



CONSORTIUM FOR CITIZENS  
WITH DISABILITIES

## QUARTERLY REPORT FORM

### Ad Hoc Child Abuse Task Force 1<sup>st</sup> and 2<sup>nd</sup> Quarter, 2006

#### Task Force Actions Taken This Quarter

In the first six months of 2006, the Ad Hoc Child Abuse Task Force met several times to organize and set the agenda for the year, address FY 2007 appropriations issues, and submit comments to the Children's Bureau regarding Child Abuse Prevention and Treatment Act (CAPTA) Research priorities.

The Task Force provided public comment on the proposed CAPTA research priorities of the Children's Bureau for FY2006-2008 to propose: 1) more rigorous evaluation of home visiting and respite services to ascertain the value of such services to families of children with disabilities, and 2) evaluation of the implementation of the CAPTA provision that requires states to have in their state plan "provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act." A letter of the comments provided to the Children's Bureau is attached (**attachment 1**).

The Task Force sent a sign-on letter to House and Senate Labor/HHS/Education Appropriations Committee chairs regarding requests for sufficient funding in the 07 Labor/HHS/Appropriations bills for Titles I and II of CAPTA, and for increased funding for Part C of IDEA in order for State Early Intervention Programs to meet the requirement of CAPTA described above. The letter to Committee Chairs is attached (**attachment 2**).

#### Task Force Agenda:

The Task Force agreed to monitor closely the reauthorization of the Promoting Safe and Stable Families Program in collaboration with the National Child Abuse Coalition and the Child Welfare-Mental Health Coalition to assure that no harmful provisions are added and to protect existing language that ensures that respite and other services important to

families of children with disabilities are retained. In addition, at least one of the cochairs attends the monthly work group meetings of the National Child Abuse Coalition to keep up-to-date with relevant legislation and keep the Task Force informed of actions to consider.

Task Force Co-Chairs include (list the following for each co-chair):

Jill Kagan  
National Respite Coalition  
[jbkagan@verizon.net](mailto:jbkagan@verizon.net)  
703-256-9578

Lisa Ekman  
AUCD  
[lekman@aucd.org](mailto:lekman@aucd.org)  
301-588-8252

**Attachment 1**

April 3, 2006

Joan Ohl, Commissioner  
Administration on Children, Youth, and Families  
Department of Health and Human Services  
Portals Building/N12  
Cube 8111  
Washington, DC 20447

Dear Commissioner Ohl,

We are writing this letter on behalf of the Ad-Hoc Taskforce on Child Abuse of the Consortium of Citizens with Disabilities to provide public comment on the proposed CAPTA research priorities of the Children's Bureau for FY2006-2008. The Taskforce is pleased to see that the evaluation of services to prevent abuse and the recurrence of abuse is listed as one of the Children's Bureau's priorities. The Taskforce would like to encourage the Children's Bureau to make this the highest research priority and to identify some specific services under this priority to evaluate.

The provision of home visitation and respite care services to families at-risk for either initial abuse or the recurrence of abuse is essential. Respite, in particular, has been demonstrated to be especially helpful to families of children with disabilities, who are at significantly higher risk of abuse or neglect. As a service that can reduce family stress that is often a precursor to abuse, respite can also assist in the prevention of disabilities that may result from abuse.

Anecdotal evidence clearly supports the efficacy and cost-worthiness of the inclusion of these services in the service packages offered by child protective service agencies to at-risk families. However, very little formal research has been completed to evaluate the effectiveness of respite care and home visitation on the prevention of child abuse. The Taskforce believes that the investment of dollars in these services has a significant return in terms of preventing abuse and that research will prove that to be the case. The Taskforce urges the Children's Bureau to specifically include evaluation of these services in the Services research priority under "B. Other topics" in the final version of its research priorities.

There is one other area of service provision the Taskforce recommends the Children's Bureau include in its CAPTA research priorities. The 2003 CAPTA Amendments include a provision that requires states to have in their state plan "provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act" (Section 106(b)(2)(A)(xxi). The Taskforce proposes that evaluation of this provision be included in the CAPTA research priorities. Early intervention services provided under IDEA Part C have the potential to make a

significant difference in the life of a young child who has experienced abuse or neglect. The research suggested here would examine the extent to which such referrals have been made, the services provided based on those referrals, and the impact of the services provided pursuant to the referral.

Thank you for consideration of our comments. Please feel free to contact either of us if you need further information or have questions. The Consortium for Citizens with disabilities is a coalition of approximately 100 national disability organizations working together to advance national public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society.

Sincerely,

Lisa Ekman, Co-Chair

Jill Kagan, Co-Chair

**Attachment 2**

May 21, 2006

The Honorable Ralph Regula  
Chairman  
Subcommittee on Labor, Health and Human Services, Education  
Committee on Appropriations  
2358 Rayburn HOB  
US House of Representatives  
Washington, DC 20515

Dear Chairman Regula,

As members of the Consortium for Citizens with Disabilities' Ad Hoc Child Abuse Task Force, we are writing to urge funding in the FY07 Labor, HHS and Education Appropriations Bill for programs authorized under the Child Abuse Prevention and Treatment Act (CAPTA) at the level of \$142 million to support CAPTA basic state grants at \$42 million, CAPTA community-based prevention grants at \$65 million, and CAPTA research and demonstration grants at the authorized level of \$35 million. We are also writing to ask for an increase in funds to \$680 million for Part C of IDEA in response to new requirements in the CAPTA 2003 amendments. CCD is a coalition of approximately 100 national disability organizations working together to advocate for national public policy that ensures the self determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

The link between child abuse and neglect and disability is harrowing. HHS reports 906,000 children abused and neglected in the U.S. An estimated 1,500 children die of abuse or neglect each year; children under age 4 account for three-quarters of these fatalities. Near-fatal child maltreatment leaves another 18,000 children permanently disabled each year. Without adequate family support, these victims of near-fatal child maltreatment, along with all other children with disabilities, are 3.76 times more likely to be victims of neglect, 3.79 times more likely to be physically abused, 3.88 times more likely to experience emotional abuse, and 3.14 times more likely to be sexually assaulted than children without disabilities.

In addition, child maltreatment has been shown to be a significant cause of serious disability in children. The National Center on Child Abuse and Neglect determined that 36.6 percent of the substantiated cases of maltreatment in a 1993 study sample caused disabilities. A new 2006 study by United Cerebral Palsy and Children's Rights found that at least one-third of children in foster care in the US have disabilities, ranging from minor developmental delays to significant mental and physical disabilities. The study included evidence that the special needs of this population are not being met in foster care systems and that these children experience worse outcomes than other children in foster care.

CAPTA Title I currently provides the only source of federal dollars dedicated solely to improving the CPS system to ensure that serious allegations of child abuse and neglect are thoroughly investigated and that every child and family in a confirmed case of abuse or neglect actually receives services. However, average caseloads for child protection workers are double the recommended caseload. Many child maltreatment victims (43%) receive no treatment or services. Significant increases are needed in Title I to immediately correct this unacceptable reality and prevent further harm and disability to children.

At the same time, we need to focus on preventing the horrors of child abuse and neglect. Annual direct costs of child abuse and neglect in the U.S. total over \$24 billion in hospitalizations, chronic health and mental health care, child welfare services, law enforcement, and courts. Indirect costs from special education, other health and mental health care, crime, and lost productivity, total more than \$94 billion annually.

Preventing child abuse is cost effective. A GAO evaluation of child abuse prevention efforts found "total federal costs of providing prevention programs for low-income populations were nearly offset after four years." Community prevention services to overburdened families are far less costly than the damage inflicted on children from abuse and neglect.

Yet, Title II of CAPTA, the only source of federal funding dedicated solely to community-based child abuse and neglect prevention activities, is sorely underfunded. We are especially pleased that Title II of CAPTA is focused on innovative community-based prevention services and that a small share of its dollars fund services to assist families of children with disabilities through respite care and is authorized to provide support services for parents with disabilities as well. Respite has been shown time and again to not only alleviate the serious stress these families face, stress that can lead to abuse or neglect, but has actually had an impact in reducing the incidence of abuse and neglect and out-of-home placements in communities where it is available.

We are also writing to ask for an increase in funds to \$680 million for Part C of IDEA. CAPTA was amended in 2003 with a new provision that links abuse and neglect to early intervention. States are now required under CAPTA to develop "provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi))." Part C is a component of the Individuals with Disabilities Education Act (PL 105-17, IDEA) under which each state implements an early intervention system for infants and toddlers with disabilities and their families. Section 637(a)(6) of the reauthorized IDEA 2004, requires states to provide "a description of the State policies and procedures that require the referral for early intervention services under this part of a child under the age of 3 who-- (A) is involved in a substantiated case of child abuse or neglect; or (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.

The current early intervention system is struggling to serve the families now enrolled. The new CAPTA requirements will substantially increase the workload for providers of Part C evaluation and intervention services. Currently, Part C serves about 282,733 children (2.3% of the population under 3) nationwide. The Department of Education has established a benchmark for each state to serve 2 percent of the population of children under the age of 3. Unfortunately, as of the December 2004 national child count, 20 states, DC and several other eligible jurisdictions are not meeting this benchmark. Rough estimates suggest that an additional 167,000 children may be determined eligible for early intervention services as a result of the CAPTA and IDEA 2004 amendments and Part C will not have the resources to respond.

Without additional resources to both the Part C and CAPTA state agencies, the promise of the 2003 CAPTA amendments will never be realized. In addition to the increased numbers of children that Part C will assess and serve if referrals from child protection are regularized, the types of Part C services required may change. Specifically, it seems likely that children involved with child protection will have social-emotional and behavioral issues more frequently than other children served by Part C. Therefore, Part C may need to enhance its ability to meet early childhood mental health needs.

Let's not continue our national legacy of child maltreatment and even death. With full funding for CAPTA and sufficient funding for IDEA Part C -- we can begin a new legacy of sound policy focused on prevention and caring. And let's not turn our backs on the research that says prevention, such as respite, not only works, it saves the government billions of dollars by preventing more costly and more traumatic out-of-home placements, school failure, and even prison. Thank you for your consideration of our request.

Sincerely,

Association of University Centers on Disabilities  
American Psychological Association  
Brain Injury Association of America  
Division of Early Childhood of the Council for Exceptional Children  
Easter Seals  
IDEA Infant and Toddler Coordinators Association  
The Arc of the United States  
National Respite Coalition  
United Cerebral Palsy