

# Children's Bureau Efforts at Addressing Child Maltreatment Fatalities

**Presentation to the Commission to Eliminate Child Abuse  
and Neglect Fatalities  
February 26, 2015**

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# Overview of Presentation

- Brief history of prior efforts at NCCAN
- Current efforts at the Children's Bureau
  - Examining Child Fatality Review Teams and Cross-system Fatality Reviews Project
  - Children's Justice Act
  - Community-Based Child Abuse Prevention
  - Discretionary grants
  - Federal Interagency Workgroup on Child Abuse and Neglect
- Issues for consideration
- President's Budget

## Children's Bureau (CB)

- Partners with federal, state, tribal and local agencies to improve the overall health and well-being of our nation's children and families.
- Provides support and guidance to programs that focus on:
  - **Strengthening families** and preventing child abuse and neglect
  - **Protecting children** when abuse or neglect has occurred
  - Ensuring that every child and youth has a **permanent family** or family connection

[www.acf.hhs.gov/programs/cb](http://www.acf.hhs.gov/programs/cb)



# HHS Efforts to Date

- US Advisory Board Report (1995)
- National Center for Child Death Review
- Data Collection
- Examining Child Fatality Review Teams and Cross-systems Fatality Review Project
- Guidance and Technical Assistance
- Formula grants

# U.S. Advisory Board Report, 1995

*A Nation's Shame: Fatal Child Abuse and Neglect in the United States* focused on:

- Lack of knowledge on scope and nature of CAN fatalities
- Need for better investigation, prosecution, and improve training of front-line professionals
- Encouraging emergence of Fatality Review Teams
- Need for more effort to protect children, facilitate community-based services, and primary prevention
- 26 recommendations



U.S. DEPARTMENT  
OF HEALTH  
AND HUMAN  
SERVICES  
Administration for  
Children and  
Families

## A Nation's Shame: Fatal Child Abuse and Neglect in the United States



A Report of the U.S.  
Advisory Board on Child  
Abuse and Neglect



# Progress on some of the 26 Recommendations

- Rec 4 – Major enhancement of joint training on identification and investigation of CAN fatalities
- Rec 12 and 13 – All states should have state-level, regional and local Child Death Review Teams
- Rec 17 – State and federal legislation must identify safety as a goal

## Progress on some of the 26 Recommendations (cont'd)

- Rec 21 – Array of primary prevention services including home visiting, must be made available
- Rec 23 – Integrate services on child abuse and domestic violence and address interagency training

# Maternal and Child Health Bureau efforts

## Recommendations of the Child Fatality Review Advisory Workgroup

MCHB

Maternal and Child Health Bureau  
Health Resources and Services Administration  
Public Health Service  
U.S. Department of Health and Human Services

- The National Center for Child Death Review is a resource center for state and local CDR programs, funded by the Maternal and Child Health Bureau. It promotes, supports and enhances child death review methodology and activities at the state, community and national levels.
- See: <http://www.childdeathreview.org>

# The Child and Family Services Improvement and Innovation Act of 2011

New title IV-B, subpart 1 plan requirement

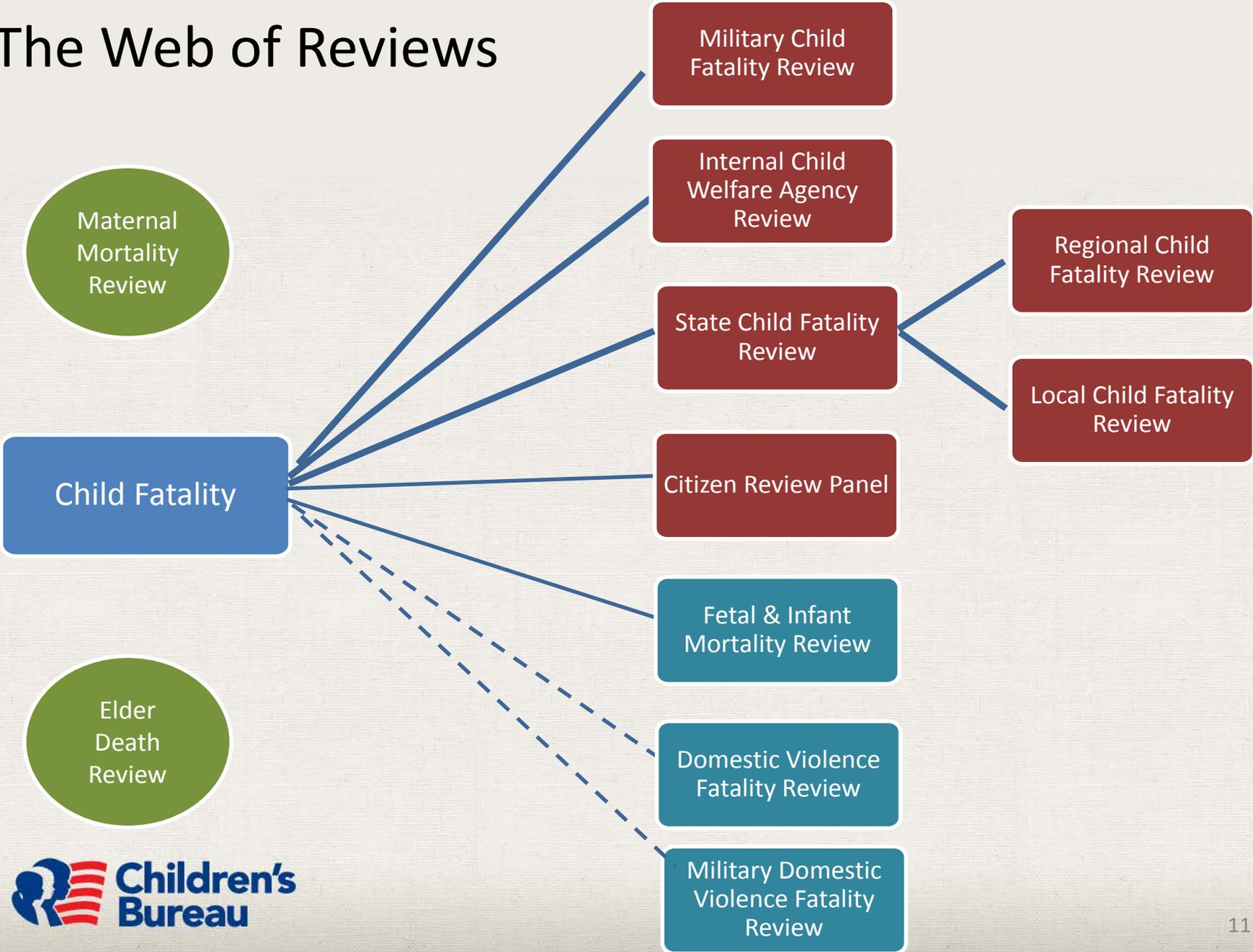
- State title IV-B agencies must describe the sources to compile information on child maltreatment deaths and, if applicable, why certain sources of information from state vital statistics department, child death review teams, law enforcement agencies or offices of medical examiners or coroner's are excluded from how the agency will include the information

# Examining Child Fatality Review Teams and Cross-systems Fatality Review Project

- Developing Best Practices for Fatality Reviews, Part One: A Tool for Planning and Self-Assessment
- Developing Best Practices for Fatality Reviews, Part Two: Summary of Findings
- Fatality Review Teams: A Literature Review
- A Review of State and Local Fatality Review Team Reports: Recommendations and Achievements

Reports available at: <http://www.wrma.com/122013.php>

# The Web of Reviews



# Formula Grant Programs

# Children's Justice Act State Efforts

- Fifteen States specifically report funding initiatives focused on supporting child fatality. States typically use funds to assist with the direct support of the Fatality Review Team and its functioning, provision of training, or data collection assistance.
- Examples of projects supported:
  - Coroner training with CJA funds (AR)
  - Establishment or re-establishment of review teams (ID)
  - Fatality review summit (various States)
  - Promotion of best practices at child death scenes (WV)
  - Systematic response support (PA)
  - Improved investigations

# Assessments and Child Fatalities

- Historically CB has focused on supporting States implementing (with fidelity) assessments that focus on supporting families and promoting protective factors.
- The National Resource Center for Child Protective Services (NCRCCPS) has supported States in safety assessment work to promote protective capacities and reduce harm.
  - **NRCCPS** developed a *Safety Intervention Policy* to assist agencies in assessing the quality, precision and clarity of policy related to safety.  
([http://nrccps.org/wp-content/uploads/2010/11/Safety Intervention Policy Standards final March2007.pdf](http://nrccps.org/wp-content/uploads/2010/11/Safety_Intervention_Policy_Standards_final_March2007.pdf))
  - Safety concepts:
    - Child Protective Services' objective is to eliminate, reduce, or effective danger threats by enhancing caregiver protective capacity. \*
    - Essential components of safety:\*\*

- » Imminent Threats of Serious Harm
- » Protective Capacities
- » Child Vulnerability



Within timeframes  
(present vs. impending)

# Community-Based Child Abuse Prevention-CBCAP

Provides grants to state lead agencies to disperse funds for community-based child abuse and neglect prevention activities

- State Child Fatality Prevention Teams
- Shaken Baby prevention (in the 2012 reports, at least 22 States reported specific information or programming regarding the prevention of shaken baby syndrome)
- Safe sleep campaigns
- Also funds for family support, home visiting, parent education

See: <http://friendsnrc.org>



# Discretionary Grants

# Preventing Abuse and Neglect through Nurse Home Visitation

- Three grantees funded by the Children's Bureau in 2007
  - Nurses for Newborns Foundation (St. Louis, MO)
  - Yakima Valley Farm Workers Clinic (Yakima, WA)
  - Spokane Regional Health District (Spokane, WA)
- Funded for five years at \$400,000 per year
- Grantees required to implement:
  - Evidence-based home visiting model;
  - Evidence-based model or curriculum for responsible fatherhood education; and
  - Evidence-based model or curriculum for healthy marriage/healthy relationship education

# Quality Improvement Center ON EARLY CHILDHOOD



- Promote the development, dissemination, and integration of new knowledge about how collaborative interventions increase protective factors and decrease risk factors to achieve optimal child development, increased family strengths, and decreased likelihood of child maltreatment within families of young children at high-risk for child maltreatment (0-24 months old).
- Funded 4 research and demonstration projects and 4 doctoral dissertations

For more information, visit: [www.qic-ec.org](http://www.qic-ec.org)

# QIC-EC Theory of Change

## Collaborative Interventions in Core Areas of the Social Ecology

Core Areas:

- Primary Caregiver and Target Child
- Social Support
- Community Connections
- Policy and Social Norms

## Increase Protective Factors

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Nurturing and Attachment
- Social and Emotional Competence

and  
**Decrease Risk Factors**  
(e.g., related to substance abusing caregivers; psychological distress; lack of social connections)

within  
**Families of Young Children at High Risk for Child Maltreatment**

## Increased Likelihood of Optimal Child Development

A caregiver's knowledge, skills, attitudes, and sense of competence that contribute to a trajectory of growth and development that promotes the best possible social, emotional, cognitive, and physical outcomes given the unique characteristics and circumstances of the child and family

## Increased Family Strengths

Competencies and qualities that facilitate the ability of the family to meet the needs of its members and to effectively and non-violently manage the demands made upon the family system

## Decreased Likelihood of Child Maltreatment

An increase in protective factors and decrease in risk factors

Visit: [www.qic-ec.org](http://www.qic-ec.org)



## REGIONAL PARTNERSHIP GRANTS (RPGS)

- Authorized by the Child and Family Services Improvement Act of 2006 (P.L. 109-288)
  - 53 RPGs were awarded by the Children's Bureau in September, 2007: \$145 million over 5 years
- The Child and Family Services Improvement and Innovation Act (Pub. L. 112-34) signed into law Sept. 30, 2011
  - 17 RPGs were awarded in September 2012
  - Also awarded 2-year extension grants to eight of the original regional partnership grantees
  - 4 RPGs were awarded in October 2014



# RPG Program Overview

- RPG supports interagency collaborations and integration of programs, activities, and services to
  - increase well-being,
  - improve permanency, and
  - enhance the safety of children in or at risk of out-of-home placements due to a parent's or caregiver's substance abuse
- RPG began in 2007 with a first round of grants
- 2012 and 2014 applicants were instructed to propose **evidence-based (or evidence-informed) and trauma-informed program and practice models, and a strengthened emphasis on improving child well-being.**

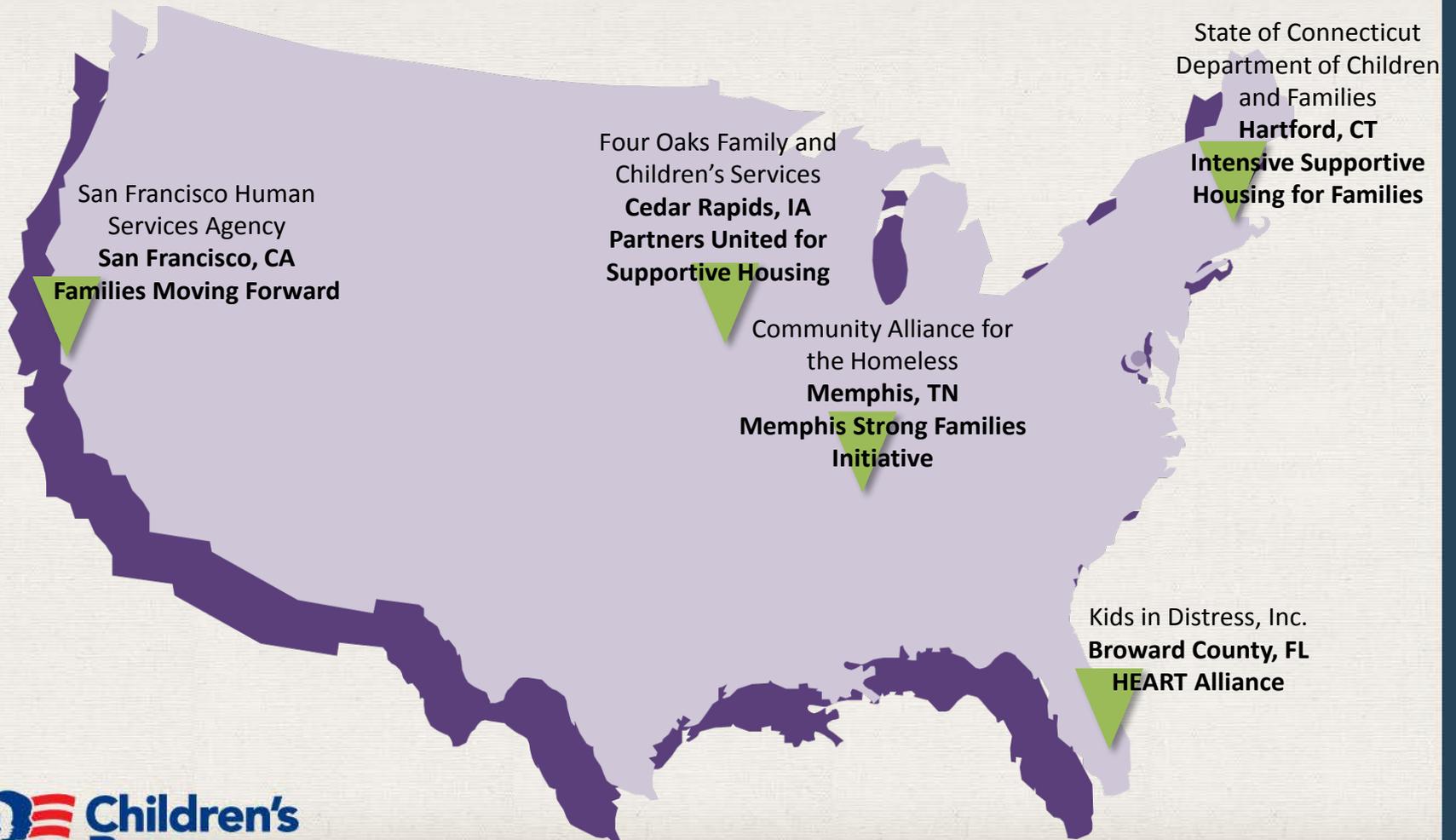
# Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System (SHF)

- Five grants funded in FY12 at a max of \$1,000,000 per year for 5 years.
- Purpose: To examine and further efforts of CPS to reduce family separation due to the lack of adequate housing.
- We expect to learn more about that strategies and factors are that
  - 1) Decrease the placement of children in out-of-home care.
  - 2) Increase the safe reunification of children with their families.
  - 3) Prevent reentry into the foster care system

# SHF Demonstration Lead agencies and locations

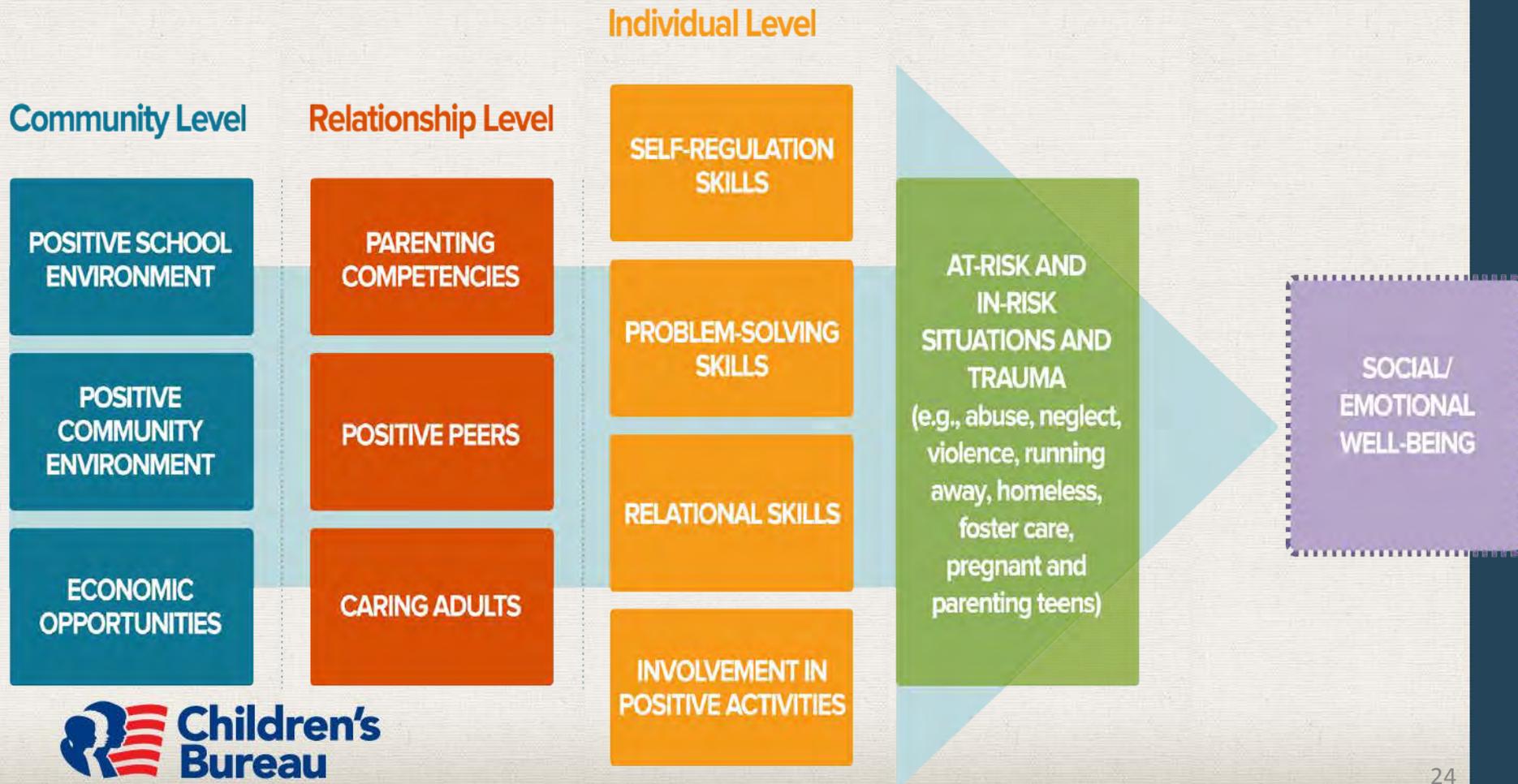
10/1/2012

9/30/2017



# The ACYF Protective Factors – Conceptual Model

## GENERAL MODEL: PERSONAL-ENVIRONMENT DYNAMIC





# Making Meaningful Connections

2015 Prevention Resource Guide



strengthening families

## The Six Protective Factors



## Tip Sheets for Parents and Caregivers

in English and Spanish



<http://www.childwelfare.gov/preventing/>

# Federal Interagency Workgroup on Child Abuse and Neglect

Background is available from:

<http://www.acf.hhs.gov/programs/cb/resource/fediawg>

Report to Congress on Efforts to Coordinate  
Programs and Activities Related to Child Abuse  
and Neglect:

[http://www.acf.hhs.gov/sites/default/files/cb/capta\\_coordination\\_rptcongress.pdf](http://www.acf.hhs.gov/sites/default/files/cb/capta_coordination_rptcongress.pdf)



# Upcoming Congressional Reports

- The 2010 reauthorization of the Child Abuse Prevention and Treatment Act requires the following two reports which we anticipate to be released in the later part of 2015:
  - A study to identify and determine the feasibility of collecting data from States regarding incidence rates and characteristics of perpetrators and victims of shaken baby syndrome. While not limited to, nor exclusive to child abuse and neglect fatalities, this report may provide interesting information, guidance and insight to CECANF.
  - A report that documents efforts to coordinate programs and activities related to child abuse and neglect. Specifically, the report describes cross-system strategies, collaborations and efforts to prevent child abuse and neglect through federal and non-federal partnerships.
    - The two prior reports on this topic were released in June 2013 and January 2014 and can be found here <http://www.acf.hhs.gov/programs/cb/resource/capta-coordination-report-to-congress-2012> and here <http://www.acf.hhs.gov/programs/cb/resource/capta-coordination-report-to-congress-2013>.

# Opportunities

- Near fatalities
- Working across federal agencies
- Budget proposals

# Near Fatalities

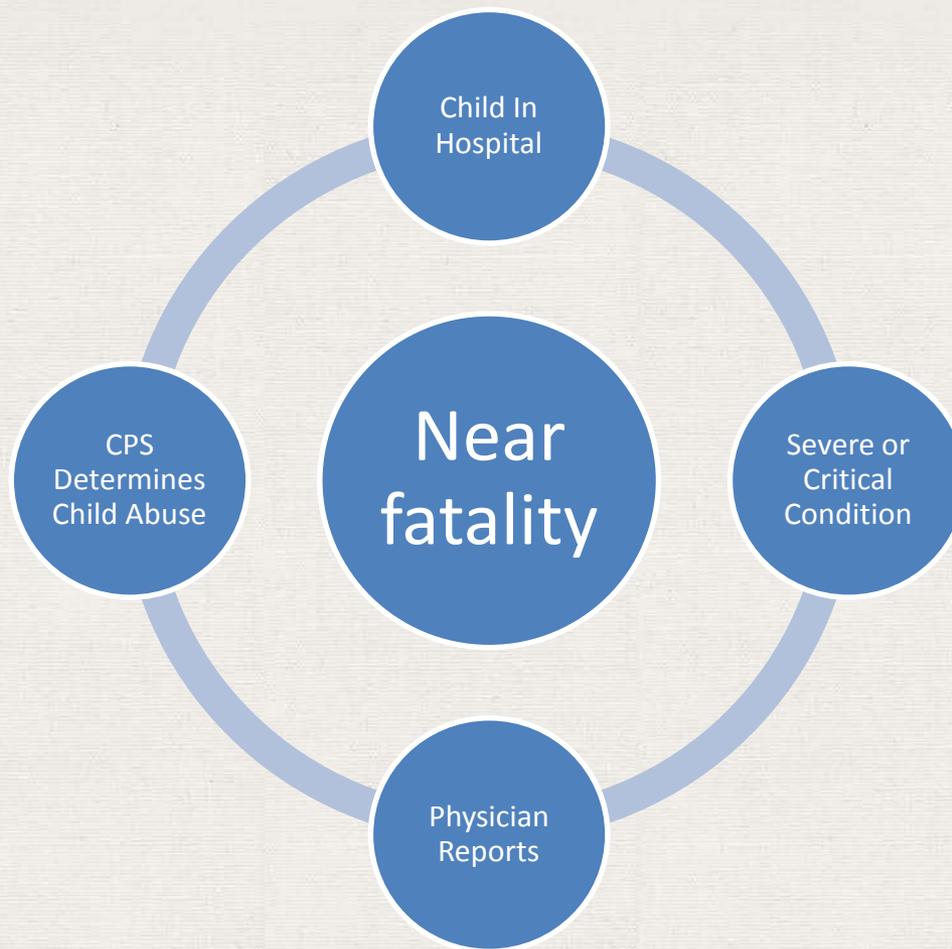
- CAPTA defines near fatalities as:
  - *an act that, as certified by a physician, places the child in serious or critical condition. (106(b)(4))*
- In the child welfare context:
  - *Must have provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality. (106(b)(2)(B)(x))*
  - Near fatalities refer to children rather than acts
  - Near fatalities are children who are in a specific condition
    - What is serious and critical?
- Near fatalities depend upon a physician having found that the child is in a serious or critical condition and reports to this to cps.

# Magnitude of the Problem

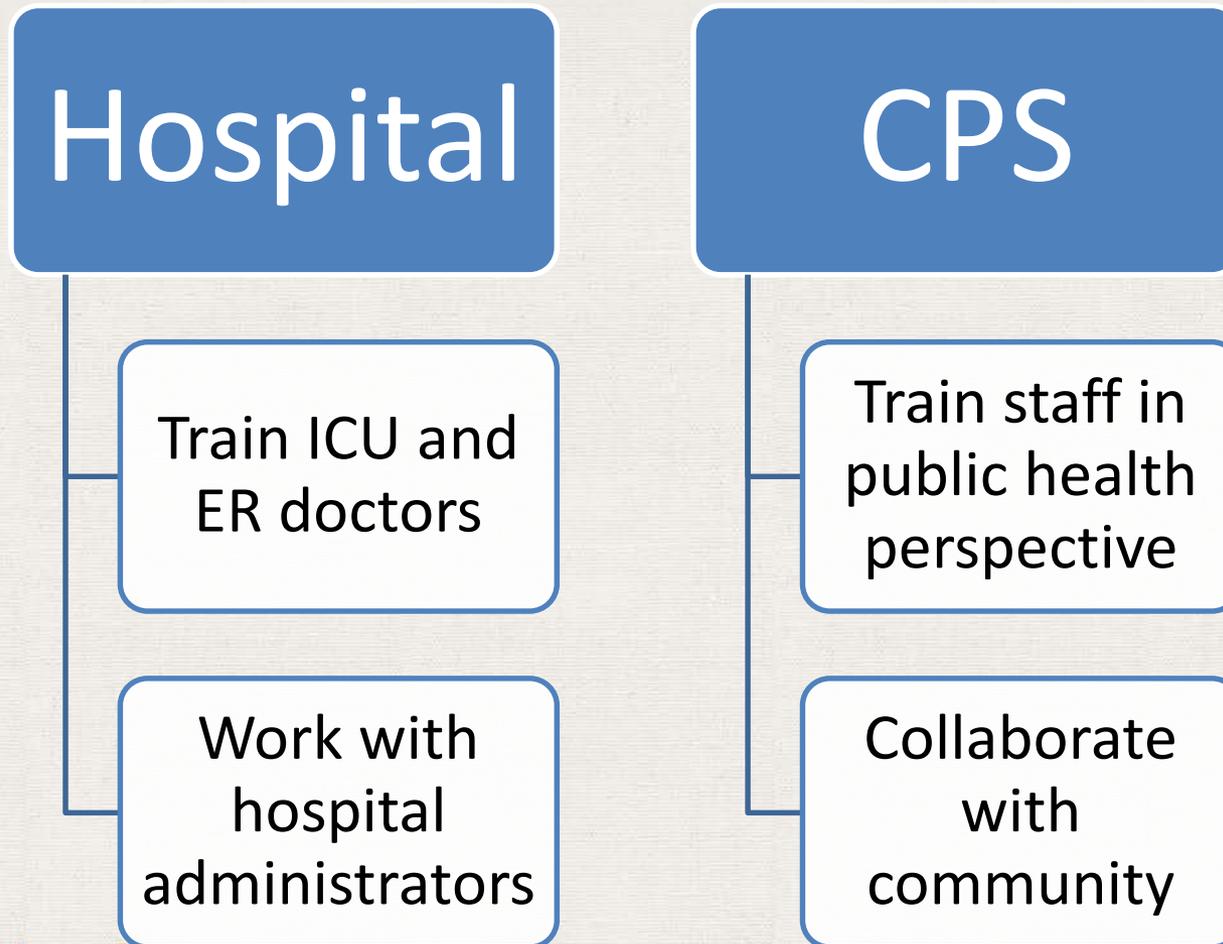
- Traumatic Brain Injury (may lead to death and permanent injury; can be mild to severe/critical)
  - Nearly half a million ER visits for TBI by children 0-14
  - Very young 0-4 have highest rate of TBI related ER visits (1,256 per 100,000)
    - 474,000 ER visits; 35,000 hospitalizations; 2,174 deaths
- We do not know how many children die of shaken baby syndrome or may suffer injury from being shaken.

Source: CDC MMWR Report, May 6, 2011

# The Elements of Classifying Near Fatalities



# Improving Data Collection



# Child Welfare and Public Health Opportunities

- Near fatalities may be an important intersection of work between CW and PH
- Concerns are similar
- Access to information is with the medical profession
- Response will be with the medical profession and the child welfare profession
- New avenues for planning, coordination, and collaboration

**OVERVIEW OF CHILD WELFARE  
LEGISLATIVE AND BUDGET PROPOSALS  
IN THE PRESIDENT'S FISCAL YEAR 2016  
BUDGET**

# FY 2016 CHILD WELFARE BUDGET PROPOSALS

- The President's FY 2016 budget seeks to strengthen and make targeted investments in child welfare programs. Proposals address initiatives from prevention to permanency.

Together, these proposals will:

- Provide grants to Improve the investigation of child abuse and neglect reports;
- Invest in evidence-based prevention and post-permanency supports for children at imminent risk of entering foster care;

# FY 2016 CHILD WELFARE BUDGET PROPOSALS

- Expand the service array in rural areas to better meet the needs of children and families in child welfare;
- Encourage greater use of family-based care for children and youth in or at risk of congregate care placements
- Reduce use of psychotropic medications among children and youth in foster care;

# FY 2016 CHILD WELFARE BUDGET PROPOSALS

- Extend Chafee supports up to age 23;
- Provide grants to prevent youth in foster care from becoming victims of sex trafficking and provide better services to young people who have been victims of trafficking;
- Assist tribes to build capacity and strengthen their child welfare programs;

# Prevention & Permanency

# Prevention & Permanency

## Increase Funding for CAPTA Discretionary Grants to Improve Child Abuse and Neglect Investigations

- Increase CAPTA funding by \$5 million annually to provide competitive grants to states and localities and to implement and evaluate improved practices in the investigation of child abuse and neglect.

# Prevention & Permanency

- Amend title IV-E to allow title IV-E agencies to claim Federal reimbursement for pre-placement and post-placement services included as part of the child's case plan for candidates for foster care at 50 percent FFP.
- A majority of the funds must be used for evidence based/informed interventions.
- This proposal includes a maintenance of effort requirement to maintain the current level of state or tribal investment in child welfare services.

# Prevention & Permanency

- Reauthorize through FY 2020 the programs under CAPTA, including the CAPTA State Grant Program, Child Abuse Discretionary activities, and the Community-Based Child Abuse Prevention Grants (CBCAP).

# Special Populations

# Infants & Toddlers

## Reauthorize, Modify, and Re-name the Abandoned Infants Assistance Act to “Protecting Abandoned and At Risk Infants and Toddlers”

- Reauthorize, modify, and rename the Abandoned Infants Assistance Act program to the “Protecting Abandoned and At Risk Infants and Toddlers.”
- The modified program will better address the specific needs of infants, toddlers, and their families that come to the attention of, or are at risk of coming to the attention of child welfare agencies today, and not only “abandoned infants” and young children with HIV/AIDS, and support the development of evidence based interventions that can safely prevent entry into out-of-home care as well as interventions that meet the unique needs of infants and toddlers who do enter care.

# Support for Tribes

## Enhanced “Start-Up” funding for Tribes to Implement Title IV-E Programs

- Allow Indian tribes, tribal organizations or consortia that are approved to operate a title IV-E program to apply for “start-up” funding to assist with implementation of the program.
- Start-up funding would consist of time-limited enhanced FFP for administration and training, and a temporary waiver of cost allocation requirements.

# Support for Tribes

## Promoting Safe and Stable Families Tribal Proposal

- Increase funding under title IV-B, subpart 2 (Promoting Safe and Stable Families) by \$20 million to support tribes in building their child welfare programs and staffing capacity;

# Support for Rural Areas

## Promoting Safe and Stable Families Rural Proposal

- Increase funding under title IV-B, subpart 2 (Promoting Safe and Stable Families) by \$7 million to assist states in building capacity to provide the array of services needed to meet the needs of families in the child welfare system in rural areas.
- \$3 million for technical assistance, training and evaluation to support both rural and tribal initiatives.

# Contact Information & Resources

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Websites:

Children's Bureau

<http://www.acf.hhs.gov/programs/cb>

Child Welfare Information Gateway

<http://www.childwelfare.gov/>

