INVESTING IN PREVENTION: BUILDING A CHILD AND FAMILY WELL-BEING NETWORK

JUNE 17, 2022









WHO IS IN THE ROOM?



Panel Members

- Hillary Konrad, Office of Child Abuse Prevention
- Kelly Winston, Family Centered Safety and Support Bureau
- Elena Costa, CA Department of Public Health
- Michael Williams, Strategies TA
- Jenny Pearlman, Safe & Sound

Agenda

- Welcome
- Activity
- Shifting to a Child and Family Well-being Network
- Family First Prevention Services Program
- Achieving Child Well-being through Community Engagement
- Prevention Planning Teams
- Family Resource Centers in a Child and Family Well-being Network

Activity

Cheryl Barrett, Parent Partner

LEVELS OF PREVENTION



Tertiary

Provide interventions for children experiencing maltreatment



Programs targeted at families in need to alleviate identified problems and prevent escalation





Primary/Universal

Programs targeted at entire population in order to provide support and education before problems occur

SHIFTING THE MINDSET



- Shifting the mindset from a reactive approach to a proactive approach
- From services to improving the conditions in which we live, grow, work and play (SDOH)
- From prevention to well-being
- Equity and community engagement
- Lifting the voice of those with lived expertise

ADVANCING EQUITY THROUGH THE SOCIAL DETERMINANTS OF HEALTH

- Use of SDoH lens to assess the complex, interrelated social structures and economic systems that shape these conditions
- Assessing the aspects of the social environment, physical environment, and access to quality care and services
- What are the structural and systemic barriers that prevent needed services from reaching marginalized populations?
- What are the barriers to access of quality and equitable care?

Social Determinants of Health



Social Determinants of Health
Capyright-free

Social Determinants of Health
Capyright-free

Investments within the Social Determinants of Health will lead to:



Reduction in Adverse Childhood Experiences



Primary Prevention: Preventing Unhealthy Communities

SDOH	Economic Stability	Education	Health & Health Care		Neighborhood and Built Environment	Social and Community Context	
			Health	Mental/Behavioral Health			
Service Need	Cash support Job training and placement Food security Housing, Incl. P&S Childcare	High school graduation Enrollment in higher education Literacy and langauge Early childhod education and dev. Parent education	Access to care, both curative and primary Health literacy	y Access to care Mental/behavioral health literacy	Access to healthy food choices Housing quality Community safety Clean environment	Civic participation Social supports and networks Equity and advocacy	
Service Examples	Child credits Job training and placement programs Food banks/co-ops WIC Housing vouchers Subsidized child care	Tutoring/GED Support Career and college counseling ESL education Head start Universal preschool Parenting classes FRCs	Health insurance Transportation Health education Medication management School based health FRCs	Health insurance that covers Timely therapy/counseling Psychoeducation Medication management Inpatient and outpatient SA tx School-based mental health FRCs	Access to grocery stores Support for merchants operating healthy food operations Mutual aid programs Community safety initiatives Gang diversion programs Legal aid Community mapping and resource development initiatives Clear air initiatives Community beautification	Neighborhood councils Leadership development Neighborhood events School-based programming FRCs Community participation in data plans Advocacy organizations	
Funding							
usable							
Protective Factor	Concrete support in time of need	Social and emotional competence of children	Parental resilience	Parental resilience	Concrete support in time of need	Social connections	
. 4000	Parental resilience	Knowledge of parenting and child development Implematix	Concrete supports in time of need DRAFT			Parental resilience	

Secondary Prevention: Preventing Harm for Those at Risk

SDOH	Economic Stability	Education	Health & Health Care		Neighborhood and Built Environment	Social and Community Context
Service Need	Cash support Job training and placement Food security Housing, Incl. P&S Childcare	High school graduation Enrollment in higher education Literacy and langauge Early childhod education and dev. Parent education	Health Access to care, both curative and primary Health literacy	Mental/Behavioral Health Access to care Mental/behavioral health literacy Mental/behavioral health support	•	Civic participation Social supports and networks Equity and advocacy
Service Examples	Child credits Job training and placement programs Food banks/co-ops WIC/Calfresh Housing vouchers Utilities assistance Rent assistance Subsidized child care FRCs Tax and legal support Wraparaound Services	Tutoring/GED Support Career and college counseling ESL education Head start Universal preschool Parenting classes FRCs Parent Baby Playgroups Wraparaound Services Home Visiting	Health insurance Transportation Health education Medication management School based health FRCs Vaccination clinics Emergency clinics Wraparaound Services Baby Wellness Checks	Health insurance that covers Timely therapy/counseling Psychoeducation (stress, anger mgmt) Medication management Inpatient and outpatient SA tx Domestic Violence Services Crisis Lines Wraparaound Services Respite care FRCs	Mutual aid programs Community safety initiatives Gang diversion programs Legal aid Community mapping and resource	Neighborhood councils Leadership development Neighborhood events School-based programming FRCs Community participation in data plans Advocacy organizations Parent Leadership Training Peer Navigators Cultural Brokers Parent Partners Father engagement Youth Programs
Protective Factor	Concrete support in time of need	Social and emotional competence of children Knowledge of parenting and child development 2022 Implematix	Parental resilience Concrete supports in time of need DRAFT	Parental resilience	Concrete support in time of need	Social connections Parental resilience

CATALYSTS TO CREATING A CHILD AND FAMILY WELL-BEING NETWORK

2018: Family First 2019: 2021: Prevention Prevention Services Act Summit **AB 153** 2018: 2019: 2021:All All Children **SB 436** Children Thrive Pilot Thrive **Funding**

FAMILY FIRST PREVENTION SERVICES ACT (FFPSA) PART 1 OF 2018

The Family First Prevention Services Act (FFPSA) was passed and signed into law (P.L. 115-123) as part of the Bipartisan Budget Act on February 9, 2018.

- New option for States and Tribes to claim Title IV-E entitlement funds for evidence-based prevention and trauma-informed services for children and youth who are deemed candidates (at imminent risk for entry into foster care)
- Evidence-based interventions funded by Title IV-E must be selected from the Title IV-E Prevention Clearinghouse, fall within one of the following categories, and be included in California's Five-Year State Prevention Plan
 - In-home parent skill-based programs
 - Mental health services, and
 - Substance abuse prevention and treatment services
- The legislation is intended to reduce entries into care by funding prevention services and interventions to mitigate imminent-risk factors and maintain a child and youth's placement in-home

ALL CHILDREN THRIVE

- All Children Thrive, CA project brings residents, youth, city officials and community leaders together who know their cities best to co-design solutions to childhood adversity to work to heal the adversities affecting all of California's children today and transform their future.
- In 2018, the Mental Health Oversight and Accountability Commission authorized the (ACT) project for \$3 million for a 3 Year Pilot Project
- In 2021, the California State Legislature authorized \$25 million for ACT for five years through 2026



Dr. Robin Jenkins presents the value of the prevention model

County Welfare Directors Meeting



OCAP and 10 Child Welfare Directors form the Prevention Cabinet



SENATE BILL 436

"Family Resource Center" means an entity providing family-centered and family-strengthening services that are embedded in communities, culturally sensitive, and include cross-system collaboration to assist in transforming families and communities through reciprocity and asset development based on impact-driven and evidence-informed approaches with the goal of preventing child abuse and neglect and strengthening children and families.

CA WELFARE & INSTITUTIONS CODE SECTION 18951(g)

BASICS OF ASSEMBLY BILL (AB) 153 - STATE FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM BLOCK GRANT

In July 2021, California Assembly Bill 153 was signed into law by Governor Newsom

- AB 153 establishes the Family First Prevention Services (FFPS) Program in State law
- AB 153 expressly states California's intent to opt into the *federal* Family First Prevention Services Act
 (FFPSA) Part I prevention services program
- AB 153 articulates a commitment to a coordinated continuum of prevention services by ensuring each county that opts-into FFPS Program develops a comprehensive prevention plan
- AB 153 reaffirms the State's commitment to Indian children, families, caregivers, and tribes, including implementation of prevention services consistent with the Indian Child Welfare Act (ICWA)



CA DEPARTMENT OF SOCIAL SERVICES

SAFETY, PREVENTION AND EARLY INTERVENTION BRANCH

CALIFORNIA'S FAMILY FIRST PREVENTION SERVICES PROGRAM (FFPS)





FEDERAL LAW PL 115-123

STATE LAW ASSEMBLY BILL 153

- Provides Title IV-E reimbursement for limited prevention services
 - Mental health, Substance Use Treatment and In home Parenting Skills
- Candidates for Prevention Services = children at "Imminent risk of entering foster care" and their family members

Program goals

- Decrease foster care placements
- Increase kinship support
- Increase child wellbeing
- Title IV-E is the "Payer of Last Resort"
- Additional Federal Requirements
 - CQI and Model Fidelity
 - Professionally trained workforce
 - Data reporting which includes per child expenditures

 Adds sections 16585 – 16589 to Welfare and Institutions Code to incorporate all provisions of FFPSA part 1 for prevention services.

Plus:

- Aligns the federal provisions with California's vision to carry out comprehensive prevention services
- Outlines the State's commitment to a coordinated continuum of services, reduction of foster care entries and disproportionality, and adherence to Indian Child Welfare Act (ICWA) requirements in the implementation of prevention services
- Highlights a focus on serving programs to ensure equity and inclusion; with services embedded to meet local community needs; culturally responsive programs
- Geared toward reducing disproportionality
- Requires cross sector collaboration in plan development
- Ensures that Tribes are consulted in the Prevention Plan to ensure that culturally responsive services are met.

CALIFORNIA'S FIVE YEAR PREVENTION PLAN

California is currently revising the Five Year Prevention Plan for resubmittal to ACF. The components include:

- Equity and Inclusion
- Disproportionality and Disparity
- Collaboration, Consultation and Stakeholder Engagement
- Child and Family eligibility
- Pathways to Prevention Services
- Continuous Quality Improvement (CQI)
- Local Title IV-E Agency Opt-In Process
- Workforce Training and Development

ELIGIBILITY & CANDIDACY

Candidates for Foster
Care

- Children in Families Receiving Voluntary or Court-Ordered Family Maintenance services
- Probation Youth
- Children whose guardianship or adoption arrangement is
- Children with a Substantiated or Inconclusive Disposition, but no case opened
- Children who have siblings in foster care
- Homeless or runaway youth
- LGBTO+Youth
- Substance-exposed newborns
- Trafficked children and youth
- Children exposed to domestic violence
- Children whose caretakers experience substance use disorder
- Children experiencing other serious risk factors in addition to family instability or safety threats that constitute imminent risk

Family Members of Candidates

• Eligible for services upon determination of the child(ren) being identified as candidates

Pregnant and Parenting
Youth in Foster Care

- Automatically eligible for prevention services (no assessment tool)
- Distinction from candidate for foster care individual prevention plan
- Eligible regardless of gender, including male foster youth who are fathers or expectant fathers
- Services are voluntary

SELECTION OF EVIDENCE BASED PROGRAMS (EBPS)

EBPs as **Prevention Services**

Federal law:

- Well-supported, supported, and/or promising in Prevention Services Clearinghouse
- Delivered by a qualified clinician
- Must meet requirement for fiscal reimbursement – 50% spent on well-supported expenditures
- Eligible adaptations to increase the cultural relevancy of a service or program

State Requirements:

- Annual review of EBPs to determine if amendments should be pursued (AB 153, Chapter 7, 16588(a))
- Waiver of evaluation request for well-supported EBPs
- Adaptations to EBPs to ensure cultural relevance

CA Proposed 5-Year Plan

Well-Supported EBPs:

- Brief Strategic Family Therapy
- Family Check-Up
- Functional Family Therapy
- Healthy Families America
- Homebuilders Intensive Family Preservation and Reunification Services
- Motivational Interviewing
- Multisystemic Therapy
- Nurse-Family Partnership
- Parent-Child Interaction Therapy
- Parents as Teachers

Block grant funding can be used to support implementation of promising and supported programs to be included in the local Comprehensive Services Plan

ALL COUNTY LETTER 22-23: STATE BLOCK GRANT AND CPP

Allocation of \$199M over 3 years

- Allowable activities under Title IV-E
- Allowable Activities for FFPS State Block Grant

Requirements to submit a Comprehensive Prevention Plan (CPP)

- Required elements of the CPP
- CPP due dates

Maintenance of Effort (MOE)

Requirement to maintain previous levels of prevention spending

Technical Assistance

- Capacity Building
- Readiness Assessments

EXAMPLES OF ACTIVITIES SUPPORTED BY TITLE IV-E FUNDS

Tertiary Prevention Services

- "Well Supported" in the Federal IV-E Clearinghouse
- Services must be included in CA's Prevention Plan once approved by ACF

Population Served

- Candidates for foster care as determined by Title IV-E
 Agency and members of their family
- Expectant or parenting youth

Additional Activities Claimed under IV-E

Administrative (planning) and training costs

Services included in CA's Prevention Plan

- Nurse-Family Partnership
- Healthy Families America (HFA)
- Parents as Teachers
- Parent-Child Interaction Therapy
- Multisystemic therapy
- Brief Strategic Family Therapy
- Family Check-Up
- Functional Family Therapy
- Homebuilders
- Motivational Interviewing

EXAMPLES OF ACTIVITIES SUPPORTED BY FFPS BLOCK GRANT

Primary, Secondary and Tertiary Prevention

- Any primary and secondary service that meets local needs
- Emphasis on services that meet the culturally diverse needs of the community
- EBPs not included in the CA's prevention plan

Population Served

 As determined in the local CPP based on the needs of the community

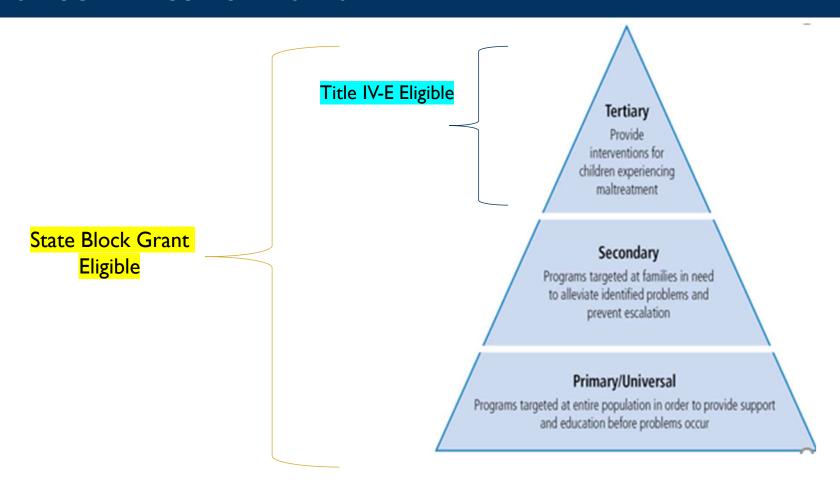
Additional Activities Claimed under FFPS Block Grant

- Development of the local CPP
- Building of a sustainable prevention infrastructure
- Admin and Training beyond Title IV-E activities

Services in local CPP:

- Locally determined through collaborative planning and implementation process
- Above and beyond FFPSA limitations
- Cultural Adaptations
- Evidence building for inclusion in the Title IV-E Clearinghouse

FFPS PROGRAM INCORPORATES FFPSA PART I



OPTIONS OF PATHWAYS

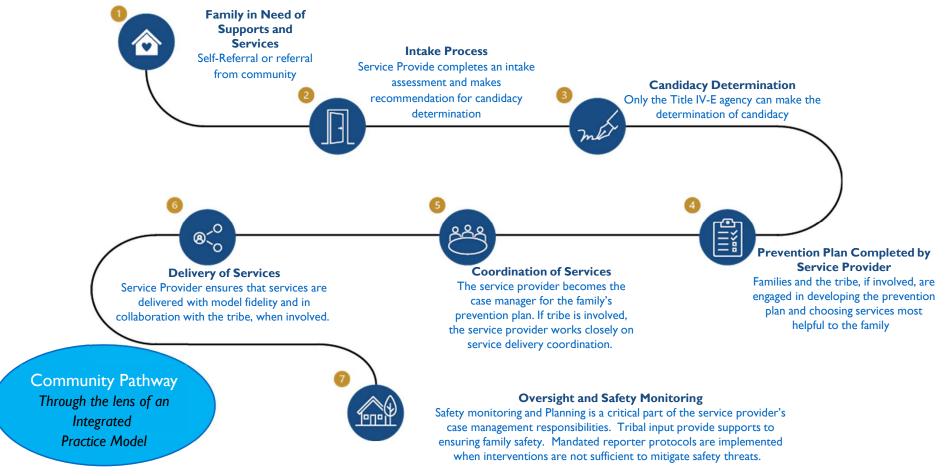
Title IV-E Pathway

- Traditional Voluntary and court ordered Family Maintenance Cases, Post Family Reunification
- Referrals come from Child Abuse Hotline
- Offers Title IV-E for services for children AND family members
- Oversight and Case Management by Child Welfare Agency
- Services may include non-IV-E eligible services
- Opportunity to IMPROVE upon traditional practices and success rates for these families

Community Pathway

- Referrals can come from community, family or Hotline calls that don't meet the criteria for Investigation or after investigation are referred to the community for services
- Services are voluntary and engagement strategies such as Motivational Interviewing are used to develop rapport
- Reduction in stigma associated with CWS involvement
- Reduction in disproportionality of families of color in CWS/foster care

COMMUNITY PATHWAY



OPT IN COUNTIES

49 Counties

Alameda	Amador	Butte	Calveras	Colusa	Contra Costa	El Dorado	Fresno	Glen	Humbolt
Kern	Kings	Lake	Lassen	Los Angeles	Madera	Marin	Mariposa	Mendocino	Merced
Mono	Napa	Nevada	Orange	Placer	Riverside	Sacramento	San Benito	San Bernardino	San Diego
San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara	Santa Cruz	Shasta	Sierra	Siskiyou
Solano	Sonoma	Stanislaus	Sutter	Tulare	Tuolumne	Ventura	Yolo	Yuba	



Achieving Child Well-being through Community Engagement

All Children Thrive, California Initiative Project

June 17, 2022



Public Health Impact





Disparities





State and Local Approaches to Prevention







Local Efforts: All Children Thrive, California Initiative



ACT intends to fund and engage with up to 60 jurisdictions in California by 2026



Goals of All Children Thrive, California

Shape Perspectives

 Help jurisdictions understand the role of public health in addressing child well-being and how to co-design a model with community members

Innovate through Collaboration

• Jurisdictions network with each other to share, learn and create innovative solutions

Shift Power

 Embed community voices into policy, planning and development of cross-sector systems improvement

Sustainable Change

 Support community efforts to pass policies that improve the lives of children and prevent adversity to transform systems and environments so All Children Thrive



Community Action/Priority Areas

- Creating Protective Environments
- Promoting Healthy Child Development
- Strengthening Economic
 Supports
- Youth Development and Civic Engagement





2022-2026 Project Goals

- Provide financial and technical assistance resources to support ACT-funded jurisdictions in changing at least 3 of the 6 interdependent community conditions to prevent childhood trauma and counter its effects.
- 2. Educate and raise awareness among partners, decision-makers and communities about policy, systems, and environmental change strategies to improve the wellbeing of California's Children.
- 3. Engage, facilitate, and maintain an **Equity Advisory Group** (EAG) to guide the implementation of ACT's activities



Community Interventions

- Staff Training
- Onboarding
- Coalition Building
- 6 Learning Community Sessions Annually
- Monthly Strategic Planning
- Youth Development and Engagement
- Data Consultation and Visualization
- Policy Selection
- Policy and Budget Advocacy
- Sustainability Planning
- Media Advocacy



Funding

Planned Funding For Cohorts

Year	Total
1	\$60,000
2	\$100,000
3	\$40,000



Community Engagement is Critical





Resources

- California Child Wellbeing Coalition e-Guide
- <u>Utilizing Data to Improve Child Wellbeing through Community Action</u>
- Creating Safe, Stable, Nurturing Relationships and Environments for Children
- Strategies for Trauma-Informed School Communities: Practices to Improve Resiliency in School Aged Children and Address Adverse Childhood Experiences
- Coping with Stress During the COVID-19 Pandemic One-Pager (for parents and caregivers)





STRATEGIES TA AND CALIFORNIA FAMILY RESOURCE CENTER ASSOCIATION

CAPCs in CA

- **58 CAPCs** defined in California WIC (1 for each county), with subcouncils & regional councils.
- * Regional Collaboration through "Innovative Partnerships":

Central Valley

Greater Bay Area

North Coast

Sierra Sacramento

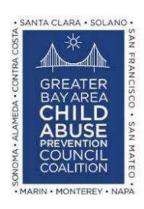
Tri-Coastal

CAPC Diversity

Structure:

- staffed vs. all-volunteer
- county (official CAPC), region, sub-county





Context:

- independent non-profit
- programs in Child Welfare, other county agencies









CAPC Functions

identified in WIC Section 18982.2:

- **Provide a forum** for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases.
- ❖ **Promote public awareness** of the abuse and neglect of children and the resources available for prevention, intervention and treatment.
- **Encourage and facilitate the training of professionals** in detecting, treating, and preventing child abuse and neglect.
- **Recommend improvements in services** to families and victims.
- **Encourage and facilitate community support** for child abuse and neglect programs.

CAPC Roles in Prevention Planning Teams

- * Catalyst: In partnership with Child Welfare lead, initiated Prevention Planning process (22 through 2019 Prevention Summit; 4 through OCAP Orientations after 2019).
- **Convener:** Gathered cross-sector collaborations: First 5, Office of Education, Probation, Behavioral Health, Family Resource Centers, Community Voice, etc.
- **Coordinator:** Co-lead workgroups & implementation.







Shared Responsibility:

Child Welfare & Child Abuse Prevention Council joint leadership.

Cross-Sector Approaches:

Multi-partner collaborative teams.

Investing in Prevention:

- Supporting plans focused on Primary & Secondary
- Informing CB-CAP ARPA, other funding

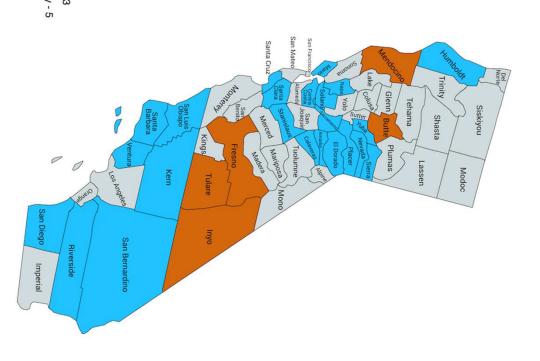
Equity & Community Voice:

- Addressing disproportionality
- Community engagement

COUNTY PREVENTION PLANNING

Consulting Type

Prevention County - 23 CAPC Support County - 5



IF the CDSS & Strategies TA provide **supports**, employing well-matched

values, relationships, information/data, & tools to support collaborative prevention planning in California's counties,

THEN counties will develop and implement actionable plans and sustained collaborations that will create

aligned networks; responsive, accessible systems, and engaged communities, which will support and strengthen families,

THEREBY reducing child abuse and neglect.

Shared Responsibility:

- CAPC member step-up
- Alternating facilitation

Cross-Sector Approaches:

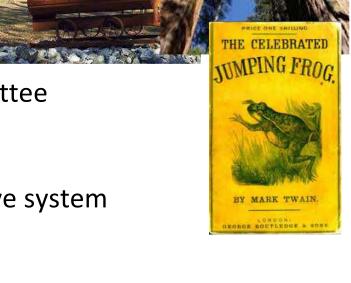
- 2019 Summit team
- "Prevent Child Abuse Calaveras" subcommittee

Investing in Prevention:

❖ Differential Response → Building a proactive system

Equity & Community Voice:

"State of Calaveras Children" interactive event





The *problem* we want to address?

Families struggle to meet basic needs, especially housing and child care

Services are provide after a crisis occurs

Families are isolated

Youth lack opportunities

Workforce shortages impede the development of needed services

Pathways to Change

Move from a reactive system that assists families after a crisis occurs, to a proactive system

Utilize trauma informed, strength based approaches in programs and services

Promote a holistic approach to services, recognize that everyone needs support by ensuring services and resources are accessible to the entire community

Engage decision makers with families to increase awareness of the needs of citizens

Promote awareness of community services so families have the knowledge to support each other

Collaborate to make service decisions, include a cross sector of agencies and community members

Outcomes

Reduction in the number of children in need of child protective services

Increase in Protective Factors in children and families

Increase in child and family well-being

Shared Responsibility:

- 2019 Summit "Prevention Cabinet"
- ❖ DFCS Prevention Office → CAPC



Cross-Sector Approaches:

- Prevention Director's "road show"
- Current challenge: CAPC transparency requirements

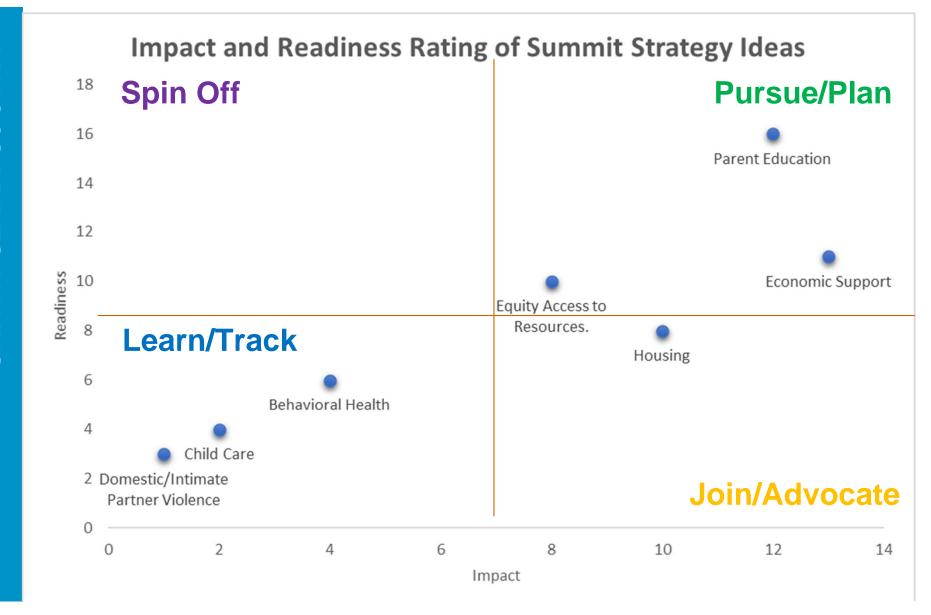
Investing in Prevention:

❖ Leveraging 2-1-1, income support policy, FFPSA/FFPS

Equity & Community Voice:

- Community Forums
- Issue area workgroups





California Family Resource Association (CFRA)

Vision:

A strong, cohesive network that promotes the success and well-being of families in all California communities.

Mission:

To:

- ...connect family resource centers and allied organizations, networks, and community leaders in a member-driven, statewide network;
- ...convene family-strengthening leaders for networking and working toward a shared vision;

Strong Families, Strong Communities,

 ...communicate the value of family resource centers, networks, and programs and policies that strengthen families to policymakers and to the state.



CFRA Members

CFRA's membership is primarily composed of Family Resource Centers (FRCs) and Networks.

FRCs improve a community from within by strengthening its greatest asset—families.

FRCs: 60

Networks: 23 (representing 200+ FRCs)

Individuals: 13

Total: 96



Policy & advocacy efforts focus on seven priority areas:

- 1) Child Abuse Prevention;
- Racial Equity and Systemic Racism;
- 3) Services and Supports for Families and Communities;
- 4) Stable Funding Stream for FRCs;
- 5) Advocacy Support and Training for CFRA Members;
- 6) Evaluation and Data to Substantiate Impact of FRCs;
- 7) Respond to Emerging Needs.

Policy Platform



Family Resource Centers in a Child and Family Well-Being Network

Jenny Pearlman, Associate Director Strategic Partnerships & Policy Partnerships for Well-Being Institute June 17, 2022

Key Prevention Partners

Issue-Based

- Substance-use
- Parent mental health

Place-Based

 Welcoming community hubs, located in multiple neighborhoods and supporting diverse communities





Family Centered & Strengths-Based Imbedded in Community & Providing Holistic Supports

Responsive to Community Needs

Strengthening Families Framework:

Five Protective Factors

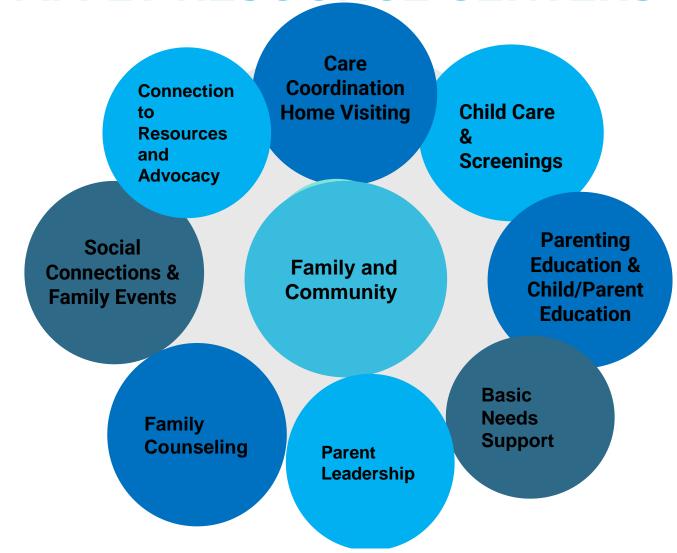
Highlights

- Center for Study of Social Policy (2001);
 research-informed
- Focus on building strengths vs. eliminating risks
- Low rates of child abuse where 5PF high

Five Protective Factors

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

FAMILY RESOURCE CENTERS



63

Building Linkages

- Break silos and build bridges to meet families' needs and ensure access
- Connect other family-serving systems
- Allows other public investments to be more fully maximized

- Approximately 40,000 caregivers and children served annually by 26 organizations in San Francisco.
- ***** Key driver of a 60% reduction in substantiated child abuse cases and a 52% reduction in the rate of children placed in foster care.
- A Raised funding to enhance connections to FCF elementary schools and nediatric healthcare

Increasing Investment in FRCs

State Opportunities

- Covid Relief
 - \$3M and \$13M
 - Granting through CFRA
- Governor's Annual Budget
 - CFRA Tool Kit

Local Opportunities

- FRCs in county legislation and initiatives
- FFPSA prevention planning teams
- Local FRC Collaboratives & Partnerships

Increased Economic Supports Yields **Decreased Child Welfare Involvement**

Differential Response

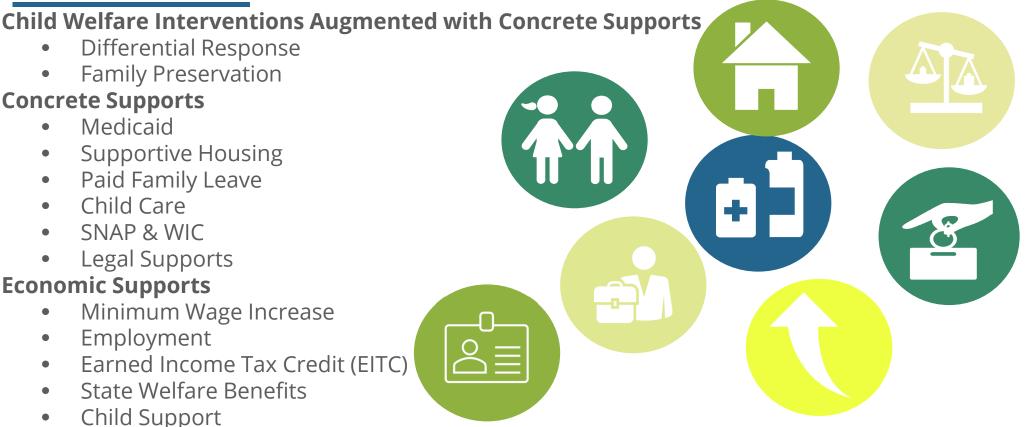
Family Preservation

Concrete Supports

- Medicaid
- Supportive Housing
- Paid Family Leave
- Child Care
- **SNAP & WIC**
- Legal Supports

Economic Supports

- Minimum Wage Increase
- Employment
- Earned Income Tax Credit (EITC)
- State Welfare Benefits
- Child Support
- Sustained Income Support



Chapin Hall at the University of Chicago, 2021 (citing sources), available at: https://www.chapinhall.org/research/economic-supports-child-welfare/



- For every \$1 increase in the minimum wage, there was a nearly 10%
 reduction in neglect reports.¹
- An increase of \$1,000, or 13%, in annual spending per person in poverty programs by all 50 states and Washington, D.C., potentially yields approximately 181,000 fewer children reported for maltreatment, 28,500 fewer victims, 4,100 fewer children entering foster care and 130 fewer children dying every year.²

¹ Raissian, 2017, cited in Chapin Hall at the University of Chicago, 2021 (citing sources), available at: https://www.chapinhall.org/research/economic-supports-child-welfare/

² Puis, Pediatrics, 2021, available at https://publications.aap.org/pediatrics/article/148/5/e2021050685/181348/State-Spanding on Public Ropolit Programs and 2 utologing back—redirected



<u>Decreased</u> Economic Support Yields <u>Increased</u> Child Welfare Involvement

- Reduced TANF benefits
- Reduced employment
- Lack of childcare
- Housing instability
- Increased gas prices

Associated with increased levels of neglect, reports, investigations, substantiation, and entries into foster care.

Chapin Hall at the University of Chicago, 2021 (citing sources), available

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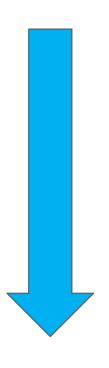
Investing in Family Resource Centers



- For ever \$1 invested in a FRC in 2018, the Teller County, CO child welfare system saved \$2.92, totaling \$2.5M
- For every \$1 invested in a FRC, the Orange County, CA child welfare system saved \$3.65, totaling \$1.1M in 2016 and \$1.8M in 2017

Omni Institute (2021). Return on Investment of a Family Resource Center to the Child Welfare System; Andrew Russo presentation National Family Support, April 2022.

Strengthening Families: Child Abuse Reduction



- 26% lower rate of child abuse investigations in neighborhoods with Family Support Orgs. (Allegheny, PA)
- 60% reduction in substantiated cases of abuse in 10 years (San Francisco)
- 63% reduction in abuse since moving to differential response model with FRCs (Teller County, CO)

Univ. of Chicago Chapin Hall. (2015). Do Family Support Centers Reduce Child Maltreatment Investigations? Evidence from Allegheny County. Family & Children's Services, County of San Francisco Data; Omni Institute (2021). Return on Investment of a Family Resource Center to the Child Welfare System; Andrew Russo presentation National Family Support, April 2022.

CONTACT INFORMATION

Hillary Konrad and Kelly Winston, Bureau Chiefs, Safety Prevention and Early Intervention Branch, CDSS Hillary.Konrad@dss.ca.ogv Kelly.Winston@dss.ca.gov

Elena Costa

Essentials for Childhood Initiative Program Coordinator Elena.Costa@cdph.ca.gov

Michael Williams, Policy Director, Strategies TA and CFRA

Mwilliams@thecapcenter.org

Jenny Pearlman, Associate Director Strategic Partnerships and Policy, Safe and Sound Jenny.Pearlman@safeandsound.org

Family First Prevention Services Program

ffpsapreventionservices@dss.ca.gov cdss.ca.gov/inforesources/ffpsa

All Children Thrive, California

https://act-ca.org/ info@ACT-CA.org