



Child Welfare Fellows

Becoming System Involved: Understanding Child Maltreatment and Case Outcomes

June 28, 2022



Utah Department of
Health & Human Services
Child & Family Services

Framing Child Welfare in Utah



1. **Getting Upstream with Prevention**
2. **Defining Intentional Interventions at Intake/CPS**
3. **Creating a Culture of Safety**



1. Getting Upstream with Prevention

- **Safe Children, Strengthened Families**
- **Building a family-driven and integrated child welfare system**
- **Focus on primary and secondary, community based prevention efforts**
- **Family First Prevention Services Act State Plan**

Child Welfare Agency is Not the Child Welfare System

Examples of legislative impact:

- Consolidation of Department of Health and Human Services in order to better integrate physical health, mental health, and substance use services and prevention services
- HB 239 in 2017 included a comprehensive set of research-based juvenile justice reforms, including reinvestment into youth-serving prevention services
- Ongoing funding of crisis nurseries and family resource centers
- April as Family Strengthening Month

2. Defining Intentional Interventions at Intake/CPS

- **Harm-driven system vs. a status-driven system**
- **Objective and equitable**
- **Create barriers for youth and families unnecessarily deepening into the system**
- **Nurture family driven solutions to mitigate safety**

Defining Neglect

Examples of legislative impact:

- SB 65 in 2018 clarified what is not neglect re: child supervision
- SB97 in 2020 amended Safe Haven laws, increasing length of relinquishment time from 72 hours to 30 days
- SB 125 in 2018 Redefining education neglect to ensure it is a school issue primarily, It cannot lead to a foster care episode on its own

Lens on Substance Use Disorder

Examples of legislative impact:

- HB 244 in 2020 changed how DCFS responds to fetal exposure, with focus on harm to fetus, or functional ability of the parent.
- HB 365 in 2020 clarifying exposure and harm/threatened harm in regards to drug paraphernalia and cannabis use.
- HB 73 in 2021 focused drug testing on more reliable and racially equitable method; No hair or nail testing used for any DCFS client
- SB 99 in 2021 allowed for interagency sharing of DCFS case information for the purpose of substance use disorder treatment referral for a parent or newborn child.

Youth with mental/behavioral health issues and disabilities

Examples of legislative impact:

- SB65 in 2020 eliminated ungovernability from all child welfare authority
- SB 5012 in 2020 made it clear that in the absence of safety issues from the parent, parents should not have to lose custody in order to access needed services for their child

No parent

should have to lose custody of their child; and

No child

should be separated from their family; and

No family

should be subject to the juvenile court

Just to receive services.

3. Creating a Culture of Safety

- **Child welfare agencies are best able to provide skilled, professional and compassionate care to children and families when:**
 - **Staff have manageable workload**
 - **Staff feel safe and supported**
 - **Resources are sufficient**
 - **Evaluate problems through a systemic lens**

Supported Workforce

Examples of legislative impact:

- SB 59 in 2019 made it a class A misdemeanor to knowingly assault or threaten violence against a child welfare worker acting within the scope of their authority; third degree felony if intentional substantial bodily injury occurs
- Initial investment of \$5 million in general funds to targeted frontline positions in 2021



Utah Department of
Health & Human Services
Child & Family Services

THANK YOU!

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PREVENTING VIOLENCE AGAINST CHILDREN

A public health approach

June 28, 2022

National Conference of State Legislatures

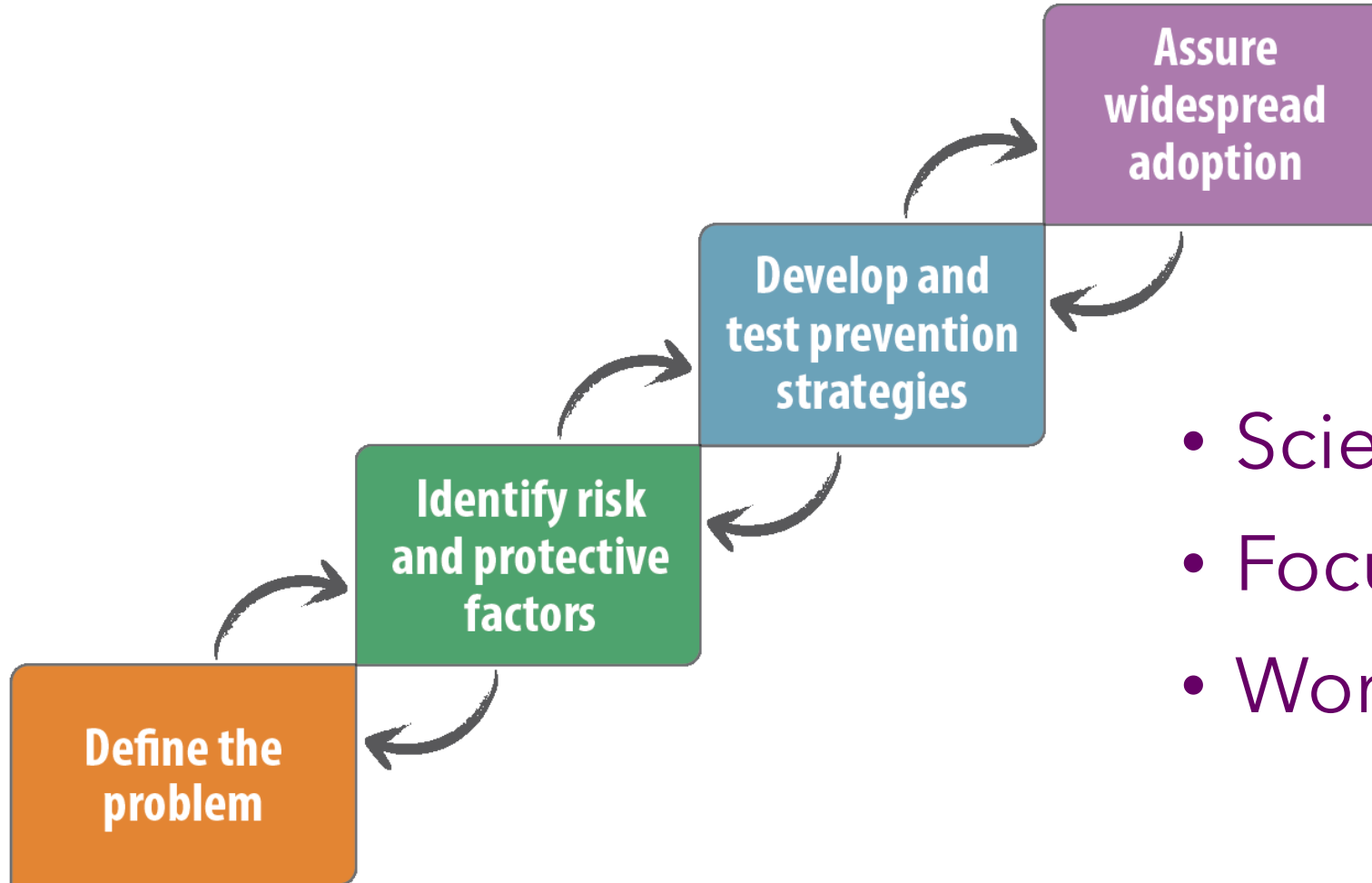
Greta Massetti, PhD

Division of Violence Prevention

Centers for Disease Control and Prevention

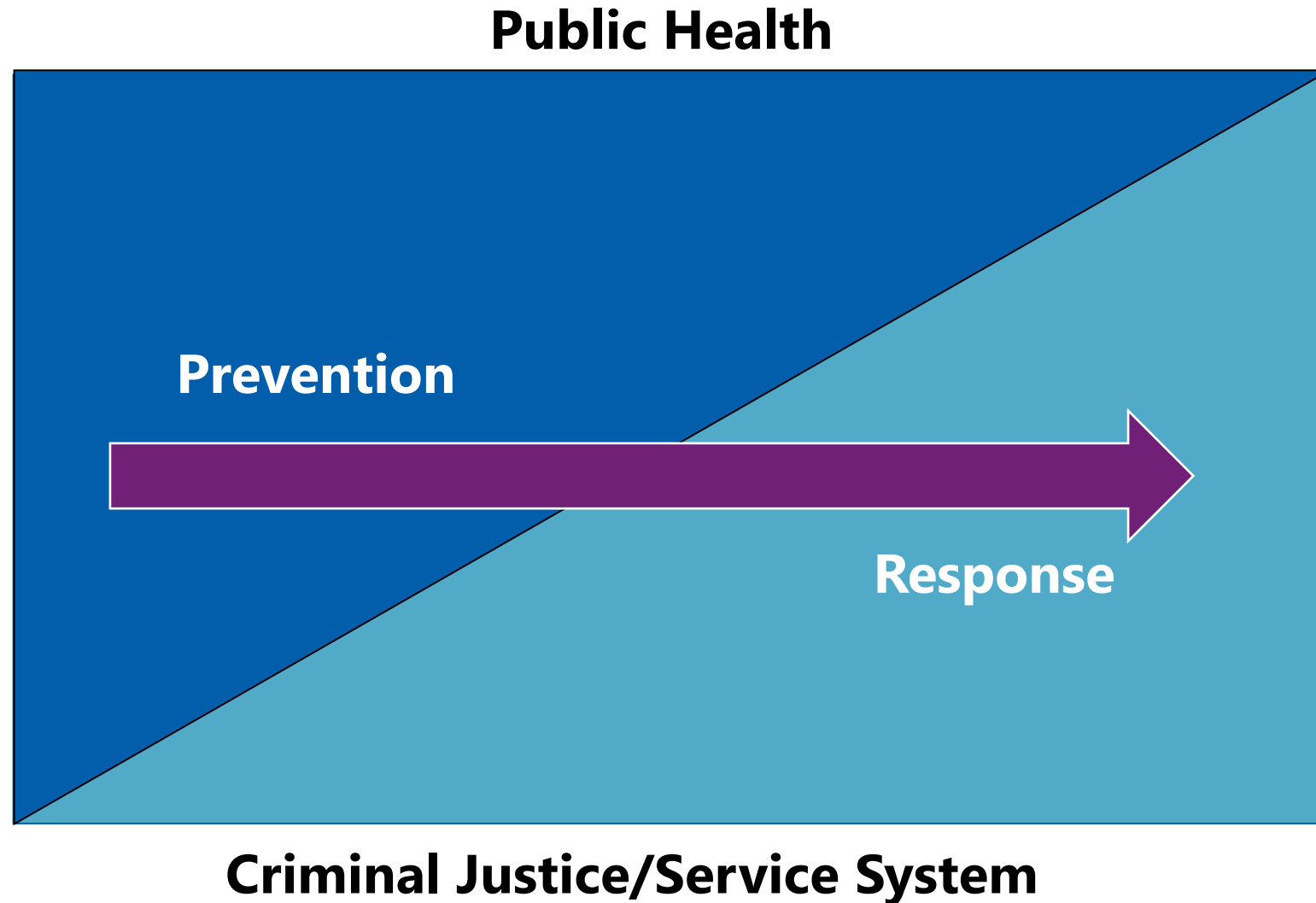


Public Health Approach to Violence Prevention



- Science-based
- Focused on prevention
- Work across sectors

Violence is a Public Health Problem



Types of ACEs



ABUSE

- Emotional
- Physical
- Sexual



NEGLECT

- Emotional
- Physical



HOUSEHOLD CHALLENGES*

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

Other Adversity



- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism

* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

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Prevent Child Abuse & Neglect:

When we make **relationships and environments safe, stable, and nurturing**, we help all kids and families thrive.



The **prevention** of child abuse and neglect is a CDC priority. **They're not inevitable.**



SAFE,



STABLE,

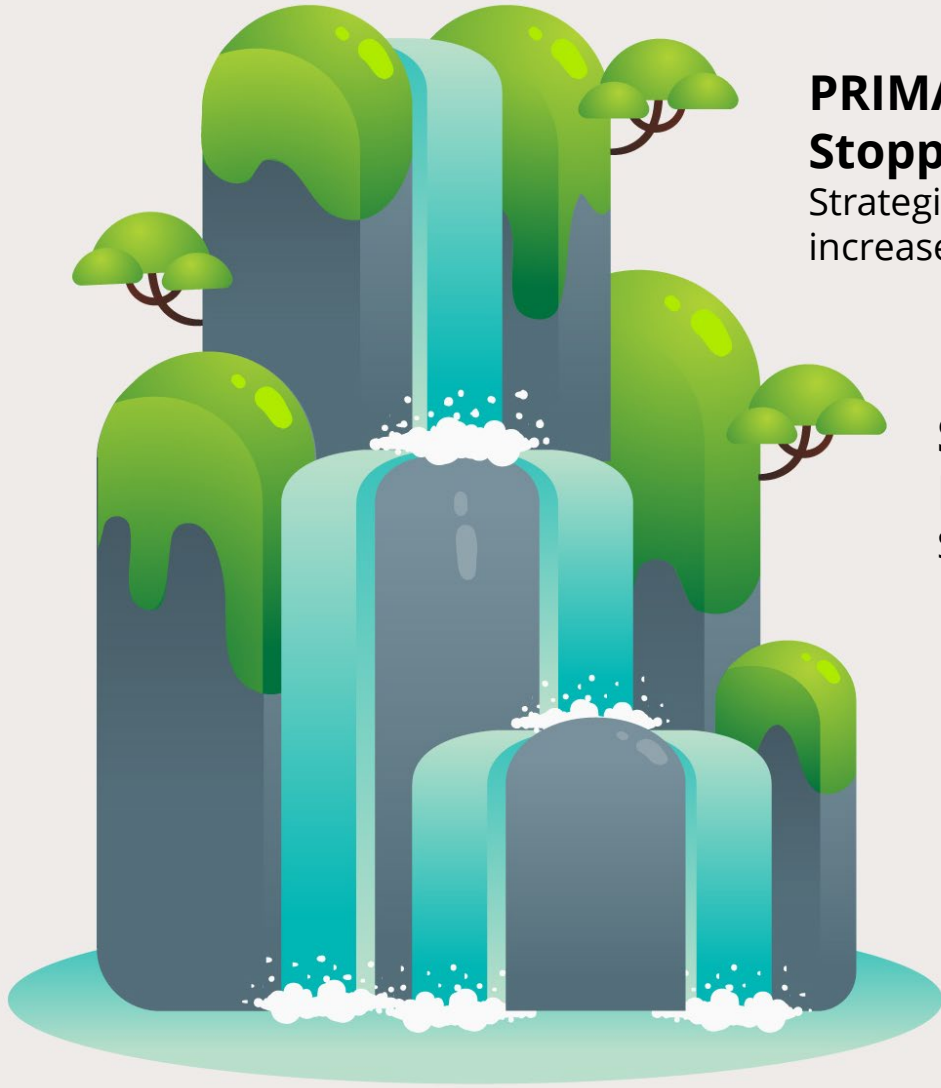


NURTURING

relationships and environments are essential to prevent child abuse and neglect and to assure all children reach their full potential.

TIMING OF PREVENTION EFFORTS

Comprehensive efforts involve working *upstream* and *downstream*



PRIMARY PREVENTION

Stopping Child Abuse and Neglect and ACEs Before They Start

Strategies that create healthy relationships and environments reduce risks and increase buffers

SECONDARY PREVENTION

Immediate Responses to Child Abuse and Neglect and ACEs

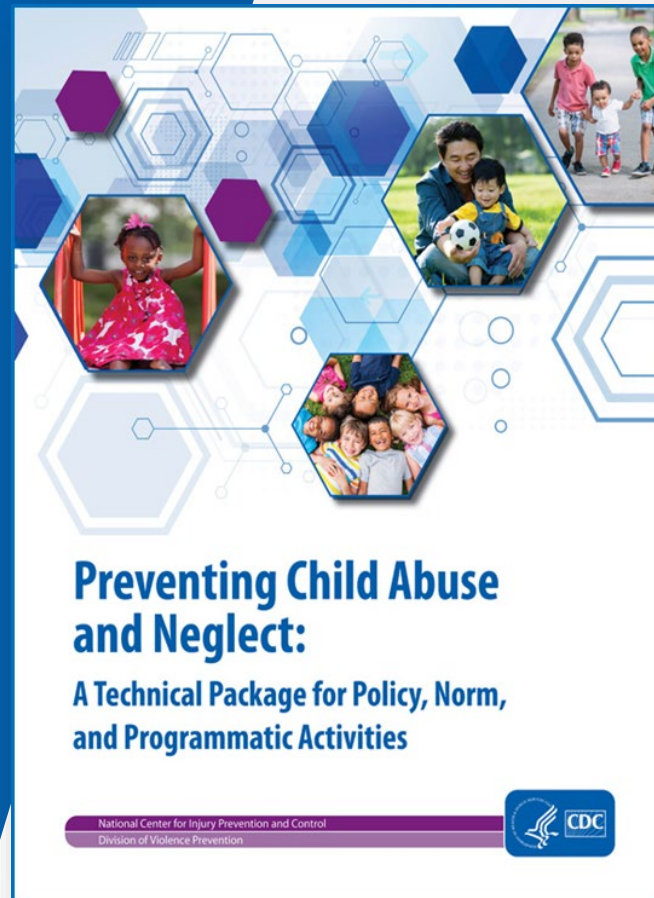
Services like emergency and medical care address short-term consequences

TERTIARY PREVENTION

Long-Term Responses to Child Abuse and Neglect and ACEs

These approaches address trauma or disability from experiences of CAN and ACEs and help victims recover physically and emotionally


CDC's Resources for Action



The cover features a blue background with a pattern of hexagons in various shades of blue and purple. Several hexagons contain photographs: a young girl in a pink dress on a swing, a man holding a child, a group of children, and a group of people. The title and subtitle are in white and blue text.

**Preventing Child Abuse
and Neglect:**
A Technical Package for Policy, Norm,
and Programmatic Activities

National Center for Injury Prevention and Control
Division of Violence Prevention



Preventing Adverse Childhood Experiences (ACEs):

Leveraging the Best Available Evidence



National Center for Injury Prevention and Control
Division of Violence Prevention



We Can Create Positive Childhood Experiences



Strengthen families' financial stability



Promote social norms that protect against violence



Help kids have a good start



Teach healthy relationship skills



Connect youth with activities and caring adults



Intervene to lessen immediate and long-term harms

Strengthen Families' Financial Stability



- **Paid time off**
- **Child tax credits**
- **Flexible and consistent work schedules**
- **Childcare subsidies**



Low-income households*

- 4 in 10 children under the age of 18 in the United States live in a low-income household, including more than half of African American and Hispanic Children
- Nearly 1 in 10 children in the U.S. live in deep poverty

*A low-income household includes both the poor and the near poor. Poor is defined as income below 100% of the Federal Poverty Threshold (FPT), and near poor is between 100% and 199% of the FPT. Deep poverty is below 50% of the FPT.

Strengthen Economic Supports to Families



Child Care Subsidies



Earned Income Tax Credits (EITC)
Child Tax Credits (CTC)

Family-Friendly Policies



Flexible and Consistent Work Schedules

Promote Social Norms that Protect Against Violence



- **Public education campaigns**
- **Legislative approaches to reducing corporal punishment**
- **Bystander approaches**
- **Mobilize men and boys as allies in prevention**
- **Positive parenting practices**

IT TAKES A VILLAGE TO RAISE A CHILD.
—AFRICAN PROVERB

How YOU Can Help Prevent Adverse Childhood Experiences



Public Education
Campaigns



Legislative approaches to
reduce corporal
punishment

Ensure a Strong Start for Children



- **Early childhood home visitation**
- **Affordable preschool and childcare programs**
- **Preschool enrichment programs with family engagement**

Teach Healthy Relationship Skills



- **Enhance parenting skills**
- **Conflict resolution**
- **Negative feeling management**
- **Pressure from peers**
- **Healthy non-violent dating relationships**

Connect Youth with Activities and Caring Adults



- **School or community mentoring programs**
- **After-school activities**

Can occur across community settings including schools, faith-based organizations, community centers, etc.

Intervene to Lessen Immediate and Long-Term Harms

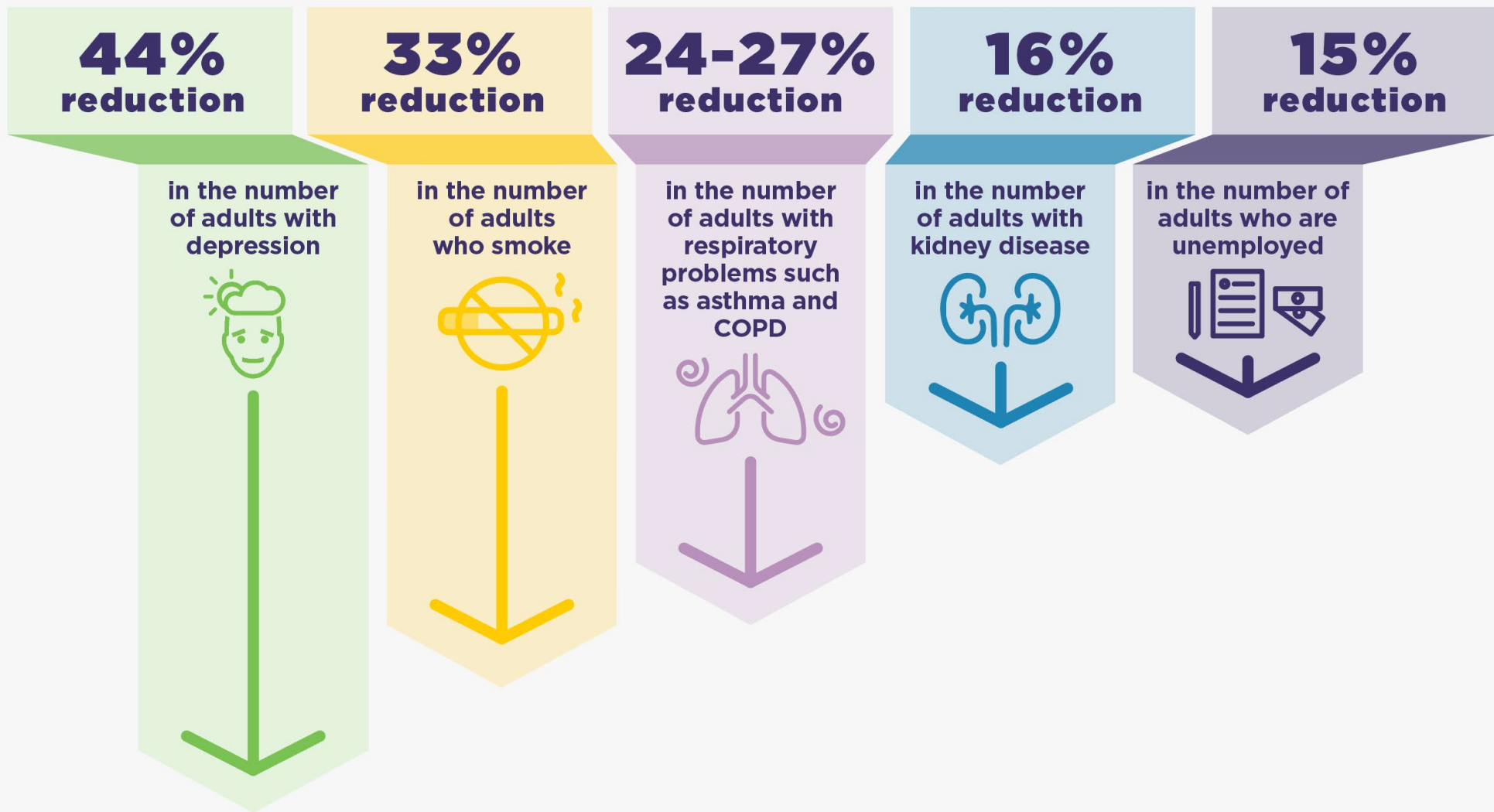


- **Enhanced primary care**
- **Victim-centered services**
- **Therapy**
- **Family-centered treatment for substance use disorder**

Healthy Childhoods Have Benefits Throughout Life

What could happen if we **prevent ACEs**?

Fewer cases of depression, heart disease, and obesity.

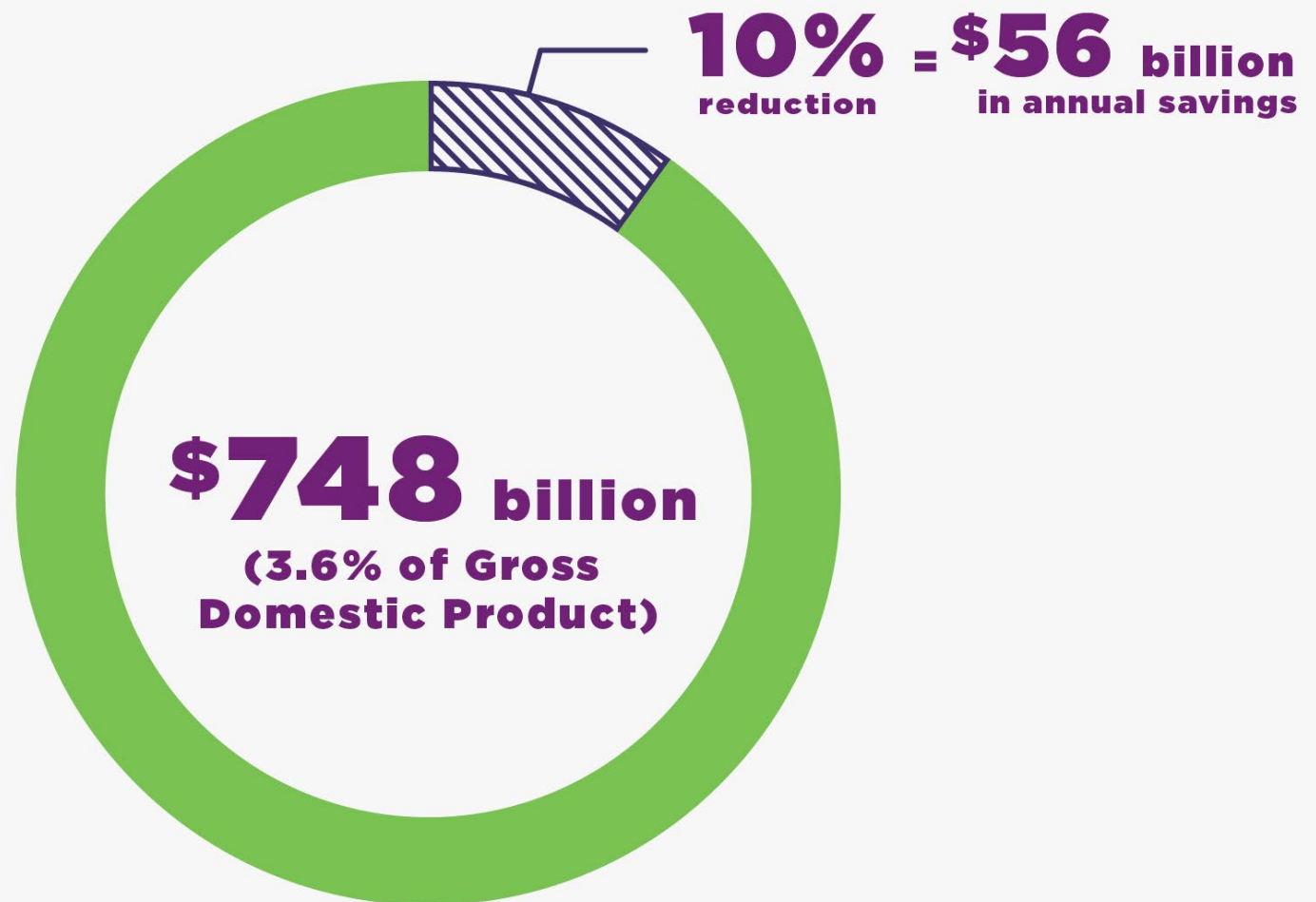


Positive Childhood Experiences Improve the Economy

The primary prevention of ACEs — **stopping ACEs before they start** — would benefit the economy and relieve pressures on healthcare systems.

ACEs-related illness accounts for an estimated **\$748 billion** in financial costs in North America each year.

A **10% reduction in ACEs** could equate to an annual savings of **\$56 billion**.



Ongoing Programmatic Work on ACEs at CDC

P ACE:D2 A



Preventing ACEs: Data to
Action (PACE:D2A)

Resilience Catalysts

Essentials for Childhood

<https://www.cdc.gov/violenceprevention/aces>

Secondary Prevention Activities



**SCREEN FOR SOCIAL
DETERMINANTS OF HEALTH**



**PARTNER WITH LOCAL
ORGANIZATIONS**



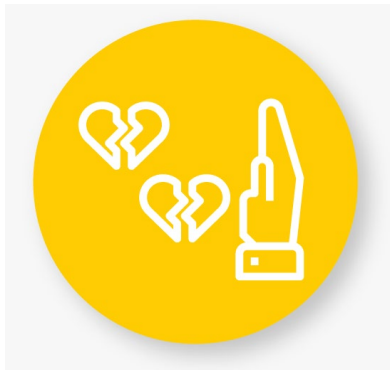
**REFERRALS TO PROGRAMS
AND RESOURCES**

OD2A:

Promote Social Norms that Protect Against Violence Intervene to Lessen Immediate and Long-term Harms



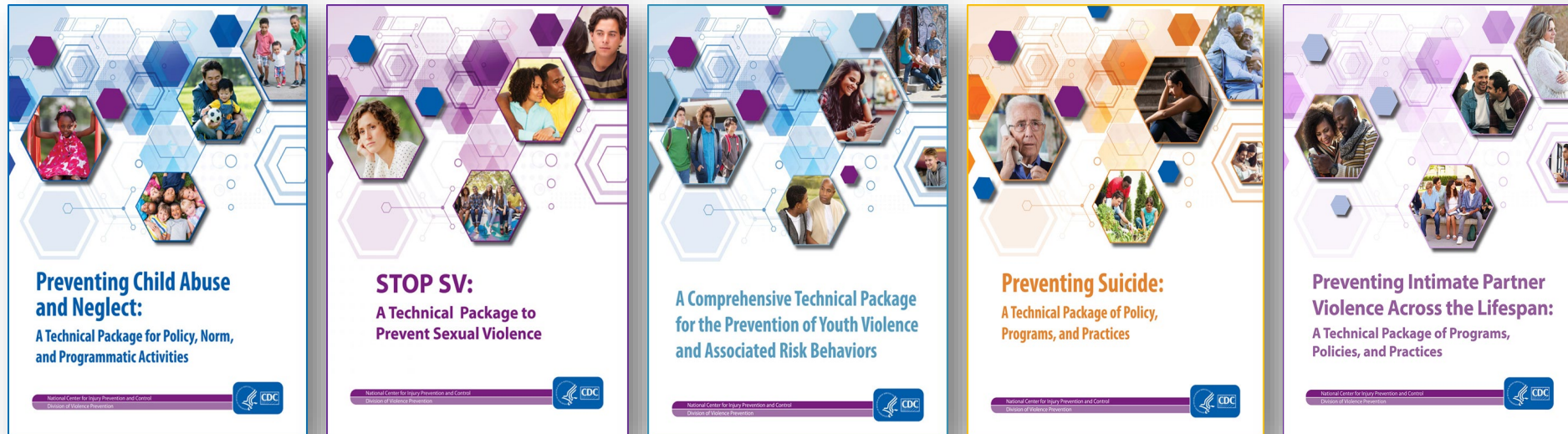
- **Educating large organizations** about impact of child abuse and neglect and ACEs
- **Training first responders** about trauma-informed care and resiliency



- Providing **linkages to care through first responders** for youth who experienced trauma
- Providing **substance use screening, linkages to care, and care coordination** through family support specialists
- **Revising NICU protocols for infants with Neonatal Abstinence Syndrome (NAS)** to provide support for Plans of Safe Care
- **Implementing a community taskforce** to improve outcomes for pregnant women with substance use disorder, newborns, and partners

CDC Resources

Resources for Action to Prevent Violence



<http://www.cdc.gov/violenceprevention/pub/technical-packages.html>

Violence Prevention in **PRACTICE**



VetoViolence[®]



<https://vetoviolence.cdc.gov/apps/violence-prevention-practice/#!/>

Healthy childhoods start now.

Working together, we can help create neighborhoods, communities, and a world in which every child can thrive.

Learn how you can help!

vetoviolence.cdc.gov/apps/aces-training



FOR MORE INFORMATION

Greta Massetti, PhD
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Visit CDC's page on ACEs

<https://www.cdc.gov/violenceprevention/aces/index.html>

Take the trainings on VetoViolence

<https://www.vetoviolence.cdc.gov/apps/aces-training>

Find specialized training for providers

<https://www.cdc.gov/opioids/providers/training/index.html>

Additional slides

Evaluation of policies to prevent or reduce ACEs

- + **Growing evidence on effectiveness of policies to prevent violence**
- + **Some evidence on:**
 - Crime prevention through environmental and bystander strategies
 - EITC and pediatric trauma
 - Policy impact on risk and protective factors

Sources: Coker et al., 2017; David-Ferdon et al., 2014, Klevens et al. 2017, Basile et al., 2016; David-Ferdon et al., 2016; Fortson et al., 2016; Niolon et al., 2017; Stone et al., 2017

- + Rigorous evaluation of previously or currently implemented federal, state, local, tribal or organizational policies**
- + Multiple forms of violence, including child abuse and neglect and youth violence**
- + Risk and protective factors for multiple forms of violence**

RFA-CE-18-002

Evaluation of Policies for the Primary Prevention of Multiple Forms of Violence

Awarded Projects

- + **Evaluation of State Earned Income Tax Credit Policies for the Primary Prevention of Multiple Forms of Violence**
- + **PI: Dr. Ali Rowhani-Rahbar, University of Washington**

- + **A National Evaluation of Medicaid Expansion on the Prevention of Child Abuse and Neglect, Youth Violence, and Intimate Partner Violence**
- + **PI: Dr. Elizabeth Letourneau, Johns Hopkins University**

Evaluation of State Earned Income Tax Credit Policies for the Primary Prevention of Multiple Forms of Violence

**CDC Cooperative Agreement with University of
Washington: PI Rowhani-Rahbar**

Earned Income Tax Credits (EITC)

- + **Poverty increases risk of violence**
- + **Federal EITC is an economic policy to reduce poverty**
- + **31 states and the District of Columbia have supplementary state EITC**



Study Results on ACEs

A 10 percentage-point increase in
state EITC was associated with...



Decline in
child neglect
per year



Decline in
**child
maltreatment**
per year

Study Results on ACEs – Risk Factors

- + **Among adults with no education beyond high school, a 10-percentage point increase in the generosity of state EITC:**
 - 10 fewer reports of frequent mental distress per 10,000
 - 14 fewer reports of frequent poor physical health per 10,000
- + **The positive impacts of the EITC, particularly on self-reported mental distress, were most pronounced in the weeks after EITC benefits were disbursed.**

A National Evaluation of Medicaid Expansion on the Prevention of Child Abuse and Neglect, Youth Violence, and Intimate Partner Violence

**CDC Cooperative Agreement with Johns Hopkins University:
PI Letourneau**

Medicaid Expansion

- + **The 2010 Affordable Care Act expanded Medicaid eligibility to low-income adults earning up to 138% of the federal poverty level**
- + **Access to healthcare through Medicaid expansion may mitigate risk factors associated with child maltreatment**
- + **32 states have adopted Medicaid expansion**



Study Results on the Primary Prevention of Child Abuse and Neglect

- + **Significant reductions in:**
 - + Rate of average child neglect incidents per 100,000 children
 - + Neglect incidents among children ages 6-12 and 13-17 years in the first two years of implementation
- + **Medicaid expansion not associated with rates of child physical or sexual abuse**



Summary

- + **State EITC and Medicaid expansion appear to have greatest impact on child neglect**
- + **Neglect may be most related to economic challenges, and economic supports may affect mediating conditions (e.g., parental involvement) that reduce risk of child neglect**

More research is needed to explore policy effects on multiple forms of child adversity

Future Efforts

FY21 Awarded Projects

- + **Estimating the impact of SNAP, WIC, and UI in the primary prevention of multiple forms of family violence: a causal and computational approach**
- + **PI: Dr. Derek Brown, Washington University, St. Louis**

- + **Evaluation of effects of Permit-to-Purchase laws on youth violence and intimate partner violence**
- + **PI: Dr. Cass Crifasi, Johns Hopkins University**

Current
policy
evaluation
projects

(RFA-CE-21-001)

Expanding the Evidence Base for Policies Approaches for the Primary Prevention of ACEs and Substance Use

(Contract via ICF)

Using rigorous synthetic control analyses and data from various administrative sources such as National Child Abuse and Neglect Data System among others, the project is modeling the effects of:

- State-Level Paid Family Leave
- State Prescription Drug Monitoring Programs/Policies
- State Just Cause Eviction Protections

...on child abuse and neglect, parental substance use and mental health

Thank you!

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Questions?



Table Discussions

- What is your state doing with in this policy space?
- What outstanding questions do you have?

