



Creating the Conditions For Thriving Children, Families and Communities

A large, abstract graphic of a flower with many petals, rendered in shades of blue and white. The flower is positioned on the right side of the slide, overlapping the title text.

Jennifer Jones, MSW
Chief Strategy Officer



Mission:
**To prevent the abuse and neglect
of our nation's children**

Vision:
**We envision a world where all
children grow up happy, healthy,
and prepared to succeed in
supportive families and
communities.**



GROWING a Better Tomorrow for All Children, TOGETHER



Every day, we help positive childhood experiences take root.

LEARN HOW YOU CAN PLANT THE SEEDS OF A BETTER TOMORROW
FOR CHILDREN AND FAMILIES IN YOUR COMMUNITY.

Visit preventchildabuse.org/growing-better-together-2021
#GrowingBetterTogether

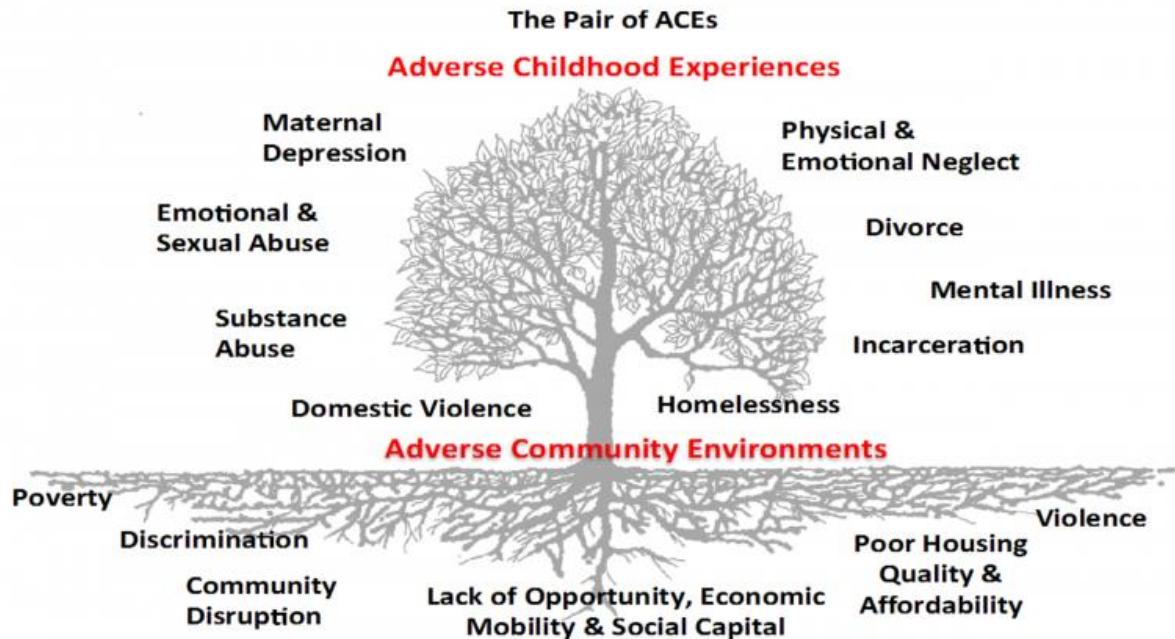


*Public health is what we, as a society, do
collectively
to assure the conditions in which (all) people
can be healthy.*

Institute of Medicine
The Future of Public Health, 1988 & 1997



Pair of ACEs



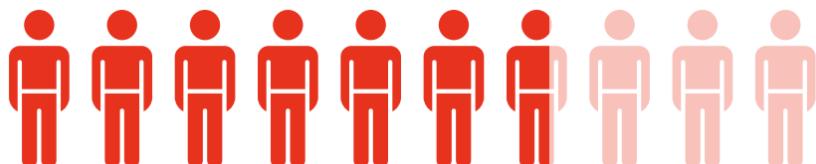
Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



COVID-19 IS A SIGNIFICANT STRESSOR FOR MOST AMERICANS

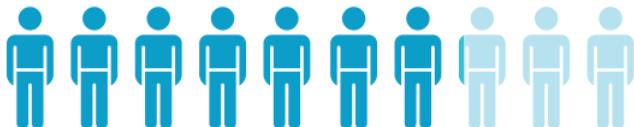


Nearly 8 in 10 (78%) say the coronavirus pandemic is a significant source of stress in their life



Nearly 7 in 10 (67%) say they have experienced increased stress over the course of the pandemic

AROUND 7 IN 10 AMERICANS (71%) SAY THEY FEEL HOPEFUL ABOUT THEIR FUTURE



NEARLY 1 IN 5 ADULTS (19%) SAY THEIR MENTAL HEALTH IS WORSE THAN THIS TIME LAST YEAR



BY GENERATION

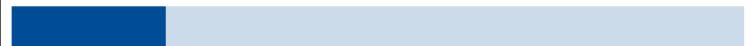
34% of Gen Z adults



19% of millennials



21% of Gen X



12% of boomers



8% of older adults



<https://www.apa.org/news/press/releases/stress/2020/sia-mental-health-crisis.pdf>

How COVID-19 Is Placing Vulnerable Children at Risk and Why We Need a Different Approach to Child Welfare

Todd I. Herrenkohl¹ , Debbie Scott², Daryl J. Higgins³ , J. Bart Klika⁴, and Bob Lonne⁵

Child Maltreatment
2021, Vol. 26(1) 9-16
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DOI: 10.1177/1077559520963916
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Abstract

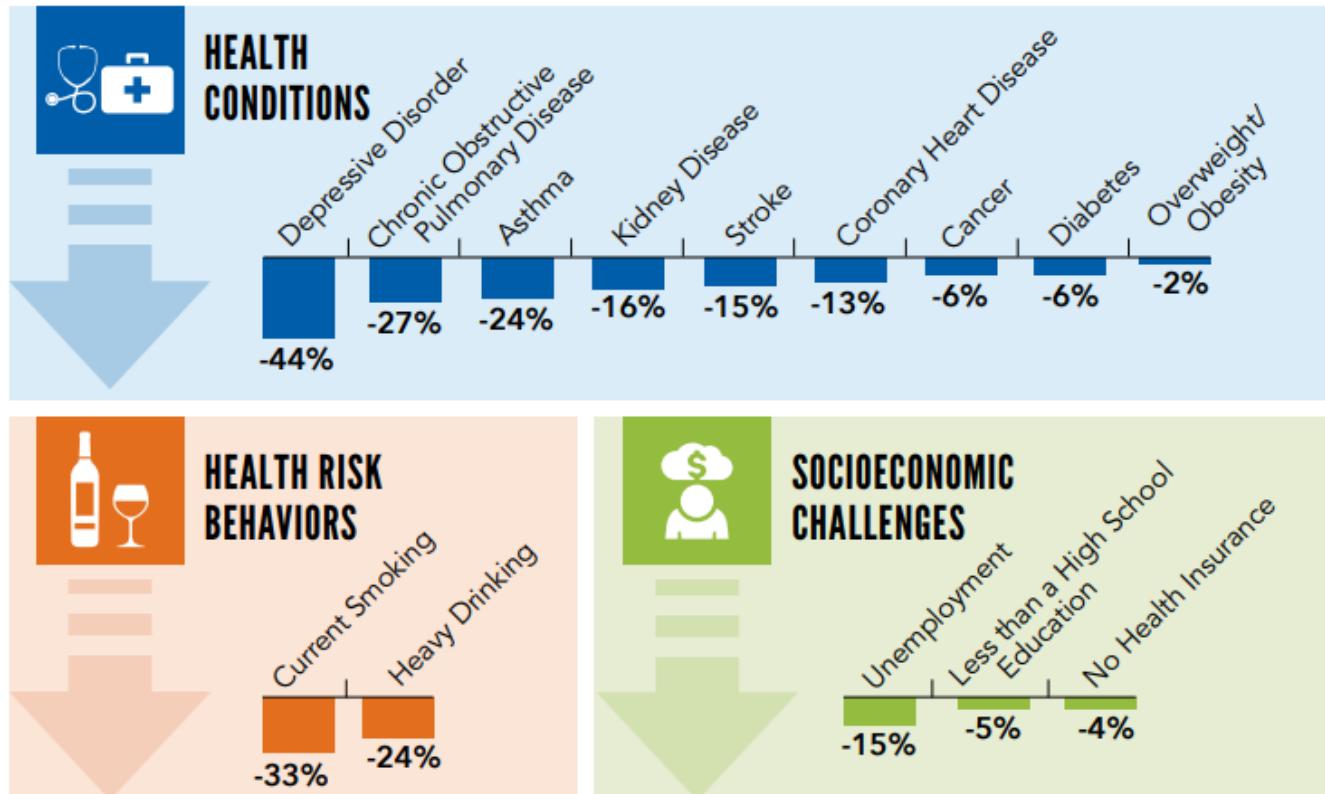
The onset of the COVID-19 pandemic brings new worries about the welfare of children, particularly those of families living in poverty and impacted other risk factors. These children will struggle more during the pandemic because of financial pressures and stress placed on parents, as well as their limited access to services and systems of support. In this commentary, we explain how current circumstances reinforce the need for systemic change within statutory child welfare systems and the benefits that would accrue by implementing a continuum of services that combine universal supports with early intervention strategies. We also focus on promising approaches consistent with goals for public health prevention and draw out ideas related workforce development and cross-sector collaboration.

The Imprint YOUTH & FAMILY NEWS

It's Time for State Prevention Services Systems

BY JENNIFER JONES AND BART KLIKA

Potential reductions in negative health outcomes



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.



2020 & Beyond— A Prevention Agenda for the *Next Generation*: Making Prevention **THE** Priority

Raising Awareness: PCAA will continue to demonstrate a **leadership** role in clearly articulating a comprehensive prevention vision and **shifting the narrative** to upstream solutions.

Intervention: Through chapters, HFA, and strategic partnerships, PCAA will **activate and expand** its **robust network** of CAN prevention champions

Building Evidence & Public Health Imperative: Through the **LEAP project** and other innovative research, PCAA will re-establish its role as a **data-driven leader** in prevention

Policy: PCAA will **work collaboratively and build strategic coalitions** to assure the conditions for health and prosperity through **GAI, legislation, and advocacy**

Thriving Families, Safer Children: A National Commitment to Well-Being

“

This extraordinary moment provides an opportunity to shift the narrative from child welfare to child well-being.

We must leverage this new way of thinking to develop and deliver effective and impactful community-based resources that assist families in ways which strengthen and help keep them together.”



Thriving Families, Safer Children

- National movement across public, private, philanthropic sectors
- Create more just and equitable systems
- Engaging lived expertise to develop a child and family well-being system
 - Round 1: demonstration sites; intensive technical assistance support; create child and family well-being system
 - Round 2: focus on policy or system reform at a state, tribal, or territory level

Creating the Conditions...CDC Grant

- \$1 million over 3 years
- Effects of paid family leave and child care subsidies on child maltreatment and intimate partner violence
 - *Do these policies prevent violence?*
 - *Do these policies work for some families but not others?*
 - *How do these policies influence the risk factors for violence?*
 - **Year 1:** Literature reviews, data cleaning
 - **Year 2:** Data analysis
 - **Year 3:** Data analysis & dissemination

Framing Recommendations

1. Make the story one where we all have a stake
2. Show how external conditions “get under the skin”
3. Emphasize the dynamism of development
4. Talk about preventing an ‘overload’ of stress
5. Don’t talk about adversity without resilience
6. Always include a proven or promising policy solution

CDC's 6 Strategies to Prevent ACEs



Strengthen economic supports for families

- Strengthening household financial security
- Family-friendly work policies



Promote social norms that protect against violence and adversity

- Public education campaigns
- Legislative approaches to reduce corporal punishment
- Bystander approaches
- Men and boys as allies in prevention



Ensure a strong start for children

- Early childhood home visitation
- High-quality childcare
- Preschool enrichment with family engagement

Teach skills

- Social-emotional learning
- Safe dating and healthy relationship skill programs
- Parenting skills and family relationship approaches



Connect youth to caring adults and activities

- Mentoring programs
- After-school programs



Lessen harms and prevent future risk

- Enhanced primary care
- Victim-centered services
- Treatment to lessen the harms of ACEs
- Treatment to prevent problem behavior and future involvement in violence
- Family-centered treatment for substance use disorders





\$1.9 trillion pandemic relief plan

- \$250 million for CBCAP, a 400% increase in funding over the program's FY 21 appropriation
- \$150 million in *Maternal, Infant, and Early Childhood Home Visiting (MIECHV)* emergency funds
- Essential unemployment benefits to the millions of people who lost their jobs,
- Provides critical rent and utility assistance,
- Delivers \$1,400 in direct payments,
- Offers states and local governments billions of dollars in local aid to keep education and other vital public services running.
- Expands the Child Tax Credit to \$3,000 per child, and \$3600 for children under age 6 - fully refundable and advance-able.

Community Based Child Abuse Prevention

CBCAP represents the main federal investment in primary prevention.

- In 2019, it was funded at \$55.6M
- In 2020, CBCAP received a \$16M increase for the first time in 15 years



2019



2020

Community Based Child Abuse Prevention (CBCAP) Grants

FY 2019	FY 2020	FY 2021	Pandemic Relief Bill	CAPTA Reauthorization Request
\$39.7M	\$55.6M	\$60.6M	\$250M *one-time emergency funding	\$750M for CBCAP

FY20: \$16 million increase in funding; first increase in nearly 15 years

2021 Emergency Funds: \$250 million, one-time emergency funding; a 400% increase in funding



CBCAP Allowable Uses

- Provide comprehensive support for parents
- Promote the development of parenting skills
- Increase family stability
- Improve family access to formal and informal resources and opportunities
- Support needs of families with children with disabilities through respite or other activities
- Provide referrals for early health and development services
- CAN prevention activities, mental health, substance use and domestic violence services, housing services, transportation, home visiting
- Evaluation and Training
- Public information activities

ESTIMATED CBCAP STATE ALLOCATIONS



Average funds are estimated to range to under \$200,000 to \$29M with a median of \$3M per state

State/Territory	2020 CBCAP Population-Based Allocations	Estimated CBCAP one-time Emergency fund Population-Based Allocations (6% set aside)*
Alabama	\$ 522,314	\$ 3,458,670
Alaska	\$ 200,000	\$ 583,862
Arizona	\$ 787,255	\$ 5,157,318
Arkansas	\$ 337,004	\$ 2,227,558
California	\$ 4,308,501	\$ 28,605,013
Colorado	\$ 606,373	\$ 3,983,908
Connecticut	\$352,347	\$ 2,348,436
Delaware	\$200,000	\$ 645,605
District of Columbia	\$ 200,000	\$ 393,051
Florida	\$ 2,026,818	\$ 13,266,664
Georgia	\$1,200,899	\$ 7,939,502
Hawaii	\$ 200,000	\$ 965,307
Idaho	\$ 214,215	\$ 1,401,157
Illinois	\$1,369,366	\$ 9,147,105
Indiana	\$ 751,538	\$ 4,967,628
Iowa	\$ 350,225	\$ 2,310,932
Kansas	\$ 338,337	\$ 2,249,653
Kentucky	\$ 483,489	\$ 3,190,513
Louisiana	\$ 525,226	\$ 3,499,493
Maine	\$200,000	\$ 797,626
Maryland	\$ 642,276	\$ 4,254,398
Massachusetts	\$ 655,077	\$ 4,325,275
Michigan	\$ 1,037,433	\$ 6,872,201
Minnesota	\$ 624,288	\$ 4,100,170
Mississippi	\$ 338,423	\$ 2,252,901
Missouri	\$ 659,856	\$ 4,366,370
Montana	\$ 200,000	\$ 722,657
Nebraska	\$ 228,530	\$ 1,502,003
Nevada	\$ 330,207	\$ 2,164,170

State/Territory	2020 CBCAP Population-Based Allocations	Estimated CBCAP one-time Emergency fund Population-Based Allocations (6% set aside)*
New Hampshire	\$ 200,000	\$ 817,008
New Jersey	\$ 936,298	\$ 6,248,233
New Mexico	\$ 231,075	\$ 1,541,017
New York	\$ 1,949,668	\$ 13,116,739
North Carolina	\$ 1,102,601	\$ 7,269,056
North Dakota	\$200,000	\$ 554,954
Ohio	\$1,242,870	\$ 8,225,349
Oklahoma	\$ 458,403	\$ 3,028,692
Oregon	\$ 418,663	\$ 2,758,224
Pennsylvania	\$1,269,510	\$ 8,412,510
Puerto Rico	\$ 284,684	\$ 2,073,662
Rhode Island	\$ 200,000	\$ 654,597
South Carolina	\$530,032	\$ 3,487,720
South Dakota	\$ 200,000	\$ 678,352
Tennessee	\$ 721,867	\$ 4,759,544
Texas	\$ 3,545,593	\$ 23,256,345
Utah	\$ 446,889	\$ 2,925,810
Vermont	\$ 200,000	\$ 368,844
Virginia	\$896,111	\$ 5,901,435
Washington	\$ 797,141	\$ 5,196,234
West Virginia	\$ 200,000	\$ 1,167,288
Wisconsin	\$ 611,582	\$ 4,049,613
Wyoming	\$ 200,000	\$ 430,909
American Samoa	\$ 200,000	\$ 74,085
Guam	\$ 200,000	\$ 165,161
Northern Mariana Islands	\$ 200,000	\$ 54,143
Virgin Islands	\$ 200,000	\$ 85,328
TOTAL	\$ 37,532,984	\$ 235,000,000

*Estimates based on child population with a 6% set-aside. Actual distributions may vary.

Source: U.S. Census Bureau, Population Division. 2019.



“We cannot tackle these issues single-handedly—no one can—but neither can we sit idly by and allow our children, families, and communities to suffer. At moments like this, it is more important than ever for us to stand together to advocate for racial justice and equity. To do so, we rely on strong partnerships—with our nationwide network of state chapters and Healthy Families America affiliates, with external collaborators at the local, state, and federal levels, and with leaders in the business and civic communities. We all have a role to play in creating a better future for every child, regardless of the color of their skin.”

Dr. Melissa Merrick, President/CEO, Prevent Child Abuse America

National Virtual Conference



Opening Plenary: Dr. Nadine Burke-Harris, Surgeon General of California





Thank you

Together, we can prevent child abuse, America...Because childhood lasts a lifetime.

Visit us: preventchildabuse.org

