congressional committees, administered by different federal agencies, each with their unique administrative protocols. This situation results in a siloed organizational structure where public agencies are challenged to coordinate services, reduce redundancy where it may exist, and close service gaps. It is a system where administrative needs, accountability over how funds are used, and competition over which programs deserve funding take priority over outcomes. It is a system that has been required to give more importance to outputs than outcomes. Public health and human service agencies have the expertise and knowledge to accomplish the work that must be done—work that could move us to a new level of wise investment and positive results—if we begin focusing on positive outcomes for children and families.

Many intervention strategies used by child protection agencies for family engagement and delivery of services have proven to be effective. For example, Minnesota’s Parent Support Program is a pilot project that engages families and provides services for parents needing support and education to prevent child abuse and neglect; these activities take place prior to a report or investigation. These services are often directed toward helping families meet their basic needs, for example, getting access to health care services, transportation, or job training and placement. According to the Institute of Applied Research, Minnesota’s Parent Support Program evaluation shows that family intervention/engagement practices are proven to be effective during the prevention or early intervention stage. Consequently, many states are using similar models to promote effective prevention strategies in their child welfare programs. Expanding the language in CAPTA to include other prevention models will support congressional intent for states to “develop, operate, expand, enhance and coordinate initiatives, programs, and activities to prevent abuse and neglect and support coordination of resources and activities to better strengthen and support families,” hence reducing the likelihood of child abuse and neglect.

Recommendations

Improvements in CAPTA should be aligned with reform efforts in both federal and state governments to use a wide array of resources available to promote child safety. A more holistic approach that cuts across historical barriers such as department jurisdictions or congressional committee jurisdictions is required to provide an effective, efficient, and outcomes-focused service delivery system for children and families.

Finance Reform

The subcommittee asked for APHSA’s recommendations on how to better protect, prevent, intervene, and deter child abuse going forward. It is critical that the Congress and states work together to make children safer sooner. In order to do this, states need flexibility to use available funds in the manner that best meets their needs, their culture, and social/economic environment. Federal, state, and local financing should promote flexibility, within a blended assimilation of services while maintaining an appropriate framework of accountability. State and local child welfare systems differ as a matter of governance, tradition, resources, advocacy, and leadership. That said, because maltreatment has many causes, the continuum of child welfare services ought to include a broad range of community-based, interagency programs that support families, promote the general well-being of all children, and prevent the incidence of maltreatment or other conditions that lead to child welfare service involvement.

There are three primary goals for federal finance reform:

1. Expand covered services by allowing states to use Title IV-E funds on services other than foster care.

Child welfare agencies need the flexibility to work with communities, to identify at-risk families and children, and to provide various types of services (such as early intervention, family counseling, and substance abuse assistance) as a strategy to prevent maltreatment or other conditions that lead to children becoming involved in the child welfare system. Our experiences tell us that the earlier child welfare is able to work with troubled families the less likely it is that the situation will escalate to a point where child abuse occurs.

2. Expand covered populations by delinking IV-E eligibility from the (1996) AFDC standard.

At the present time, the IV-E program (the largest source of federal child welfare revenue) covers children whose families have income (and other resources) at or below the level that would have made them eligible for AFDC in 1996. Apart from the fact that applying a standard that is now 16 years old makes little sense, APHSA and NAPCWA contend that federal eligibility should not be tied to the income of the parents. Instead, federal support should be available to all children regardless of income.

3. Maintain or increase current funding levels.

CAPTA is not exempt from sequestration under the provisions of the Budget Control Act. Since CAPTA funding is already stretched to the maximum, any additional reductions could prove devastating. APHSA understands the current budget situation and that Congress must find ways to reduce expenditures. However, there are some programs that must be exempt from such efforts, and CAPTA is one of those. APHSA realizes that Congress is most likely not going to add another program to its list of those exempt from sequestration. It is of paramount concern, however, that this committee do all it can to help ensure that, if sequestration occurs, programs such as CAPTA are not reduced to a level where they can no longer adequately serve the most vulnerable populations. Children at risk deserve better than to be placed in harm's way by a blind reduction in funding.

Recommendations

If Congress amends the CAPTA statute, it should also consider passing legislation on comprehensive finance reform and increasing state flexibility on how to blend funding from different programs. This will make it easier for agencies to determine what is in the best interest of children without increased concern about available resources.

Mandatory Reporting Requirements

Children have a right to be protected from harm. Bills have been introduced and are pending before this committee to require that all adults report child abuse and neglect to the appropriate authorities. For example, Senator Robert Casey's bill (S. 1877), the "Speak Up To Protect Every Abused Kid Act," would require every state to pass a universal mandated reporting law. It is understandable why some people want to adopt a federal standard requiring that every individual become a mandated reporter if they have reason to believe that a child has been harmed or is in danger of being harmed. Under current law states are responsible for determining who is a mandated reporter. This is a state issue and should remain a state issue.

CAPTA establishes a system of child protection for states to respond to reports of child maltreatment and children at risk of maltreatment. In most states, certain professionals are mandated by law to report child maltreatment. Those professionals include social workers, teachers and other school professionals, physicians and other health care workers, mental health professionals, child care providers, medical examiners, clergy, and law enforcement. Some states are reviewing their current laws and recommending that their state legislature codify certain professionals and expand their definition of a mandated reporter. For example, some states are including professionals working in institutions of higher learning as mandated reporters. Seven states and the District of Columbia include domestic violence workers as mandated reporters and nine states include court-appointed special advocates as mandated reporters. Approximately 18 states and Puerto Rico have laws that mandate all persons be responsible for reporting suspected child abuse and neglect.

Section 106(a) of CAPTA does allow the use of federal funds for "developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect." Senator Casey's bill, S. 1877, appropriately includes authorization of \$5 million in FY 2012 and \$10 million in FYs 2013–2016 for educational campaigns and training. , There is no guarantee, however, that

these funds will be appropriated. APHSA would urge that the bill be amended to become effective only if authorization levels were fully funded.

S. 1877 authorization levels for public educational campaigns need to be increased. If these campaigns are to be effective, they are, by their very nature, expensive. Without a robust and continuing campaign on what is a reportable event, universal mandatory reporting could unintentionally result in an increase in false reports. Because all reports require a preliminary investigation, universal reporting is likely to result in a drain on available resources. Not only the child welfare system, but state and local law enforcement and judiciary agencies will likely be stressed beyond capacity.

S. 1877 stipulates that for a state to continue receiving CAPTA funding, it must enact universal mandated reporting laws. Using CAPTA funding as leverage against states for not passing what is appropriately a criminal statute is unreasonable. Why would the federal government threaten to withhold funding and as a result put additional children at risk because a state was unable or unwilling to pass a universal mandated reporting criminal statute? The safety of children should never be used as a leverage to require state action.

Recommendations

While APHSA does not believe any additional federal mandates dealing with mandatory reporting requirements are necessary, should the Congress decide otherwise, additional funding sufficient to properly fund a national on-going public awareness campaign and for additional training must be made available to the states before those requirements go into effect.

Conclusion

CAPTA is a vital element of the larger child welfare system and must be viewed within that context. It would appear that federal funding for CAPTA might well be reduced in the future as Congress looks for ways to cut the federal deficit or allow sequestration to take place. At the same time, Congress seems intent on adding additional unfunded mandates to the program. Protecting children is a federal and state responsibility. We need to work together to ensure that resources are available and policies aligned so that we can prevent child abuse and neglect, and when it does occur, to intervene in the most effective manner possible.

We recommend that Congress find ways to provide additional flexibility for states on how to use not just CAPTA funding, but other federal funding for child welfare services. Funding streams for programs that affect children need to be better coordinated and integrated to promote healthier and safer children.

Child welfare administrators across the country are faced with multidimensional demands to ensure the safety of all children. APHSA encourages Congress to view improvements to CAPTA through this more integrated lens.

ⁱ Goldman, J., Salus, M. K., Wolcott, D., & Kennedy, K. Y. (2003). *A coordinated response to child abuse and neglect: The foundation for practice*. DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Abuse and Neglect.