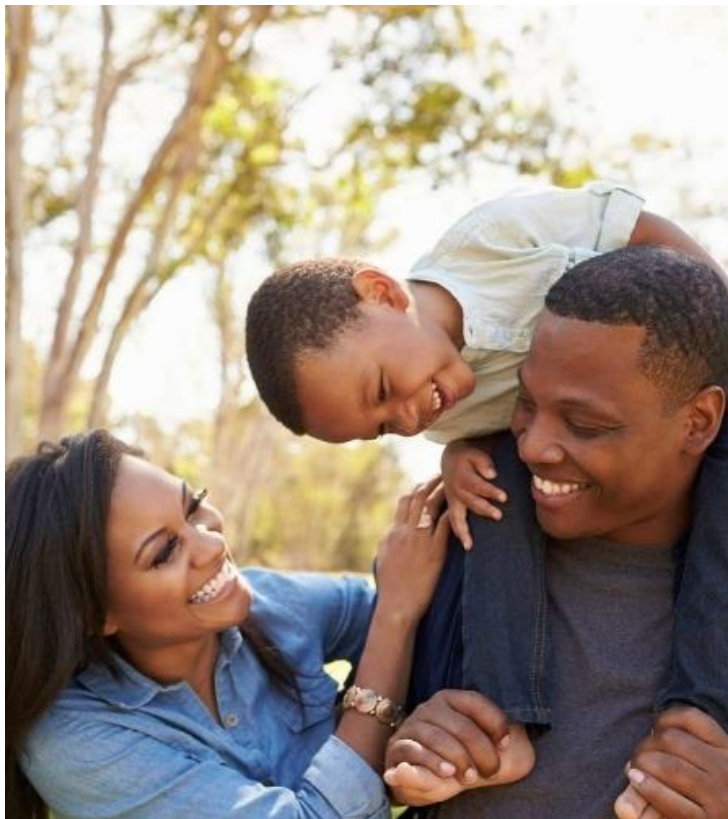




Creating the Conditions For Thriving Children, Families and Communities

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



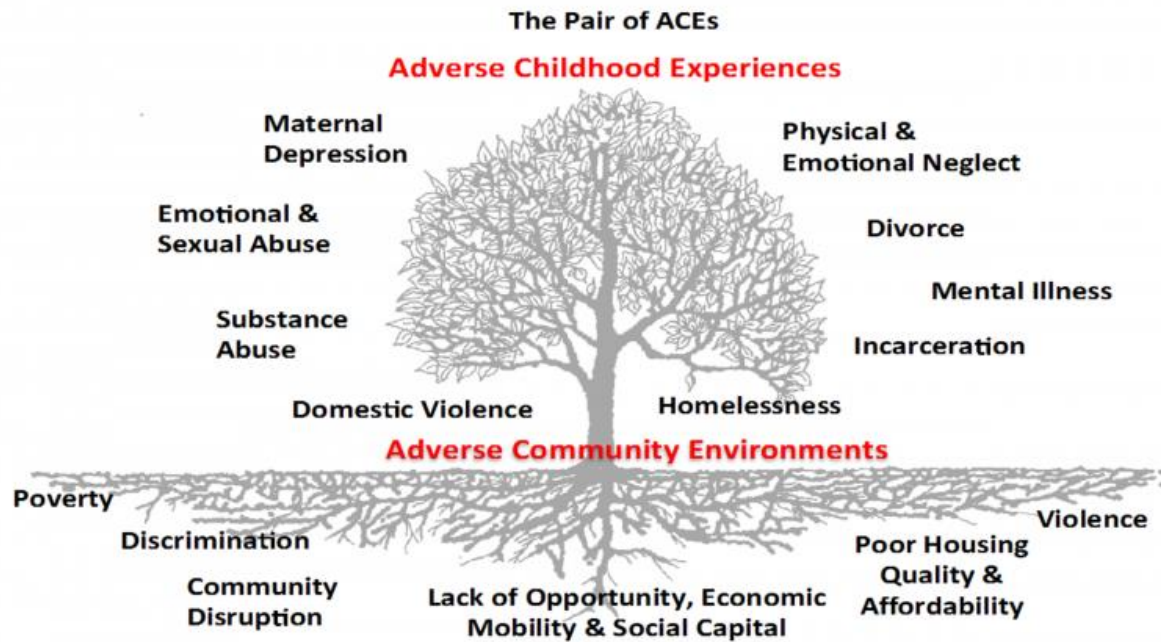
*Public health is what we, as a society, do
collectively
to assure the conditions in which (all) people
can be healthy.*

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

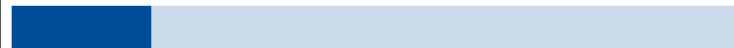


BY GENERATION

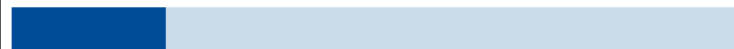
34% of Gen Z adults



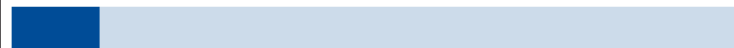
19% of millennials



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

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.

Child Maltreatment
2021, Vol. 26(1) 9-16
© The Author(s) 2020
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/1077559520963916
journals.sagepub.com/home/cm



The Imprint

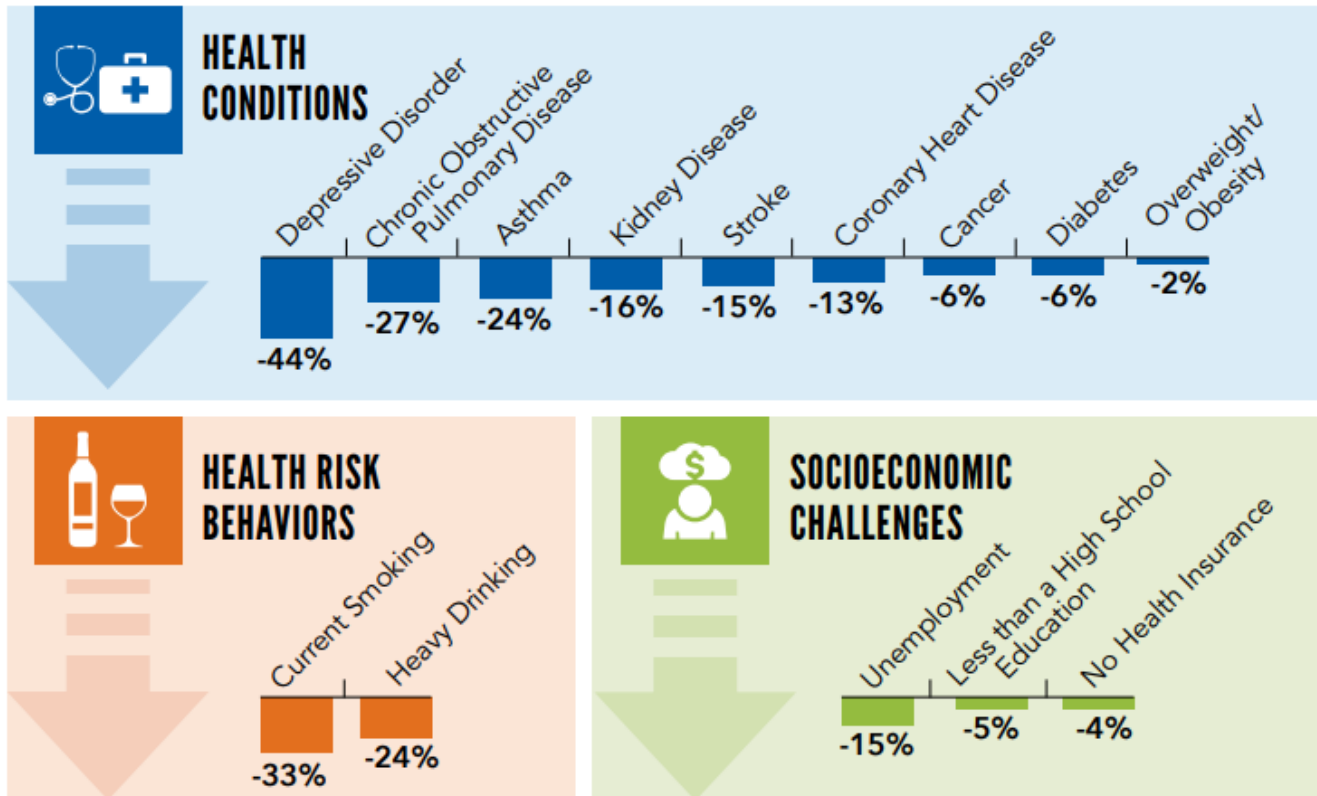
YOUTH & FAMILY NEWS

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





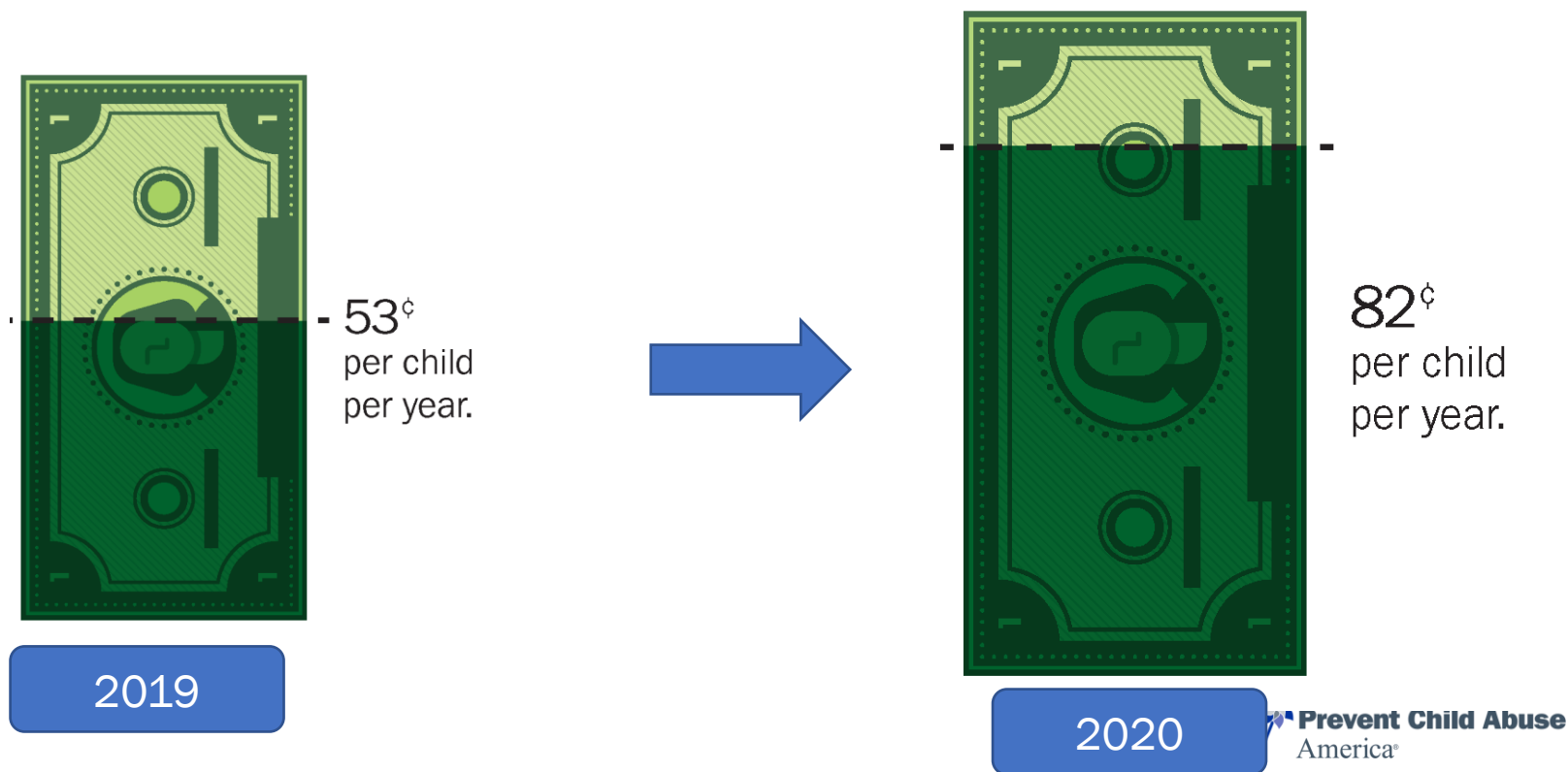
\$1.9 trillion pandemic relief plan

- \$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



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

State/Territory	2020 CBCAP Population-Based Allocations	Estimated CBCAP one-time Emergency fund Population-Based Allocations (6% set aside)*	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	New Hampshire	\$ 200,000	\$ 817,008
Alaska	\$ 200,000	\$ 583,862	New Jersey	\$ 936,298	\$ 6,248,233
Arizona	\$ 787,255	\$ 5,157,318	New Mexico	\$ 231,075	\$ 1,541,017
Arkansas	\$ 337,004	\$ 2,227,558	New York	\$ 1,949,668	\$ 13,116,739
California	\$ 4,308,501	\$ 28,605,013	North Carolina	\$ 1,102,601	\$ 7,269,056
Colorado	\$ 606,373	\$ 3,983,908	North Dakota	\$200,000	\$ 554,954
Connecticut	\$352,347	\$ 2,348,436	Ohio	\$1,242,870	\$ 8,225,349
Delaware	\$200,000	\$ 645,605	Oklahoma	\$ 458,403	\$ 3,028,692
District of Columbia	\$ 200,000	\$ 393,051	Oregon	\$ 418,663	\$ 2,758,224
Florida	\$ 2,026,818	\$ 13,266,664	Pennsylvania	\$1,269,510	\$ 8,412,510
Georgia	\$1,200,899	\$ 7,939,502	Puerto Rico	\$ 284,684	\$ 2,073,662
Hawaii	\$ 200,000	\$ 965,307	Rhode Island	\$ 200,000	\$ 654,597
Idaho	\$ 214,215	\$ 1,401,157	South Carolina	\$530,032	\$ 3,487,720
Illinois	\$1,369,366	\$ 9,147,105	South Dakota	\$ 200,000	\$ 678,352
Indiana	\$ 751,538	\$ 4,967,628	Tennessee	\$ 721,867	\$ 4,759,544
Iowa	\$ 350,225	\$ 2,310,932	Texas	\$ 3,545,593	\$ 23,256,345
Kansas	\$ 338,337	\$ 2,249,653	Utah	\$ 446,889	\$ 2,925,810
Kentucky	\$ 483,489	\$ 3,190,513	Vermont	\$ 200,000	\$ 368,844
Louisiana	\$ 525,226	\$ 3,499,493	Virginia	\$896,111	\$ 5,901,435
Maine	\$200,000	\$ 797,626	Washington	\$ 797,141	\$ 5,196,234
Maryland	\$ 642,276	\$ 4,254,398	West Virginia	\$ 200,000	\$ 1,167,288
Massachusetts	\$ 655,077	\$ 4,325,275	Wisconsin	\$ 611,582	\$ 4,049,613
Michigan	\$ 1,037,433	\$ 6,872,201	Wyoming	\$ 200,000	\$ 430,909
Minnesota	\$ 624,288	\$ 4,100,170			
Mississippi	\$ 338,423	\$ 2,252,901	American Samoa	\$ 200,000	\$ 74,085
Missouri	\$ 659,856	\$ 4,366,370	Guam	\$ 200,000	\$ 165,161
Montana	\$ 200,000	\$ 722,657	Northern Mariana Islands	\$ 200,000	\$ 54,143
Nebraska	\$ 228,530	\$ 1,502,003	Virgin Islands	\$ 200,000	\$ 85,328
Nevada	\$ 330,207	\$ 2,164,170	TOTAL	\$ 37,532,984	\$ 235,000,000

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

*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

