



National Association of Public  
Child Welfare Administrators

an affiliate of the American Public Human Services Association

## **Legislative Summary**

### **Stop Child Abuse in Residential Program for Teens Act (H.R. 911)**

Rep. George Miller (D-Calif.), chairman of the House Committee on Education and Labor, introduced the Stop Child Abuse in Residential Program for Teens Act (H.R. 911) on Feb. 2, 2009. The legislation was voted on and passed on Feb. 24, 2009, and sent to the Senate for consideration. The goal of the bill is to stop abuse and neglect that occurs in unregulated residential treatment programs. There is no equivalent legislation introduced in the Senate; although Sen. Orrin Hatch (R-Utah) has draft language that addresses similar issues.

H.R. 911 amends the Child Abuse Prevention and Treatment Act to standardize the definition of residential treatment programs and establishes minimum national standards and a national hotline for child abuse and neglect complaints that occur at these facilities.

#### **Additional Assurances for CAPTA State Grants**

No later than three years after the enactment of H.R. 911, a state must ensure that it has developed policies and procedures to prevent child abuse and neglect in the covered entities defined below and must address:

- Health and safety licensing requirements, including an application process where owners and operators must disclose all previous substantiated child abuse and neglect reports
- Rules on the provision of essential food, water, clothing, shelter and medical care
- Rules for a medical emergency action plan
- A monitoring system in place and conduct unannounced site inspections once every two years.
- A non-public database on reports of child abuse and neglect in residential treatment programs. The database shall not include the names of the victims
- A public database of all covered programs
- Graduated fines, sanctions and license suspensions for violations
- Investigation of a child fatality within 48 hours of the occurrence and immediate notification to Department of Health and Human Services (HHS)
- An annual report to the HHS secretary on covered programs that includes the name of program as well as the operator and owner. The state will also report any violations of state licensing and a description of state activities regarding the monitoring and enforcing of residential treatment programs.

The appropriated funds are not available for the states to be in compliance with these assurances.

#### **Who is Covered**

The draft bill defines residential treatment programs as the following:

- A public or private entity
- Serves one or more children who are unrelated to the owner/operator of the program

- Provides a residential environment
- Delivers specialized or individualized therapeutic interventions
- Wilderness or outdoor experiences, expeditions or interventions
- Boot camp experiences or other experiences designed to simulate characteristics of basic military training or correctional regimes
- Therapeutic boarding schools
- Behavioral modification programs that serve children with emotional, behavioral, or mental health problems or disorders or problems with alcohol or substance abuse

### **Who is Excluded**

Programs that are **not** included due to the fact they are **already** licensed by another process, include:

- Hospitals licensed by the state
- Foster family and group homes that provide 24 hour substitute care for children placed away from their parents or guardians
- Children for who the state child welfare agency has responsibility

### **Residential Treatment Program Requirements**

Immediately after 180 days of enactment of H.R. 911, covered residential treatment programs are required to meet the below minimum standards, including:

- Child abuse and neglect are prohibited
- Disciplinary tactics such as withholding food, water, clothing, shelter or medical care are prohibited
- Acts of physical or mental humiliation are prohibited.
- Each child must have reasonable access to a telephone and shall have both the state and national child abuse reporting hotline numbers provided to them
- Physical and mechanical restraints and seclusion are to be used **ONLY** when it is for the safety of the child
- Required staff and volunteer training on reporting abuse and neglect and be familiar with what constitutes abuse and neglect as defined by state law
- Each employee must have a criminal background history check, including a search of the National Sex Offender Registry, the state criminal repository, and an FBI fingerprint check. Employees whose background check has revealed a conviction for child abuse or neglect, crimes against children such as pornography, spousal abuse, and crimes involving violence such as rape, sexual assault or homicide will be prohibited from working for the residential treatment program.

### **Federal Review Process**

H.R. 911 requires that the Assistant Secretary for Children and Families implement an ongoing review process for investigating and evaluating reports of child abuse and neglect in covered programs. If violations are uncovered, the assistant secretary may impose a penalty of \$50,000 for each. The department is also required to establish a public web site that has information on all covered programs as well as a national toll-free hotline to receive complaints. A process must be in place to ensure that credible complaints to the hotline are promptly reviewed by experts in the field (30 days). The assistant secretary must refer any violation to the attorney general for prosecution.

### **National Web Site**

The national web site will include the name and location of each covered program and the name of its owner and operator. Each covered entity will have a history of program violations and penalties and its current licensing statuses with the state. Any death that occurs within these programs will be on the web

site, including deaths that happen five years prior to the enactment of the legislation. Additionally, it web site will include information on best practices to help young people with mental health disorders; behavioral, alcohol and substance abuse issues. Families can access information on effective resources in their community.

### **Study and Report & Available Funds**

H.R. 911 requires that the HHS secretary conduct a study on outcomes for children in both private and public residential treatment programs and report these findings to Congress. H.R. 911 appropriates \$15 million each year for the web site, hotline, study and report. The funds may also be used for implementation of the review process. These funds are not available for states to implement the assurances added as part of this bill. H.R. 911 would also increase the authorization level for the CAPTA program from \$130 million to \$235 million each year.

### **CBO Score**

The Congressional Budget Office scored H.R. 911 as costing \$786 million during FY 2010, 2011, 2012, 2013 and 2014. If the bill becomes law, it would cost \$69 million for intergovernmental mandates and \$139 million for private-sector mandates in 2009.

### **NAPCWA Concerns**

After reviewing H.R. 911, state child welfare administrators have numerous concerns with the legislation. First and foremost is the bill's unintended consequence of a duplicative licensing standard for programs that already go through a long and rigorous licensing and monitoring process. States that operate programs covered through federal funding streams such as Title IV-E and B and CAPTA must report to the ACF on an annual basis on the safety and well-being of children in their care. Additionally, state child welfare administrators are concerned about adding a hotline overseen by the ACF, when each state has its own child abuse and neglect hotline.

### **Contact Information**

For more information or if you have any questions or comments, please contact Courteney Holden, senior legislative associate, at (202) 682-0100 x249 or at [Courteney.Holden@aphsa.org](mailto:Courteney.Holden@aphsa.org). You may also contact Rashida Brown, legislative associate, at (202) 682-0100 x225 or [Rashida.Brown@aphsa.org](mailto:Rashida.Brown@aphsa.org).