

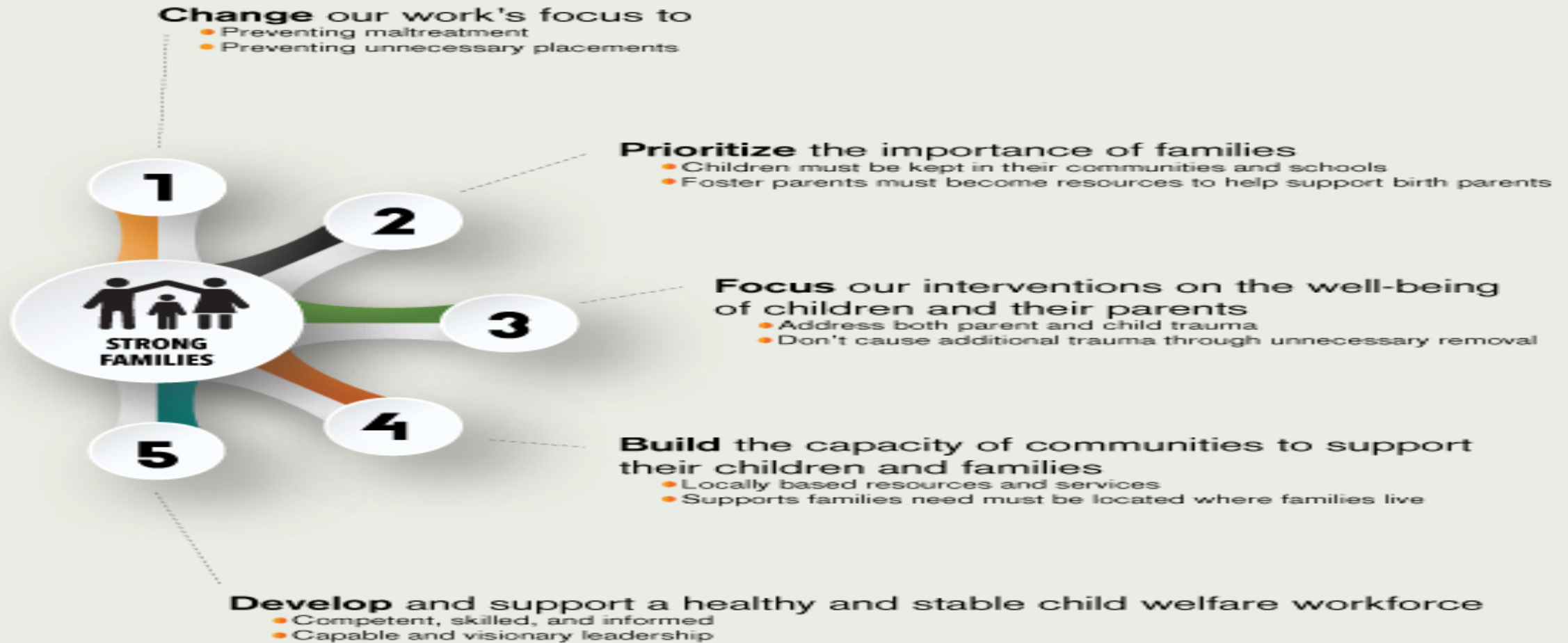
NATIONAL CHILD ABUSE STATISTICS

- **4.1 million** child maltreatment referral reports received.¹
- Child abuse reports involved **7.5 million children**.¹
- **3.2 million children** received prevention & post-response services.¹
- **142,301 children** received foster care services.¹
- **74.9%** of victims are **neglected**.¹
- **18.3%** of victims are **physically abused**.¹
- **8.6%** of victims are **sexually abused**.¹
- **7.1%** of victims are **psychologically maltreated**.¹



STRATEGIES TO STRENGTHEN FAMILIES:

THE CHILDREN'S BUREAU'S VISION FOR CHANGING NATIONAL CHILD WELFARE PRACTICE



H.R. 2480

STRONGER

Child Abuse Prevention and Treatment Act

Passed the House of Representatives on May 20, 2019

To receive these funds, a state must provide assurances that it has procedures or policies

- (1) to receive and respond to allegations of child abuse or neglect, ensure children's safety, and provide appropriate referrals;
- (2) for the appointment of an appropriately trained guardian ad litem (attorney or volunteer) for each child victim involved in a court proceeding;
- (3) to maintain confidentiality of child abuse and neglect records; and
- (4) for improving training to workers.

States are also required to establish and support **Citizen Review Panels** to evaluate the effectiveness of CPS policies and practices and must, "to the maximum extent practicable," submit certain child abuse and neglect data to HHS each year.

Funds are provided to a designated lead entity in each state for support and development of community-based programs and activities that prevent child abuse and neglect.

The lead entity must make an inventory of unmet preventive services needs in the state, foster a continuum of family support and strengthening services at the community level, leverage non-federal funds to support prevention programs and activities, and provide technical assistance to funded community-based groups.

Community-based groups that receive sub-grants from the lead entity must provide, directly or by referral, core family resource and family support services. These services include parent education and parent mutual support groups, community and social service referrals, voluntary home visiting, and respite care.

States must, "to the maximum extent practicable," report certain child abuse and neglect data to HHS. Specifically, these data are

- (1) the number of children who were reported to the state during the year as abused or neglected and, of those children, the number for whom the report was substantiated, unsubstantiated, or determined to be false;
- (2) the number of children reported as abused or neglect who received services under CAPTA (or an equivalent state program) during the year, the number who did not, and the number who were removed from their families;
- (3) the number of children reunited with their families, or receiving family preservation services, that within five years were the subject of a subsequent substantiated report of child abuse or neglect (including death);

(4) the number of deaths in the state during the year that were the result of child abuse or neglect and the number of those deaths that involved children in foster care;

(5) the number of children for whom individuals were appointed by the court to represent the children's best interests and the average number of out-of-court contacts between the appointed representatives and these children;

(6) the number of children "under the care of the state child protection system" whose custody is transferred to the state juvenile justice system;

(7) the number of families that received preventive services during the year;

(8) the number of CPS workers responsible for intake and screening of child abuse and neglect reports, and the number of those same CPS workers, as well as the number of CPS investigators, relative to the number of reports investigated; and

(9) the agency response time with respect to initial investigation of child abuse or neglect and the response time with respect to the provision of services to families where an allegation of abuse or neglect has been made.

Finally, states must, to the maximum extent practicable, submit to HHS the annual report summarizing the activities of their citizen review panels.^{[64](#)}

Major changes to CAPTA in H.R. 2480:

- Authorizes \$270 million for Title I of CAPTA for FY 2020 and such sums as necessary for FYs 2021-2025.
- HHS must issue regulations within 2 years of enactment to establish uniform standards for tracking and reporting child fatalities and near-fatalities resulting from maltreatment to NCANDS.

- As a condition of eligibility for CAPTA state grants, states must track and report to NCANDS child fatalities and near-fatalities resulting from maltreatment in accordance with the HHS uniform standards.
- Requires the CAPTA state plan to be submitted at least every five years, and states must coordinate their CAPTA state plans with the prevention services program under title IV-E (in addition to title IV-B which was already required).

- . Revises the CAPTA state plan assurance requirement for public disclosure of information about cases of child abuse or neglect resulting in a child fatality or near fatality.
 - The following specific information must now be made available to the public on a state website:
 - . *the cause and circumstances of the fatality or near fatality;*
 - . *the age and gender of the child; and*
 - . *any previous reports or child abuse or neglect investigations that are relevant to the child abuse or neglect that led to the fatality or near fatality.*

- The exceptions to public disclosure are:
 - *while a criminal investigation or prosecution of such a fatality or near fatality is pending;*
 - *if the State is protecting the identity of a reporter of child abuse or neglect; and*
 - *if the State is withholding identifying information of members of the victim's family who are not perpetrators of the fatality or near fatality.*

- . States must describe in their state plan how they will use data collected on child abuse or neglect to prevent child fatalities and near fatalities, and how they will implement efforts to prevent child fatalities and near fatalities.
- . Within 2 years of enactment, each CJA state task force must study and make recommendations on how to detect and improve education on systemic child sexual abuse.

- Requires numerous studies and Reports to Congress on varying topics such as
 - scaling evidence-based treatment of child abuse and neglect; monitoring and oversight related to plans of safe care;
 - trends in referrals and investigations of child abuse child abuse and neglect due to differences in state laws around mandatory reporters; and
 - a National Incidence report that allows longitudinal comparisons.

Judge Swope's Four Tips for Building a Prevention-Focused Child Welfare System

Judge Derek Swope, Ninth Circuit, Mercer County, WV

1. Take the tank apart.

During World War II, the Allied Powers needed more Sherman tanks, but the military didn't have the existing resources to keep up with demand. One industry took matters into its own hands. It completely disassembled a Sherman tank down to its component parts and laid them on the factory floor.

Representatives from businesses of every size, from major corporations to small scale operations, inspected each part to determine what they could make. One by one the group responded, with each person or entity recognizing that while individually they didn't have the skill or knowledge to build the entire tank, they could each build a small part that would form the whole.

Building a prevention-focused child welfare system is no different. Form a team. Martial support. Don't try to build a new system all at once. Instead, break your vision down into components and see who can contribute to building each part. Pretty soon, you'll have a community working together to build a system no single person could build on their own. Begin by taking inventory of all the preventative services that are funded under the Family First Prevention Services Act (in other words, take the tank apart). Then, look across your community and figure out which services you have and who in your community has the wherewithal to learn more about these services, and try to make them available in your jurisdiction. Ask: What can each one of us do to build this tank?

2. Build the team and find the funding sources.

You'll need a strong, committed team to lead the way and do the heavy lifting. Take time to get the right people assembled. Who are the power brokers? Who must you work with or through in order to get the job done? Next, identify the funding sources for the services you'd like to use. Family First is a good place to start, but familiarize yourself with alternative funding streams too.

3. Identify the court's role in facilitating these services in a nonadversarial way.

Courtrooms can be a space for service brokering, not just conflict resolution. Use the court in a nonadversarial manner to connect people to services and make sure that needs and resources match

4. Find a way to do your day job and still be a change agent.

Spend long days working, don't get much sleep, lose vacation time, don't see your spouse, etc. That's a joke. Being an agent of change doesn't mean you have to give up your life to the cause. But it does take some initiative. Be brave. Jump in. Give it a go. For some, system reform is a calling. But for others it can seem daunting. If you're on the fence and not sure what to do, then trust your instincts and just give it a shot.

On February 9, 2018 the President signed into law the Family First Prevention Services Act (FFPSA) amending the title IV-E programs to create new optional prevention funding under title IV-E, place title IV-E payment limits on child care institutions, reauthorize the Adoption and Guardianship Incentives Program, and make other changes to titles IV-B and IV-E:

Family First Prevention Services Act | Subtitle A—Investing in Prevention and Supporting Families

SEC. 50702. PURPOSE:

“The purpose of this subtitle is to enable States to use Federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.”

PART I—Prevention Activities Under Title IV–E

States Have the Option to Use Title IV-E to Prevent Children’s Entry into Foster Care

- Allows the use of Title IV-E funds for the following services to prevent the placement of children and youth into the foster care system.
 - In-home parent skill-based programs.
 - Mental health services and substance abuse prevention and treatment services.
- Title IV-E funds can only be used in this capacity for 12 months for children who are “candidates for foster care” and for pregnant or parenting foster youth. The act further clarifies that children and youth under the guardianship of a kin caregiver are also eligible for these funds.

Family First provides many opportunities, including:

- Through the prevention funding, the opportunity to begin to break persistent inter-generational cycles of maltreatment and family difficulty that plague so many families in the child welfare system;
- The opportunity to envision a vastly improved way of serving children and families, one that focuses on strengthening their protective and nurturing capacities instead of separating them;

- Through the kinship navigator program, the opportunity to focus on supporting relatives as placement resources for children in foster care, hopefully reducing some of the trauma that occurs when they must be placed apart from their parents;
- The opportunity to use federal funding to reduce the trauma that children and parents experience when a foster care placement occurs;

- The opportunity to use federal funds to provide substance abuse treatment services to deal with the opioid epidemic and other substance abuse problems that lead families into the child welfare system;
- The opportunity to break down barriers to parents seeking and benefitting from substance abuse treatment, for example, by allowing some children to remain with their parents in substance abuse treatment facilities;
- The opportunity to develop a vision and outcomes that are shared across child and family serving programs and agencies;

- The opportunity to shape the foster care system around family-based care rather than group care and to ensure that very expensive, highly restrictive group care placements are only used when absolutely needed and appropriate for a child; and
- The opportunity to help service providers, many of whom have relied upon congregate care as their primary offering, to diversify and develop a broader range of services designed to strengthen families and reduce trauma.

- **New Optional Title IV-E Prevention Services Program**

- Beginning in October 1, 2019, states with an approved title IV-E prevention plan may claim title IV-E for a portion of trauma-informed, evidence-based mental health services, substance abuse services and in-home parent skill-based programs for up to one year.
- Candidates for foster care as defined in the law, pregnant/parenting foster youth, and the parents/kin caregivers of those children and youth are eligible for those services.
- Programs must be provided in accordance with general and promising, supported, or well-supported practices.

The federal Administration for Children and Families (ACF) has contracted to determine which prevention services and programs will be designated as evidence-based under FFPSA and to create a Title IV-E prevention-services clearinghouse. To be eligible for reimbursement, services must be described in state prevention plans, components of the service must be outlined in a manual, the service must show a clear benefit, and services must meet one of the following thresholds:

1.Promising Practice: A service or program will be rated as a promising practice if the service or program has, according to at least one study, earned a rating of moderate or high on study design and execution and demonstrates a favorable effect on at least one target outcome.

2.Supported Practice: A service or program will be rated as a supported practice if the service or program has, according to at least one study carried out in a usual care or practice setting, earned a rating of moderate or high on study design and execution and demonstrates a sustained favorable effect of at least six months beyond the end of treatment on at least one target outcome.

3.Well-Supported Practice: A service or program will be rated as a well-supported practice if the service or program, according to at least two studies with non-overlapping analytic samples carried out in a usual care or practice setting, earned a rating of moderate or high on study design and execution. At least one of the studies must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome.

4.Does Not Currently Meet Criteria: A service or program will be rated as 'does not currently meet criteria' if the service or program has been reviewed and does not currently meet the evidence criteria for promising, supported, or well-supported practices.

- **Title IV-E Funding for Evidence-Based Kinship Navigator Programs** that also meet the evidence based service requirements of the title IV-E prevention services program and help children remain with family members whenever possible.
- **Revised the regional partnership grant program** to support implementation of title IV-E prevention services and to improve outcomes for families affected by heroin, opioids, and other substances.

- **New funding for title IV-E foster care maintenance payments for children placed with parents in licensed residential family-based substance abuse treatment**
 - Allows 12 months of title IV-E foster care maintenance payments for an eligible child placed in certain licensed residential family-based substance abuse treatment facilities beginning October 1, 2019. No income-based eligibility test applies.

“Family First Transition and Support Act of 2019”

Photo reprinted from the Los Angeles Sentinel, Sentinel News Service May 16, 2019



Families First Transition and Support Act

H.R. 2702 (Rep. K. Bass) & S. 1376 (Sen. S. Brown)

Official Title

To amend parts B and E of title IV of the Social Security Act to eliminate barriers to providing child welfare services for children and youth in need, to provide additional resources to implement programmatic changes necessary to meet the requirements of the Family First Prevention Services Act, and for other purposes.

“Every child deserves a safe and loving home. As we know well in my state of New Mexico, which is ranked at the bottom of the list for child wellbeing, too often children don’t have the home environment they need to thrive,” said Congresswoman Deb Haaland, vice chair on Families and Children Living in Poverty. “Much of this can be addressed by ensuring state and tribal child welfare systems have the resources to support families and help them build safe homes so our children can thrive. This bill puts families first so we can prevent the adverse and traumatic events that put our kids at risk.”

- Eliminate the Title IV-E foster eligibility requirements tied to the 1996 Aid to Families with Dependent Children (AFDC) law;
- Expand funding for kinship support services, including childcare, transportation, and legal services to ensure families have access to services that meet their needs and keep children safe in their homes;
- Provide states and tribes with more time to develop the research base for prevention programs they want to use by delaying the FFPSA 50 percent well-supported requirement;

- Enhance funding for caseworker training and development;
- Provide additional funds for State-directed research to develop interventions to meet Family First evidenced-based requirements, strengthen families, improve service delivery for youth victims of trafficking, and reduce inter-generational poverty;

- Boost funding for Regional Partnership Grants to allow more local and regional groups to address parental substance use and child well-being;
- Enhance funding for the child welfare Court Improvement Program and Tribal Court Improvement Program;
- Provide new time-limited resources to support quality foster parent recruitment and retention;

- Provide short-term Federal support to help States meet Family First licensing and accreditation standards for quality residential treatment programs and therapeutic foster care settings; and
- Provide additional resources and improvements for tribal child welfare programs.