

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

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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

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

EXECUTIVE SUMMARY

The Child Abuse Prevention and Treatment Act (CAPTA) of 2010 (P.L. 111-320, as amended) requires the Secretary of Health and Human Services to submit to Congress a report on efforts to coordinate the objectives and activities of agencies and organizations which are responsible for programs related to child abuse and neglect. The Children's Bureau (CB), within the Administration for Children and Families (ACF), carries out the mandates of this law. The last report was submitted on February 15, 2000. In 2003, with the enactment of The Keeping Children and Families Safe Act of 2003 (P.L. 108-36), which reauthorized the CAPTA, the requirement to report on coordination efforts sunset. However, in the 2010 reauthorization of CAPTA, the coordination report requirement was reinstated. This report provides a description of key efforts of the coordination of programs and activities related to child abuse and neglect from June 1999 to September 2012.

The Children's Bureau, Office on Child Abuse and Neglect (OCAN) has been consistently engaged in significant efforts to meet its coordination responsibility. Through work with federal, state and local agencies, as well as a broad network of partners including non-federal organizations and groups, OCAN has managed efforts to broadly share and disseminate information, promote awareness, and create, foster and implement opportunities for collaborative efforts to address child abuse and neglect. Addressing the complex issues of child maltreatment cuts across many disciplines and therefore collaborative efforts are essential to preventing child maltreatment, promoting well-being, and improving the lives of children and families across the United States (U.S.).

Below are highlights from the current report. More detailed information is available within the report.

FEDERAL INTERAGENCY INITIATIVES

FEDERAL INTERAGENCY WORK GROUP ON CHILD ABUSE AND NEGLECT (FEDIAWG)

In 1988, with the passage of the amendments to CAPTA the Federal Inter-Agency Task Force on Child Abuse and Neglect was created. This Task Force consisted of approximately 30 member agencies and was drawn from the eight Cabinet Departments and the Office of Personnel Management. As required by statute, the Director of the National Center on Child Abuse and Neglect (NCCAN) chaired this Task Force. Although the passage of the CAPTA Amendments of 1996 eliminated the requirement for a Task Force on Child Abuse and Neglect, the existing members of the Task Force agreed that it remained important to maintain the connections created by the Task Force and continue their work and coordination efforts and the name was changed to the Federal Interagency Work Group on Child Abuse and Neglect (FEDIAWG). FEDIAWG consists of representatives from over 40 federal agencies. Members of FEDIAWG meet in-person on a quarterly basis each fiscal year. FEDIAWG subcommittees include: the Prevention Subcommittee, the Research Subcommittee, the Family Violence and Child Welfare Subcommittee, and the Tribal Child Welfare Subcommittee. The National Institutes of Health Child

Abuse and Neglect Working Group collaborates with various federal agencies as the coordinator for the FEDIAWG Research Subcommittee.

INTERAGENCY AGREEMENTS

Through interagency agreements (IAA), funds contributed by both CB and an identified partner agency or agencies, are combined to support research, technical assistance, and coordination on effective prevention and intervention practices to improve the health, safety and well-being of children and their families and better understand the complex issue of child maltreatment.

Below are two examples of current and past interagency agreements that CB/ACYF has held. Additional information is found within the report.

- **CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC):** CB has entered into an IAA with the Division of Violence Prevention at the CDC, for the purpose of integrating the Adverse Childhood Experiences (ACE) study into the work of the Division. The primary goals of this work include: (1) extending the collection and analysis of prospective data from the original ACE study with Kaiser; (2) supporting the analysis of ACE modules to the Behavioral Risk Factor Surveillance System (BRFSS) that were administered by various states; and, (3) creating a forum for collaboration between the two agencies to utilize the ACE study to inform prevention of child abuse and neglect efforts and to support and inform other CB and ACYF activities.
- **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA):** OCAN/CB currently provides two million dollars to the Center for Substance Abuse Treatment (CSAT) at SAMHSA to support the implementation of a wide range of collaborative activities as outlined in the 1999 Report to Congress' recommendations, including the funding of the National Center on Substance Abuse and Child Welfare (NCSACW).

INTERAGENCY COLLABORATIONS AND INITIATIVES

- **EARLY CHILDHOOD FEDERAL PARTNERS WORKGROUP:** The Early Childhood Federal Partners Systems Workgroup was started in the early 2000s and initially comprised of the Maternal and Child Health Bureau (MCHB), Office of Head Start (OHS), and Office of Child Care (OCC). OCAN joined the group in 2007 and there are now more than 30 representatives from more than a dozen offices within HHS and the Department of Education.
- **MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM:** The *Maternal, Infant, and Early Childhood Home Visiting Program* (MIECHV) under the Patient Protection and Affordable Care Act of 2010, is administered by the Maternal and Child Health Bureau (MCHB) within the Health Resources and Services Administration (HRSA). As outlined in the legislation, MCHB/HRSA has partnered with ACF to implement the various elements of the program. OCAN is part of the

team of federal offices within ACF working together and with MCHB/HRSA to support the implementation of this program.

- **OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP) AND THE FEDERAL INTERAGENCY TASK FORCE ON DRUG ENDANGERED CHILDREN (DEC):** In 2010, the Department of Justice (DOJ) established the Federal Interagency Task Force on Drug Endangered Children (DEC). This Task Force was established in response to the Administration's 2010 National Drug Control Strategy and is chaired by Deputy Attorney General James Cole. OCAN staff participated in the inaugural meeting of the Task Force and contributed to the development of the group's strategy statement.

- **OFFICE OF PLANNING, RESEARCH AND EVALUATION (OPRE), ACF**

For many years, OPRE has had a long-standing collaboration OCAN/CB to provide support, consultation and management of several large scale research and evaluation efforts funded by OCAN/CB and support on other projects of mutual interest. Two examples of these collaboration efforts on large scale research projects include:

National Incidence Study on Child Abuse and Neglect (NIS)

The Consortium of Longitudinal Studies of Child Abuse and Neglect (LONGSCAN)

MAJOR MEETINGS

- **18th NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT:** Beginning in 1976, there has been a national conference every two to three years, designed to serve as the field's leading training and technical assistance event. The conference creates a unique collaborative opportunity for policy makers, practitioners, advocates, researchers and academics from a variety of disciplines to convene and learn more about state-of-the-art research, policy and practice regarding child maltreatment. The 18th National Conference on Child Abuse and Neglect, "Celebrating the Past, Imagining the Future," was held from April 16 – 20, 2012 in Washington, DC.
- **CHILD WELFARE, EDUCATION AND THE COURTS: A COLLABORATION TO STRENGTHEN EDUCATIONAL SUCCESSES OF CHILDREN AND YOUTH IN FOSTER CARE:** In November 2011, the Department of Education and the HHS co-hosted a two-day meeting to set forth a call to action that convened leaders in child welfare, education and juvenile court systems from every state including the District of Columbia and Puerto Rico.

REPORTS AND PUBLICATIONS

- **PREVENTION COMMUNITY RESOURCE GUIDE:** A community resource guide has been published annually since 2003 in conjunction with National Child Abuse Prevention Month (April). The resource guide is developed in partnership with the National Child Abuse Prevention Partners and coordinated by OCAN/CB. *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action*, was released in 2012, and focuses on national organizations, federal prevention partners and parents coming together to develop a shared vision, engage in shared action, and strengthen networks and partnerships committed to prevention of child abuse and neglect.

Nonfatal Maltreatment of Infants – United States, October 2005-September 2006, April 4, 2008 Morbidity and Mortality Weekly Report (MMWR), volume 57, number 13: In the fall of 2007, a collaborative of individuals, including members of the CB data team, OCAN staff, the National Child Abuse and Neglect Data System (NCANDS) Technical Team at Walter R. McDonald and Associates, Inc., and staff from the National Center for Injury Prevention and Control at the CDC wrote a joint article highlighting child maltreatment in the first weeks of life in the CDC’s MMWR report.

STATE-LEVEL ACTIVITIES

- **CAPTA FORMULA GRANT PROGRAMS TO STATES** (detailed information about the programs listed are found within the report).
 - Children’s Justice Act (CJA) Grant Program
 - Community-Based Child Abuse Prevention (CBCAP) Grant Program

- **CAPTA DISCRETIONARY GRANT INITIATIVES TO STATES AND LOCAL COMMUNITIES**

The concepts and themes of collaboration and interagency coordination efforts are strongly integrated in our discretionary grant initiatives with states and local communities, via program instructions, funding announcements and technical assistance.

Below are several examples of current and past discretionary grant initiatives CB/ACYF has supported. Detailed information is found within the report.

- *Child Welfare – Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement (ECCW)*
- *Child Welfare – Education System Collaborations to Increase Education Stability*
- *Targeted Grants to Improve the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Parental/Caretaker Methamphetamine or Other Substance Abuse (Regional Partnership Grants) (RPG).*

CONCLUSION

Coordination efforts are inherent in the work of OCAN/CB, whether it is direct collaboration with federal partners or the philosophical approach that underpins our discretionary and formula based grants to encourage robust and meaningful partnerships. OCAN and CB have been diligent in efforts to reach out to federal partners and remains dedicated and committed to further collaborative efforts to bring multiple agencies together to support shared action to prevent child maltreatment and to promote well-being for children and families across the U.S.

OCAN and CB will continue to build inclusive collaborations with existing and new partners to support coordinated research, training, technical assistance, service delivery and continue to develop opportunities for shared learning, knowledge development and dissemination at the federal level and encourage such efforts at the state and local level among grantees and community service providers. It is through interagency coordinated efforts to develop stronger networks and partnerships across ACF, throughout HHS and with other federal partners that we can best work to prevent child maltreatment and promote the well-being of children and families.

REPORT ON EFFORTS TO COORDINATE PROGRAMS AND ACTIVITIES RELATED TO CHILD ABUSE AND NEGLECT

The Child Abuse Prevention and Treatment Act (CAPTA) of 2010 (P.L. 111-320, as amended) requires the Secretary of Health and Human Services to submit to Congress a report on efforts to coordinate the objectives and activities of agencies and organizations which are responsible for programs related to child abuse and neglect. The Children's Bureau (CB), within the Administration for Children and Families (ACF), carries out the mandates of this law. CB has been consistently engaged in significant efforts to meet its coordination responsibility. Through work with federal, state and local agencies, as well as a broad network of partners including non-federal organizations and groups, CB has managed efforts to broadly share and disseminate information, promote awareness, and create, foster and implement opportunities for collaborative efforts to address child abuse and neglect. Addressing the complex issues of child maltreatment cuts across many disciplines and therefore collaborative efforts are essential to preventing child maltreatment, promoting well-being, and improving the lives of children and families across the United States (U.S.).

This report will provide an overview and brief highlights of key areas of coordination efforts undertaken by CB since the last Report to Congress on Coordination was submitted in February 2000. The February 2000 report outlined activities undertaken from October 1996 to June 1999.

HISTORY OF REPORT TO CONGRESS ON COORDINATION EFFORTS AND OVERVIEW OF CURRENT AND PAST ACTIVITIES

As legislatively mandated by the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247, as amended), the Secretary of Health and Human Services has previously submitted to Congress several reports on the efforts to coordinate the objectives and activities of agencies and organizations which are responsible for programs related to child abuse and neglect. CB's Office on Child Abuse and Neglect (OCAN) carried out the mandates of this law. The last report was submitted on February 15, 2000. In 2003, with the enactment of The Keeping Children and Families Safe Act of 2003 (P.L. 108-36), which reauthorized the CAPTA, the requirement to report on coordination efforts sunset. As a result, CB discontinued production of the Report, but this did not represent a stop in the progress of coordination efforts. As required in the 2010 reauthorization of CAPTA, this report provides a description of key efforts of the coordination of programs and activities related to child abuse and neglect from June 1999 to September 2012.

FEDERAL INTERAGENCY INITIATIVES

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In 1988, with the passage of the amendments to CAPTA the Federal Inter-Agency Task Force on Child Abuse and Neglect was created. This Task Force consisted of approximately 30 member agencies and was drawn from the eight Cabinet Departments and the Office of Personnel Management. As required by statute, the Director of the National Center on Child Abuse and Neglect (NCCAN) chaired this Task Force.

The passage of the CAPTA Amendments of 1996 eliminated the requirement for a Task Force on Child Abuse and Neglect. However, the existing members of the Task Force agreed that it remained important to maintain the connections created by the Task Force and continue their work and coordination efforts. Based upon this decision, the name of the Task Force was changed to the Federal Interagency Work Group on Child Abuse and Neglect (FEDIAWG) and the words “Task Force” were eliminated because of their meaning and requirements under federal law.

Today, FEDIAWG consists of representatives from over 40 federal agencies. Many of these agencies and bureaus are from within the Department of Health and Human Services (HHS), including: the Office of Head Start (OHS), Office of Child Care (OCC), Office of Refugee Resettlement (ORR), Family and Youth Services Bureau (FYSB), the Office of Planning, Research and Evaluation (OPRE) at ACF, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). FEDIAWG also includes members from other agencies across various Departments in the federal government such as the Family Advocacy Program of the Department of Defense (DoD), the Office of Special Education Programs at the Department of Education, the Office of Victims of Crime, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Institute of Justice (NIJ) of the Department of Justice, the Bureau of Indian Affairs (BIA) of the Department of the Interior, and the National Institute of Food and Agriculture and the Cooperative State Research, Education and Extension Services of the Department of Agriculture. Members of FEDIAWG meet in-person on a quarterly basis each fiscal year.

The primary goals of FEDIAWG are:

- To provide a forum through which staff from relevant federal agencies can communicate and exchange ideas concerning child maltreatment related programs and activities;
- To collect information about federal child maltreatment activities; and
- To provide a basis for collective action through which funding and resources can be maximized.

To further the achievement of these goals, in addition to the principal workgroup, as appropriate, subcommittees have been created to address specific areas, partnerships or targeted goals that have been identified by members of the larger workgroup or the workgroup as a whole. Below is a list of the

various FEDIAWG subcommittees, which have been convened over the last several years, their goals and recent collaborative efforts.

- **Prevention Subcommittee:** The Prevention Subcommittee was created in 2007 as a mechanism to bring together federal staff from various partner agencies who share a common interest in child maltreatment prevention. Initial efforts included an environmental scan of prevention efforts and research occurring across subcommittee members' agencies. Following this effort, the subcommittee has focused on the dissemination of the rich information being developed by their grantees (both practice and research-based). In addition to hearing from grantees, the subcommittee has also brought in experts in prevention and related fields to present and create dialogue around the development of innovative approaches to prevention. The increased level of dissemination of information has led to further promotion of prevention initiatives and greater connections and opportunities for coordinated interagency systematic and programmatic efforts at the national, state and local levels.

Some of the outcomes from this subcommittee have included:

- In March 2008, the Early Childhood Comprehensive Systems Partners Meeting was held. This meeting was a joint gathering between grantees from three different agencies within HHS: Community-Based Child Abuse Prevention grants (CB), Early Childhood Comprehensive Systems (Maternal and Child Health Bureau (MCHB)), Early Childhood Mental Health, and the Pregnant Women's Substance Abuse Treatment Programs (SAMSHA). The meeting was designed to support the development of relationships among these grantees at the state, local and community level to build better and comprehensive systems for vulnerable children and families. Promising practices and ideas for strengthening partnerships across health, mental health, family support, parenting education, and early childhood education were also presented. State teams met twice during this working meeting to network and identify opportunities for collaboration.
- In August 2010, the HHS and the Department of Education hosted Early Childhood 2010: *Innovation for the Next Generation*. OCAN/CB, in collaboration with other colleagues within ACF and across HHS, played a key role in the planning and execution of this meeting as part of their work on the Early Childhood Federal Partners Systems Workgroup. This meeting brought together state and local partners and grantees from a wide range of early childhood programs across the two departments, key stakeholders and federal staff to improve collaboration and partnerships at all levels to support integrated early childhood systems.
- In June 2011, OCAN hosted the *Preventing Child Maltreatment and Promoting Well-being: Network for Action* meeting which brought together prevention discretionary and formula grantees, as well as other federal and non-federal partners to develop a

joint vision, engage in shared action, and build stronger collaborative networks at the national, state and, local level for child maltreatment prevention. [More in-depth information about this meeting can be found later in this report.]

- Spearheaded by OCAN staff, the members of the Prevention Subcommittee have co-written a chapter entitled, *The Federal Government's Role in Child Maltreatment Prevention: History and Current Efforts*, for a forthcoming book, *Prevention of Child Maltreatment*, co-edited by a colleague from CDC. This chapter highlights the history and current context of prevention activities and demonstrates the prevention of child maltreatment efforts across a number of Departments and agencies within health and human services, education, juvenile justice, and others. The chapter summarizes the core prevention activities of many agencies related to: 1) direct funding for programs and services; 2) knowledge generation and dissemination; and 3) technical assistance and support to states and communities.

Through a collaborative effort led by the CDC, OCAN has provided consultation and support for CDC's Knowledge to Action (K2A) Child Maltreatment Prevention Consortium, which is a partnership and process to provide new insight and ideas for transferring public health science about child maltreatment prevention to social action. The Consortium includes a "Think Tank" representing issue experts, researchers, business, media, medicine, parent leaders, practitioners, and the national association of state legislators. Through ongoing active participation in the leadership group and workgroup meetings for the last several years, OCAN staff has been highly involved in these efforts. Some of the work of the K2A has been to examine positive community norms, develop strategies for stronger collaboration with the business sector, and using systems modeling methodologies to help identify and implement prevention actions, take advantage of existing synergies, and avoid negative unintended consequences.

- **Research Subcommittee:** The Research Subcommittee shares its efforts with NIH's Child Abuse and Neglect Working Group (CANWG). CANWG was originally established in response to a directive by the Committee on Appropriations in the U.S. House of Representatives. CANWG has always welcomed the participation of FEDIAWG members in their efforts. The NIH CANWG collaborates with other agency partners as the coordinator for the FEDIAWG Research Subcommittee. As a result of this partnership, OCAN/CB and NIH have in the past jointly issued Requests for Applications (RFA) and funded grants on child abuse and neglect research further detailed later in this report in the section on interagency agreements.
- **Family Violence and Child Welfare Subcommittee:** Established in 2008, this subcommittee was created in response to an identified need that emerged in FEDIAWG discussions to refocus attention on the cross section of family violence and child maltreatment. The subcommittee holds a focus that is wider than child welfare and domestic violence, considering all families in which children are exposed to domestic violence. The subcommittee members also discuss

related issues such as children's exposure to violence in other settings, such as community violence. Members meet quarterly, and initial efforts have focused on information sharing across the federal landscape on current initiatives in this area and seeking opportunities for collaboration at the federal level and how to encourage further collaboration at the local level.

- **Tribal Child Welfare Subcommittee:** In recognition of the increased efforts and level of work that FEDIAWG members are currently engaged in within Indian Country and tribal populations living in other areas, members have recently discussed the creation of a new subcommittee focused exclusively on this work. There was great interest among FEDIAWG members, and efforts are underway to set regular meetings and establish goals. This subcommittee is seen as an important opportunity to better coordinate the initiatives of multiple agencies within tribal communities, broadly share information about ongoing work, disseminate research findings and lessons learned, and further explore opportunities for future efforts.
- **Proposed Protective Factors Subcommittee:** As a result of discussions between federal and non-federal partners at a recent expert panel meeting of the National Quality Improvement Center on Early Childhood, a cooperative agreement funded by CB, the concept of a new FEDIAWG subcommittee on Protective Factors was suggested. At an upcoming FEDIAWG meeting a proposal for such a subcommittee will be presented and discussed.

Dissemination Activities: Topical and Information Sharing Webinars

In addition to quarterly meetings and meetings of the various subcommittees, members of FEDIAWG have been broadly engaged in collaborative dissemination efforts through webinars. Since 2008, OCAN began to host a series of webinars stemming from work initiated by FEDIAWG's Prevention Subcommittee. These webinars have been focused on disseminating the findings from funded grantees (both research and practice focused), increasing knowledge through presentations from experts in the field, as well as informing grantees and the field of the resources, as well as training and technical assistance available by the various partner federal agencies. These webinars have and continue to reach professionals from various fields and disciplines across the U.S. Our largest audience for a live webinar included over 300 participants. Webinars are recorded and archived for additional viewing by those who were unable to attend, and as resources for new grantees, practitioners and other interested parties. Webinars have been on a broad range of topics and have featured multiple federal agencies including:

- *Secondary Data Analysis from the National Survey on Child and Adolescent Well-Being (NSCAW)* in conjunction with the OPRE at ACF;
- *Parent Training Programs to Prevent Childhood Behavior Problems: What Components are Most Helpful?* in conjunction with the CDC;
- *Supporting Military Families* in conjunction with DoD;

- *Is It Injury or Neglect? Improving Our Knowledge to Better Protect Children* in conjunction with the Injury and Violence Prevention and Safety Promotion Programs at MCHB;
- *Safe Start Initiative: Working to Help Children Exposed to Violence, Protective Factors: Applying Theory to Practice* in conjunction with the Department of Justice's OJJDP; and
- *Strategies for Fostering Safety and Promoting Wellbeing for Families Experiencing Domestic Violence in Child Welfare Settings* in conjunction with the Family Violence Prevention & Services Program at FSYB.

To view prior archived webinars, please go to the following website:

<http://www.acf.hhs.gov/programs/cb/fediawg/webinars/index.htm#previous> and
<http://friendsnrc.org/teleconference-and-webinar-archive/2011-teleconference-and-webinar-archive>.

INTERAGENCY AGREEMENTS

Through interagency agreements (IAA), funds contributed by both CB and an identified partner agency or agencies, are combined to support research, technical assistance, and coordination on effective prevention and intervention practices to improve the health, safety and well-being of children and their families and to better understand the complex issue of child maltreatment.

Current and past interagency agreements that CB/ACYF has held include:

- **OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)**
 - In Section 633 of the Adam Walsh Child Protection and Safety Act of 2006, HHS was required to establish a national child abuse registry and to conduct a feasibility study regarding implementation issues that would need to be addressed. Work began on this effort in FY 2008, and in language in the appropriations report of FY 2009, additional direction and appropriations of \$500,000 of CAPTA discretionary funds were set aside for further feasibility work regarding the registry. Through an IAA with ACYF, these funds were made available to ASPE for the completion of their work. In addition, ASPE staff worked closely OCAN/CB staff that provided consultation to this study and the subsequent Report to Congress released in 2012.

To review the Report to Congress on the child abuse registry that resulted from this IAA, please visit: <http://aspe.hhs.gov/hsp/12/childabuseregistryreport/congress.shtml>.

- In response to widespread interest in understanding systems change efforts and innovations being implemented in several states and local communities, in FY 2000 CB/ACYF entered into an IAA with ASPE to conduct the *National Study on Child Protective Services Systems and Reform Efforts*. The study conducted under this

agreement involved a survey of state and county child protective services staff, a literature review, symposium and preparation of several documents to investigate research questions to better understand policies and practices, operational environments, differences among jurisdictions and reform activities in state and local child protection agencies. In FY 2000, CB/ACYF provided \$750,000 to support this work.

For more information about this effort, the study report and literature review, please visit: <http://aspe.hhs.gov/hsp/CPS-status03/index.htm> and <http://aspe.hhs.gov/hsp/protective01/index.htm>.

- **CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

- CB has entered into an IAA with the Division of Violence Prevention at the CDC, for the purpose of integrating the Adverse Childhood Experiences (ACE) study into the work of the Division. The primary goals of this work are: (1) extending the collection and analysis of prospective data from the original ACE study with Kaiser; (2) supporting the analysis of ACE modules to the Behavioral Risk Factor Surveillance System (BRFSS) that were administered by various states from 2008 through 2011; (3) creating a forum for collaboration between the two agencies to utilize the ACE study to inform prevention of child abuse and neglect efforts and to support and inform other CB and ACYF activities; (4) developing translational materials that will allow practitioners in the field to make greater use of the findings from the ACE study; and, (5) exploring the options for making ACE study data more broadly accessible, especially for child maltreatment researchers. The CB is committed to supporting this IAA for 5 years, FY 2012-FY 2017, subject to funding availability.
- The National Survey of Family Growth (NSFG) gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. The survey results are used by HHS and others to plan health services and health education programs, and to do statistical studies of families, fertility, and health. The CB supports this survey through an IAA for \$150,000. Because of our support, the CDC includes questions in the NSFG that are important to the child maltreatment prevention and child welfare fields, including questions on foster care and adoption history of participants in the large national sample.

For more information about the NSFG, please visit the following website: <http://www.cdc.gov/nchs/nsfg.htm>.

- **DEPARTMENT OF JUSTICE (DOJ)**

- The Safe Start Initiative, funded by OJJDP at the Department of Justice, is a long-range multi-component initiative designed to promote and integrate practice innovation, research, and evaluation to build knowledge in the emerging area of children's exposure to violence. For the purposes of this project, exposure to violence includes violence in the home through maltreatment or domestic violence, as well as community violence. In FY 2009, the Safe Start Initiative was in Phase II of a long-range effort to develop effective practices for intervention. To support these efforts, CB/ACYF contributed \$300,000 of FY 2009 funding to support the cross-site evaluation and technical support of the Safe Start Program and its grantees.

For more information about the Safe Start Program, its grantees and evaluations please visit: <http://www.ojjdp.gov/Programs/ProgSummary.asp?pi=15> and <http://www.safestartcenter.org/>.

- Building upon efforts established through the coordination and collaboration efforts of the Coordination Council on Juvenile Justice and Delinquency Prevention (Council), in 2001, CB/ACYF entered into an IAA with OJJDP. The purpose of the IAA was to support the development of the *National Juvenile Justice Action Plan (Action Plan)* Update Bulletin Series. The CB/ACYF contributed \$23,800 of FY 2001 funding to support the development of eight bulletins that described each of the objectives of the *Action Plan*, cataloged and described the activities of federal agencies, and offer recommendations for future action and collaboration at the federal, state and local levels. The bulletins were developed and distributed as part of the work of the Council and published as Council documents.

For more information about the work of the Council, please visit: <http://juvenilecouncil.gov/index.html>.

- **INDIAN HEALTH SERVICE**

- From 1994 to 2009, OCAN/CB provided \$250,000 for an IAA with the Indian Health Service at the BIA to provide essential training in Indian Country in response to growing concerns regarding child abuse and neglect and related trauma, especially child sexual abuse and suicides among Indian children and youth. This IAA has been transitioned to a contract that currently provides \$250,000 per year to the University of Oklahoma Health Sciences Center to continue their long-standing efforts to train licensed clinicians working in Indian Country who wish to increase their clinical skills in specific treatment approaches to child physical and sexual abuse and other similar kinds of trauma. Since its funding began in 1994, Project Making Medicine (housed at the Indian Country Child

Trauma Center within the Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center), has offered training in the culturally adapted evidence-based treatment, titled *Honoring Children, Mending the Circle*. *Honoring Children, Mending the Circle* is a trauma focused-cognitive behavior therapy (TF-CBT) with an enhancement that guides the therapeutic process through a blending of American Indian and Alaska Native traditional teachings with cognitive-behavioral methods. The overarching goal is to improve providers' capability to provide early identification and culturally appropriate response to victims of familiar violence and abuse, particularly women and children in American Indian and Alaskan Native communities. This contract was renewed in FY 2009 with four options years, concluding in FY 2013.

Curriculum materials may be accessed on the Indian Country Child Trauma Center website: <http://www.icctc.org/>.

- **NATIONAL INSTITUTES OF HEALTH (NIH)**

- OCAN/CB began its partnership with the National Institute of Mental Health (NIMH) at NIH in 1998 when the initial Request for Applications (RFA) OD-99-006, "Research on Child Neglect" was originally and cooperatively developed and published (in 1999), to attract researchers from all disciplines to support collaborative research on child maltreatment. From the initial RFA, 15 grants were selected for award, and formed the core research site participants in the *Federal Child Neglect Research Consortium*.

Over the years, OCAN/CB has provided \$100,000 to \$400,000 per fiscal year to the NIMH for continued support of the collaborative sponsorship of research efforts in the area of child maltreatment. This partnership has supported on-going research grants that seek to expand the knowledge base for the two agencies and has added valuable information to the field and continues to have the potential to add more. In 2007, OCAN/CB supported two research grants: "Parent-Child Processes: Negative Self-Regulatory Behavioral Outcomes" with Pennsylvania State University, University Park and "Emotion Processing: Risk for Psychopathology" with the University of Wisconsin-Madison. Both research endeavors have already added to the knowledge base of the field through several publications and expect to generate data in areas where very little is currently known. OCAN/CB's contribution to this effort concluded with the ending of the grant projects 2011.

For more information about Child Neglect Consortium and the history of this initiative and funded grants, please visit:

http://obssr.od.nih.gov/funding_opportunities/requests_for_applications/child_neglect_RFA.aspx.

- From FY 2002 through FY 2004, a partnership was established between the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and CB to further support a grant NIAAA held with the National Center on Addiction and Substance Abuse. The purpose of this support was to fund the exploration of effective interventions with the General Assistance and Temporary Assistance for Needy Families (TANF) families identified as having substance abuse problems and as having involvement with the child protection system. Because of the impacts and the potential valuable information for both agencies, it was felt that the study merited inquiry that was interdisciplinary in nature. The CB provided \$479,000 to support these efforts.
- In 2007, a Funding Opportunity Announcement, *Research on Interventions for Child Abuse and Neglect*, was initiated by several institutes from the National Institutes of Health (including NIMH, NIAAA, NICHD, NIDA, NINDS), the Office of Behavioral and Social Sciences Research (OBSSR), the Fogarty International Center (FIC), the Children's Bureau Office on Child Abuse and Neglect (CB/AACF), and the National Center for Injury Prevention and Control (NCIPC/CDC). This announcement solicits research project (R01) grant applications to conduct efficacy or effectiveness trials of child abuse and neglect interventions. This announcement also supports research on understanding effective strategies to prevent child abuse and neglect (CAN), and on the amelioration of the biological and behavioral effects of CAN on its victims.
<http://grants.nih.gov/grants/guide/pa-files/pa-07-437.html>

- **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)**

- The collaboration between OCAN/CB and SAMHSA began in 1999, when the two entities worked together in response to the Adoption and Safe Families Act legislation and developed the mandated report to Congress that resulted in *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*. The report demonstrated a renewed emphasis on achieving permanency for children in the child welfare system and finding effective ways to address concurrent substance abuse and child maltreatment problems in families. Since FY 2000, OCAN/CB has partnered with SAMHSA through an IAA to provide funding to support these efforts and improve collaboration across systems. Over the years of this long established collaboration, the various IAAs have ranged from \$250,000, to support a range of regional meetings to discuss the implications and possible outcomes of the Report to Congress and to support the creation and development of the National Center on Substance Abuse and Child Welfare (NCSACW) to current funding levels of two million dollars to support NCSACW.
- OCAN/CB currently provides two million dollars to the Center for Substance Abuse Treatment (CSAT) at SAMHSA to support the implementation of a wide range of collaborative activities as outlined in the 1999 Report to Congress' recommendations.

Specifically, these funds are targeted to sustain efforts in cross-section of child maltreatment and substance abuse. Such targeted efforts include:

- continued operation of the NCSACW;
- support by the NCSACW for OCAN's grantees funded under the Funding Opportunity Announcement (FOA), Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse (Regional Partnership Grants (RPGs); and
- support by the NCSACW for CB's responsibilities to the Administration's Synthetic Drug Control Strategy (particularly related to training and technical assistance) regarding Drug Endangered Children programs.

During the many years of this collaboration, the funds contributed under the interagency agreement have allowed for much advancement in the field including research and technical assistance supports for practitioners working at the intersection of substance abuse and child maltreatment. Many of the training and technical resources that have been created have made available online including:

- Federal and state policy tools including sample interagency agreements and Memoranda of Understanding, shared principle statements and executive orders.
- Substance abuse/child welfare training curricula including a resource guide and toolkit as well as free and self-directed online trainings for child welfare, substance abuse treatment and court professionals. To further support the above mentioned professionals in completing their professional training requirements, free continued education credits are available upon completion of these trainings.

Other key elements to this collaborative effort include an evaluation of the Family Drug Treatment Court initiative; development of a content outline for a revised Child Abuse and Neglect User Manual on Substance Abuse and Child Welfare; and as demonstrated above, the development of the NCSACW as a solidly established technical assistance and training resource.

To view these resources and others developed by the NCSACW, please visit their website at: <http://www.ncsacw.samhsa.gov/default.aspx>.

- The CB currently provides \$350,000 per year to SAMHSA, Center for Mental Health Services (CMHS) to support a collaborative effort to provide a child welfare technical assistance presence in child and family mental health. This IAA was originally developed in FY 2003,

and continues to support this effort by funding two technical assistance providers through CMHS at state and local levels related to systems improvements in the area of mental health services for children and families. The two technical assistance providers are:

- Technical Assistance Partnership for Child and Family Mental Health, devoted to the Comprehensive Community Mental Health Services for Children and Their Families Program at American Institutes for Research (<http://www.tapartnership.org/>); and
- National Technical Assistance Center for Children's Mental Health at Georgetown University (<http://gucchdtacenter.georgetown.edu/>).

Through this IAA, a supported position in each organization is involved in identifying and disseminating information and resources to support the partnership of the child welfare and mental health systems around the needs of children and families. In particular, these positions bring information and resources related to child welfare/child abuse and neglect to the network of CMHS Systems of Care grantee communities and to state, local and tribal mental health systems, national organizations and family organizations. At the same time, the supported positions identify and share mental health and systems of care resources/lessons learned from their target audiences with the CB and the CB Training and Technical Assistance Network. The two positions supported by this agreement bring specialized knowledge about systems of care implementation that can assist states and locales in systems level mental health/child welfare collaboration.

INTERAGENCY COLLABORATIONS AND INITIATIVES

FEDERAL CHILD NEGLECT RESEARCH CONSORTIUM

In 2000, a focus on child neglect research yielded a groundbreaking research grant initiative with CB, the National Institute of Justice (NIJ), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), both within the Office of Justice Programs, Department of Justice; and the Office of Special Education Programs, within the Department of Education led by NIH's Child Abuse and Neglect Workgroup and FEDIAWG Research Subcommittee. This initiative continued with grants to support research, training, and community based partnerships as part of the Translational Research on Child Neglect Consortium.

For more information see:

http://obssr.od.nih.gov/funding_opportunities/requests_for_applications/child_neglect_RFA.aspx
and <http://johnjay.jjay.cuny.edu/wordpress/>

ACF EARLY CHILDHOOD/ CHILD WELFARE FEDERAL PARTNERSHIP

The Early Childhood/Child Welfare partnership is a workgroup comprised of multiple federal offices and agencies within ACF that have come to together to enhance collaboration between child

welfare and early childhood agencies at the federal level. This partnership meets bi-monthly to exchange information, share resources, and work jointly toward a common vision of increased collaboration among child welfare and early childhood systems to support and amplify positive outcomes for children prenatal to eight and their families.

The partnership was formally brought together in 2009, after results were published on the 2002 Early Head Start–Child Welfare Services Initiative grant program. The Office of Head Start (OHS) and OCAN staff wanted to ensure that lessons from the initiative were not lost. Members of this collaborative now include the following federal agencies within ACF: CB [OCAN, Child and Family Service Review Team (CFSR) and the Division on Child Welfare Capacity Building], OCC, OHS, OPRE, Office of the Commissioner of ACYF and the Office of the Deputy Assistant Secretary and Interdepartmental Liaison for Early Childhood Development (OAS).

Through the work of this partnership, four joint communications have been signed by principles of two or more offices and disseminated to the field; tip sheets and trainings been developed for use at the local level; national conference presentations have occurred; and two funding opportunity announcements for discretionary grant programs have been developed. Below is a compilation of some of the key communication efforts of this partnership:

- **July 28, 2010, Issuance of ACF-IM-HS-10-04, Head Start and Child Welfare Partnerships: Partnering with Families Involved in the Child Welfare System:** OHS and CB jointly issued this memorandum that was sent to Head Start and Early Head Start grantees and delegate agencies to reinforce the Head Start commitment to serving abused and neglected children through its grantees and delegate agencies. In addition, it also provided guidance regarding promising practices in recruiting and serving families involved in the public child welfare system.
- **January 31, 2011, Issuance of ACYF-CB-IM-01-11, Child Welfare and Head Start Partnerships: Partnering with Families Involved in Head Start and Early Head Start Programs:** CB and OHS issued this joint memorandum to state, local and tribal child welfare agencies to reinforce the CB's commitment to supporting child welfare agencies' investment in partnerships with Head Start and Early Head Start agencies. The goal of these partnerships is to improve young children's access to and continuity of comprehensive, high quality early care and education services.
- **April 2011, Issuance of Joint Statement:** A joint letter emphasizing the importance of linkages between early childhood education and child welfare systems was sent to agency heads from Bryan Samuels, Commissioner, ACYF; Joan Lombardi Assistant Deputy Secretary and Interdepartmental Liaison for Early Childhood Development; Yvette Sanchez-Fuentes, Director of the OHS; and Shannon Rudisill, Director of OCC. The letter also included the document, *Tip Sheet for Early Childhood-Child Welfare Partnership: Policies and Programs Promoting Educational Access, Stability and Success*.
- **April 2011, Issuance of Information Memorandum, Child Welfare and Child Care Partnerships: Partnering with Families Involved in Child Care Subsidy Programs:** The OCC

and CB jointly issued this Information Memorandum that was sent to Lead Agencies administering child care programs under the Child Care and Development Block Grant Act of 1990, as amended; state and local child welfare directors; and other interested parties. The purpose of this memorandum was to provide information to Child Care and Development Fund lead agencies and state and local child welfare agencies to encourage partnerships across these agencies to better serve vulnerable child populations and families.

For more information about this collaborative effort and examples of state, county and local efforts please visit:

http://www.childwelfare.gov/systemwide/service_array/earlychildhood/collaboration_ec.cfm.

In 2009, James Bell Associates completed a final synthesis report on the efforts of the Early Head Start (EHS) grantees that were funded through the Early Head Start Child Welfare System (EHS/CWS) Initiative. This initiative was a joint effort established in 2002 by OHS (formerly known as the Head Start Bureau) and CB. Under this initiative, 24 EHS grants were funded to create structured partnerships with the child welfare system to design and implement programs that would identify optimal strategies for engaging high-risk child welfare families and identify approaches that were associated with promising outcomes. Local evaluation findings from these efforts demonstrated that the efforts of the EHS/CWS projects were successful in several areas including:

- Creating and maintaining safe and stimulating home environments for children;
- Improving families' access to basic medical and social services, particularly immunizations and well baby/well child visits;
- Reducing caregivers' stress levels by providing direct services or improving coping skills;
- Enhancing caregivers' skills and knowledge of positive parenting behaviors;
- Increasing the capacity of EHS staff to work with children and families involved in the child welfare system; and
- Promoting inter-organizational awareness and collaboration among EHS and local child welfare and/or other human service agencies.

The JBA report can be found at:

http://www.jbassoc.com/reports/documents/ehs%20final%20report%20volume%20i%204_22_09.pdf.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC): KNOWLEDGE TO ACTION CHILD MALTREATMENT PREVENTION CONSORTIUM

The Knowledge to Action Child Maltreatment Prevention Consortium (K2A) is an on-going CDC led partnership and created to provide new insight and ideas for transferring public health science about child maltreatment prevention to social action. The focus of the K2A is community and societal level actions that promote safe, stable, and nurturing relationships for children. CDC's Consortium partners include the National Alliance of Children's Trust and Prevention Funds, OCAN, Parents Anonymous Inc., and Prevent Child Abuse America. The Consortium includes a "Think Tank"

representing issue experts, researchers, business, media, medicine, parent leaders, practitioners, and the National Conference of State Legislatures. OCAN has been involved with various meetings as well as reviewing and commenting on the various products developed through K2A.

COORDINATING COUNCIL ON JUVENILE JUSTICE AND DELINQUENCY PREVENTION

The Juvenile Justice and Delinquency Prevention (JJDP) Act established the Coordinating Council on Juvenile Justice and Delinquency Prevention (Coordinating Council) as an independent body within the executive branch of the federal government. The Coordinating Council's primary functions are to coordinate federal juvenile delinquency prevention programs, federal programs and activities that detain or care for unaccompanied juveniles, and federal programs relating to missing and exploited children.

Chaired by the Attorney General, the Coordinating Council meets quarterly and at the call of its Chair. As prescribed by the 1992 amendments of the JJDP Act, the Coordinating Council is comprised of nine ex officio members and nine non-federal members who are juvenile justice practitioners. The ex officio members are the Attorney General; the Secretaries of Health and Human Services, Labor, Education, and Housing and Urban Development; the Administrator of the Office of Juvenile Justice and Delinquency Prevention; the Director of the Office of National Drug Control Policy; the Chief Executive Officer of the Corporation for National and Community Service; and the Assistant Secretary for Immigration and Customs Enforcement, Department of Homeland Security. The President may designate other key federal officials with significant decision making authority to serve on the Council.

CB staff and in particular individuals from the Division of Implementation and OCAN, participate in the Coordinating Council's quarterly meetings. In addition, CB staff has been actively involved in several Coordinating Council efforts, including the development of a number of white papers created to address specific goals of the current administration. Participation in the Coordination Council has assisted CB in collaborating across agencies on various activities focused on youth and employment and other child welfare and well-being initiatives.

For more information about the Coordinating Council, please visit:

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

EARLY CHILDHOOD FEDERAL PARTNERS WORKGROUP

The Early Childhood Federal Partners Systems Workgroup was started in the early 2000s and initially comprised of the MCHB, OHS, and OCC. OCAN joined the group in 2007 and there are now more than 30 representatives from more than a dozen offices within HHS and the Department of Education. Active members include ACF (CB, OHS, and OCC), MCHB, SAMHSA, CDC, and the Office

of Special Education Programs (OSEP) at Department of Education. OCAN has played a major leadership role, in partnership with a few key agencies, to sustain this forum for collaboration across federal agencies. The workgroup has two main purposes. The first, is to foster the development of cross-agency early childhood service systems integration in support of bridging the service and systems gaps created by multiple, unconnected funding streams. The second purpose is to support states and communities in their efforts to build early childhood service systems that address the critical components of access to comprehensive health services and medical homes, mental health and social-emotional development of young children, early care and education, parenting education, and family support. Some key accomplishments of this Workgroup include: the collaborative planning and implementation of two joint grantees meetings including the *Early Childhood 2010: Innovations for the Next Generation* conference (see earlier sections under Prevention Subcommittee) and the coordination and execution of several joint technical assistance activities by the federally supported TA providers. Other outputs include the development of a matrix of early childhood programs, principles for coordinating technical assistance and a corresponding technical assistance coordination logic model. The Workgroup continues to meet every other month by conference call to share information about early childhood initiatives with colleagues. The Workgroup is founded on principles of self-organizing and uses rotating leadership to facilitate the calls and foster greater engagement and ownership for the work of the group.

THE “GREENBOOK PROJECT”

One key highlight of note is a follow-up on the “Greenbook Project,” highlighted in the last submitted Coordination Report (February 2000). The “Greenbook Project” was a collaborative of federal partners designed to explore the exploration of the intersection between child maltreatment and domestic violence. Following the publication of the “Greenbook Project,” HHS and the DOJ developed a demonstration project to implement the principles and recommendations outlined in the “Greenbook Project.” CDC was also involved and consulted with the project. In 2000, the two agencies funded six 5-year demonstration grants to sites across the country. These demonstration sites worked to form collaborations that planned and implemented infrastructure changes within and across several family-serving systems to better meet the needs of victims of child maltreatment and domestic violence. To further support this effort, a contract was executed to provide the sites with technical assistance and a national cross-site evaluation examined the effects of implementing the “Greenbook Project” recommendations on collaboration, systems change, and practice. The federal partners remained actively involved in providing support, technical assistance and guidance to the grantees and the national evaluation. Key findings of the national cross-site evaluation include:

- Institutional empathy, trust and communication were the key focus of a number of activities for the sites and key to building strong collaborative foundations. Sites found that neutral third-party facilitators helped promote communication among stakeholders.
- Active screening for co-occurring issues, particularly in the child welfare system, was a key focus of the majority of implementation activities. Many sites made changes to existing

screening forms at both child welfare and domestic violence service provider agencies. Data from the cross-site suggested that active screening had a great impact on the level of identified co-occurrence.

- Prior to implementation, many sites indicated that information-sharing mechanisms were in place, but, were not always evident in practice. Through implementation, sites strengthened these mechanisms as a result of the creation of new positions, written consent forms, formalized and more detailed Memoranda of Understanding and co-located staff. These efforts were designed to better help link victims of family violence to important community service providers.
- Both systems-level and practitioner-level changes were implemented to improve responses to families with co-occurring issues and how the provider agencies worked together. Notable activities included training on dynamics of co-occurrence, altering the language in agency documents to avoid unnecessarily blaming or re-victimizing non-offending parents, co-locating staff, and instituting multidisciplinary case-planning teams to promote a vision for service for the entire family.

These sites demonstrated that the changes they were able to make through their collaborative efforts and partnerships were changes that altered how the systems worked to identify and respond to the needs of the families and children they serve. With a deeper understanding of each other's work and a commitment to the coordinated efforts, the sites illustrated the importance of investing and persisting in collaborative efforts to identify problems and craft solutions for serving children and families in need. The altered perspectives and relationships, as well as enhanced practices, are important accomplishments of these efforts, and provide lessons for other communities working across and within major child- and family-serving systems to better meet the needs of child and adult victims of domestic violence and child maltreatment. For more information on this effort, please visit: <http://www.thegreenbook.info/>.

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

The *Maternal, Infant, and Early Childhood Home Visiting Program* (MIECHV) under the Patient Protection and Affordable Care Act of 2010, is administered by Maternal and Child Health Bureau within the HRSA. As outlined in the legislation, MCHB/HRSA has partnered with ACF to implement the various elements of the program. OCAN is part of the team of federal offices within ACF working together and with MCHB/HRSA to support the implementation of this program. The purpose of this program is to fund states, territories and tribes, tribal organizations and urban Indian organizations to provide evidence-based home visitation services to improve outcomes for children and families who reside in at risk communities. HRSA manages the state MIECHV program, while OAS, ACF, manages the Tribal MIECHV program, and OPRE, ACF, manages the national evaluation. CDC has also been involved as consultants to the national evaluation and home visiting evidence

review. Evidence-based research on home visiting which has informed the dissemination has been largely supported by research grants funded by the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), the Eunice Kennedy Shriver National Institute on Child Health and Development (NICHD), and the Agency for Health Care Quality Research (AHRQ).

HRSA and ACF believe that the MIECHV program is a key component in the national effort to build high quality, coordinated and comprehensive state- and community-wide early childhood systems for pregnant women, parents and caregivers, and young children and, ultimately improve social, health and development outcomes and keep children safe. Funds provided to states, territories and tribes, tribal organizations and urban Indian organizations are also intended to ensure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to children and families through home visiting programs. The prevention of maltreatment and child injury is a required reporting benchmark area for this program. In addition, children who have been abused or neglected or involved with the child welfare system are one of the priority populations identified in the legislation. Grants for FY 2010, FY 2011 and FY 2012 have been awarded to states, territories and tribes on both a formula and competitive basis. Three cohorts of Tribal MIECHV discretionary grants have been funded, for a total of 25 grants representing various tribal communities across the country.

OCAN is part of the ACF Tribal MIECHV Team, which, as stated above, is led by OAS, ACF and includes staff from OCC, OPRE, and CB. The group meets on a regular basis to provide shared oversight, monitoring, support and technical assistance for the Tribal MIECHV grantees. As part of this collaboration, OCAN manages the programmatic technical assistance contract with Walter R. MacDonald and Associates for the Tribal Home Visiting Technical Assistance Center. In addition, OCAN staff participates in the ACF-HRSA Policy Meetings, Technical Assistance Coordination Meetings, national evaluation meetings, and other related collaboration meetings that are hosted by ACF or HRSA regarding the program.

Recently, OCAN and CB staff worked to develop a technical assistance brief for the MIECHV grantees on the child maltreatment benchmark area, a reporting requirement as outlined in the authorizing legislation. The brief focuses on the measurement of the benchmark constructs related to child maltreatment using child welfare (CW) agency administrative data sources. Included in this document is an overview of these concepts and describes several topics that may arise in working with the child welfare agency to obtain this data. The information in this brief is being provided in order to support the MIECHV grantees as part of the provision of technical assistance to funded grantees. CB staff worked collaboratively with the MCHB staff to disseminate the document and will continue to work with MCHB staff to provide technical assistance that may be needed by the grantees.

For more information on the MIECHV program, please visit:
<http://mchb.hrsa.gov/programs/homevisiting/>.

OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP) AND THE FEDERAL INTERAGENCY TASK FORCE ON DRUG ENDANGERED CHILDREN (DEC)

In 2010, the DOJ established the Federal Interagency Task Force on Drug Endangered Children (DEC). This Task Force was established in response to the Administration's 2010 National Drug Control Strategy and is chaired by Deputy Attorney General James Cole. The DEC Task Force is committed to identifying ways to better serve and protect drug endangered children by building partnerships on the federal, state, tribal, and local levels. The Office of National Drug Control Policy and the U.S. Departments of Health and Human Services, Education, Homeland Security, Transportation, and Interior are active participants. OCAN staff participated in the inaugural meeting of the Task Force and contributed to the development of the group's strategy statement. OCAN and CB staff members remain active participants of the Task Force and their efforts.

As a part of these efforts, in May 2011, the DEC Task Force on Federal Partnerships Subcommittee created the *Promising Practices Toolkit: Working with Drug Endangered Children and their Families*. The intent of this toolkit is to provide guidance and resources to professionals in identifying, responding to, and serving drug endangered children. This toolkit is a compilation of the Subcommittee's effort to assess promising practices in the field and training modules provided by federal, state, local, tribal and community-based providers across the country. Resources are presented in three categories: (1) increasing DEC awareness ("Awareness"), (2) fostering community collaboration ("Collaboration") and (3) creating a more effective response ("Response"). For each practice identified, information is provided on the practice, how it can be helpful and information and other resources to assist in implementation of the practice in local communities, such as checklists and useful websites.

In the fall of 2011, ONDCP sought assistance from ACYF to provide a staff member as a part of a twenty percent full time employee detail for child welfare subject matter consultation to ONDCP. This detail was filled by an OCAN staff member from January 2012 through June 2012, with very positive feedback from ONDCP.

For more information on DEC and the Promising Practices Toolkit please visit: <http://www.justice.gov/dec/> and on ONDCP at: <http://www.whitehouse.gov/ondcp>.

OFFICE OF PLANNING, RESEARCH AND EVALUATION (OPRE), ACF

For many years, OPRE has had a long-standing collaboration OCAN/CB to provide support, consultation and management of several large scale research and evaluation efforts funded by OCAN/CB and support on other projects of mutual interest. Two examples of these collaboration efforts on large scale research projects include:

- *National Incidence Study on Child Abuse and Neglect (NIS)*

The National Incidence Studies have been conducted approximately once each decade, beginning in 1974, in response to requirements outlined in CAPTA. The NIS studies are designed to provide a broader estimate of the incidence of child maltreatment in the United States beyond state-level administrative data collected by CB. This estimate is achieved by including both cases that are reported to the authorities, as well as those that are not. Unique contributions of the NIS have been the use of a common definitional framework for classifying children according to types of maltreatment, as well as the severity of maltreatment. Currently, work is being done on NIS-4, based upon data collection that took place from 2005-2006 through a contract with Westat.

For more information about the NIS studies, and in particular NIS-4, please visit: <http://www.acf.hhs.gov/programs/opre/research/project/national-incidence-study-of-child-abuse-and-neglect-nis-4-2004-2009>.

- *The Consortium of Longitudinal Studies of Child Abuse and Neglect (LONGSCAN)*

Initiated in 1990 through grants from CB, LONGSCAN consists of five study sites and a coordinating center. Each represents a separate and unique research projects that has been following samples of children, who were maltreated or at risk for maltreatment, from age four until they reach adulthood to better understand the etiology and impact of child maltreatment. Interviews and assessments with children and parents occurred every two years. Data from this research has been used in over 100 presentations, and over 120 peer review compilations, and continues to be used in new analyses.

For more information about the LONGSCAN projects, including project descriptions, measurements and findings, please visit: <http://www.iprc.unc.edu/longscan>.

- *National Survey of Child and Adolescent Well-Being (NSCAW)*

The NSCAW makes available nationally representative longitudinal data drawn from first-hand reports from children, parents, and other caregivers, as well as reports from caseworkers, teachers, and data from administrative records. Moreover, NSCAW is the first national study that examines child and family well-being outcomes in detail and seeks to relate those outcomes to their experience with the child welfare system and to family characteristics, community environment, and other factors. The study describes the child welfare system and the experiences of children and families who come in contact with the system. It will increase the knowledge needed to support service, program, and policy planning. The study addresses crucial program, practice, and policy issues in the areas of dynamics of the child welfare system, and outcomes for children and families.

For more information, visit:

http://archive.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html

MAJOR MEETINGS

18th NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT

Beginning in 1976, there has been a national conference every two to three years, designed to serve as the field's leading training and technical assistance event. Originally hosted by the then National Center on Child Abuse and Neglect (NCCAN), the conference has been hosted by CB/OCAN since 1998, the revised and renamed NCCAN. The conference creates a unique collaborative opportunity for policy makers, practitioners, advocates, researchers and academics from a variety of disciplines to convene and learn more about state-of-the-art research, policy and practice regarding child maltreatment.

The 18th National Conference on Child Abuse and Neglect, "Celebrating the Past, Imagining the Future," was held from April 16 – 20, 2012 in Washington, DC. These dates were chosen to time the National Conference in conjunction with, and as a vital part of, the CB's Centennial Celebration Year. The conference was planned by a diverse, multi-disciplinary planning partnership of private sector, advocacy, government (federal and state) and community-based organizations. A key piece of this planning process was the development of themes, and identification of the key issues to explore and learning clusters for the conference. To exemplify coordination and collaboration efforts, and to reinforce the multi-disciplinary nature of this work, both federal and non-federal partners were active in this process. Federal and non-federal partners were engaged in the planning process in several ways including: participation in a meeting of the National Planning Committee that met in June 2010, participation in the meeting of the National Planning Committee of Federal Partners that met in July 2010, and participation as abstract reviewers during the review period in July 2011. In addition to participating in the planning process, OCAN strongly encouraged federal partners and their grantees to submit abstracts to present at the conference and participate as attendees. Learning clusters for the 18th National Conference included: Partnering to Protect Children, Youth, and Families; Building a Research Agenda to Inform and Improve Practice; Prevention of Child Maltreatment While Focusing on Early Intervention; Engaging Parents and Youth; Developing the Workforce; Reaching Underserved Populations and Advancing System Change. Engagement of both federal and non-federal partners in the planning process was symbolic of the multi-disciplinary nature of the conference and ensures that the conference is representative of the key constituents and disciplines involved in this work in the field.

Below are some key highlights from the 18th National Conference:

- 1,500 individuals registered for onsite participation;
- 1,400 registered for virtual participation in the plenary sessions and several workshops made available through live web streaming;
- Participants from every state and District of Columbia were represented in both onsite and virtual participation;

- 26 countries and territories were represented;
- Approximately 100 universities were represented;
- Onsite participants represented multiple disciplines including: child advocacy, social work, education, mental health, law enforcement and the courts, medicine and nursing, head start, substance abuse, the military and others; and
- Virtual participation for sessions ranged from 150 to 1,000 individuals. The highest attended virtual session was *Developing Intentional Partnerships between Early Childhood Program/Systems and Child Welfare*, with more than 900 domestic and international participants.

The themes of prior National Conferences included:

- 2009: 17th National Conference on Child Abuse and Neglect, Atlanta, Georgia
“Focusing on the Future – Strengthening Families and Communities”
- 2007: 16th National Conference on Child Abuse and Neglect, Portland Oregon “Protecting Children, Promoting Healthy Families, and Preserving Communities”
- 2005: 15th National Conference on Child Abuse and Neglect, Boston Massachusetts
“Supporting Promising Practices and Positive Outcomes: A Shared Responsibility”
- 2003: 14th National Conference on Child Abuse and Neglect, St. Louis, Missouri
“Gateways to Prevention”
- 2001: 13th National Conference on Child Abuse and Neglect, Albuquerque, New Mexico
“Faces of Change: Embracing Diverse Cultures and Alternative Approaches”

For more information, visit: <http://www.pal-tech.com/web/OCAN/> and <http://www.childwelfare.gov/calendar/cbconference/>.

CHILD WELFARE, EDUCATION AND THE COURTS: A COLLABORATION TO STRENGTHEN EDUCATIONAL SUCCESSES OF CHILDREN AND YOUTH IN FOSTER CARE

In November 2011, the Department of Education and the HHS co-hosted a two-day meeting to set forth a call to action that convened leaders in child welfare, education and juvenile court systems from every state including the District of Columbia and Puerto Rico. The purpose of this meeting was to bring together participants to discuss how to implement Fostering Connections to Success and Increasing Adoptions Act of 2008 in a manner that promotes educational stability and improves education outcomes for foster children. In addition, the meeting focused on:

- encouraging participation in enhancing existing cross-system efforts to address educational stability and continuity issues;
- showcasing collaborative projects and initiatives at state and local levels that support educational well-being outcomes; and

- facilitating the development of action plans by each state that set forth strategies for improving education outcomes.

State teams composed of members from the state's child welfare, education and court systems met to create state plans for cross-system collaboration to be implemented following the conference. These state plans included state identified short-term and long-term goals, state identified technical assistances needs, and a listing of the organizations identified as partners in the action plan. Prior to the meeting, conference attendees were invited to participate in additional technical assistance, including webinars, on topics related to the Fostering Connections Act, in preparation for their attendance at the meeting.

For more information about this meeting, please visit: http://www.nrcpfc.org/education_summit/.

SECOND NATIONAL CHILD WELFARE EVALUATION SUMMIT

In August 2011, the CB hosted the Second National Child Welfare Evaluation Summit: *Building Evidence, Strengthening Practice and Informing Policy* in Washington, D.C. The purpose of the Summit was to engage participants on the subject of building and disseminating evidence on effective child welfare services, programs, and policies; strengthening evaluation practice in child welfare; and promoting the use of findings for sound decision-making in child welfare programs and systems. Participants included child welfare professionals and stakeholders, including representatives from a variety of jurisdictions, institutions, disciplines and roles. The Summit offered a unique opportunity for these wide-ranging perspectives to come together and strive to assess the current state of evaluation practice in the field of child welfare and to inform decision-makers as they strive to develop cohesive and strategic approaches to the evaluation of programs. Additional focus was placed on efforts to increase efficiencies and cross-disciplinary approaches to data collection and analysis, as well as productive partnerships between agencies and institutions to conduct and use evaluations in an effort to build evidence and inform policy-making to improve the lives of children and their families.

The CB's federal partners were strong collaborators in the development, planning and execution of the Summit. Partners were active in developing focus areas, recruiting presenters, reviewing abstracts and as key stakeholders and participants at the Summit.

The first Summit was held in May 2009 in Washington, D.C. For more information on the Summit, please visit: <http://ncwes2011.jbsinternational.com/ContentTwoColumn.aspx>.

PREVENTING CHILD MALTREATMENT AND PROMOTING WELL-BEING: NETWORK FOR ACTION MEETING

The 2011 Network for Action Meeting was sponsored by OCAN/CB in collaboration with the CDC's Division of Violence Prevention's Knowledge to Action Child Maltreatment Prevention Consortium Leadership Group (K2A); and other national organizations and networks that support prevention

efforts. In June 2011, more than 450 people met to work together for two days in Alexandria, Virginia to create:

- **Shared vision:** Before and during the meeting, Network for Action members worked to frame a shared vision for the future of the prevention of child maltreatment and the promotion of well-being. The outcome of the process was the development of a powerful vision video that can be downloaded and shared with parent groups, organizational staff, board members and local and state networks. To view the vision video created from this event, please go to the following website: <http://friendsnrc.org/network-for-action/266-vision-video>.
- **Shared action:** Network for Action members moved toward shared action through engagement with a strategic project of national significance and through increasing the strength of their state teams and national networks during regional planning sessions.
- **Stronger networks:** Members established stronger relationships with others in the child abuse prevention and family strengthening fields as a basis for meaningful collaboration in local, state, and national networks.

The Network for Action also reconvened in June 2012, as part of the preconference sessions for the 18th National Conference on Child Abuse and Neglect. The third Network for Action meeting was convened on April 23-25, 2013 in conjunction with OCAN's grantees' meetings.

SURGEON GENERAL'S WORKSHOP ON MAKING PREVENTION OF CHILD MALTREATMENT A NATIONAL PRIORITY: IMPLEMENTING INNOVATIONS OF A PUBLIC HEALTH APPROACH

In March 2005, the Surgeon General's Office convened this workshop to identify and learn more about effective strategies for preventing child maltreatment and promoting child well treatment. The approach to this meeting was unique in its structure to enable and encourage an active exchange of ideas and debate among colleagues and experts from a wide range of professional backgrounds related to child maltreatment. Participants included representatives from the fields of medicine, public health, child development, childhood disabilities, social services, child welfare, education, law enforcement, juvenile justice, communications, and mental health. These participants gathered together to share a dialogue around the key issues related to child maltreatment prevention. In addition, a wide range of valued perspectives from academia, foundations, advocacy groups, professional organizations, the faith-based community, and all levels of government were elicited during the dialogue.

The workshop concentrated on an exploration of solutions - what is needed, what is or is not working, what are the opportunities for effective strategies for preventing child maltreatment and promoting child well treatment by:

- Advancing prevention and promotion as a national public health priority;
- Enhancing evidence-based prevention and promotion strategies;
- Integrating prevention and promotion services into all systems of care;

- Incorporating child development literacy into the national consciousness;
- Strengthening essential public-private care systems; and
- Establishing a strategic public health approach for prevention and promotion.

This workshop enabled experts and representatives from many public and private organizations to meet and discuss ways in which their offices could collaborate to form a united front against child maltreatment. Federal agencies discussed provisions outlined in CAPTA, the Juvenile Justice and Delinquency Prevention Act, and other legislation that directs the work and collaborative opportunities at the federal level. Participation in this workshop was a part of an important initial step to help transform relationships.

Physicians, nurses, social service providers, media experts, public health officials, educators, psychologists, researchers, program administrators, judges, lawyers, CEOs, and police chiefs spent two days focused solely on the prevention of child maltreatment. Key themes that emerged from the debate emphasized the following:

- The "human face" of child maltreatment;
- Comprehensive primary, secondary, and tertiary care systems;
- Child well-treatment education and early skill-building for parents;
- Media's role in achieving ownership of the problem and the solution;
- Social acceptance and responsibility to intervene and ask for help;
- Sustainable and continuing programmatic efforts;
- Systems integration and basic systems change;
- Cooperation between and among organizations and disciplines;
- Local administration and evaluation; and
- Full access to culturally competent and evidence-based prevention.

For more information, visit: <http://www.surgeongeneral.gov/topics/childmaltreatment/>.

REPORTS AND PUBLICATIONS

PREVENTION COMMUNITY RESOURCE GUIDE

A community resource guide has been published annually since 2003 in conjunction with National Child Abuse Prevention Month (April). The resource guide is developed in partnership with the National Child Abuse Prevention Partners and coordinated by OCAN/CB. The National Child Abuse Prevention Partners is a workgroup made up of federal and non-federal partners that has now grown to more than 30 organizations, all interested in the prevention of child maltreatment. The group was established by OCAN/CB to help develop and disseminate the resource guide on an annual basis and help inform other prevention initiatives.

Preventing Child Maltreatment and Promoting Well-Being: A Network for Action, was released in 2012, and focuses on national organizations, federal prevention partners and parents coming together to develop a shared vision, engage in shared action, and strengthen networks and

partnerships committed to prevention child abuse and neglect. The guide was designed to support service providers in their work with parents, caregivers, and their children to strengthen families and prevent child abuse and neglect. It focuses on promoting six protective factors that have been shown to prevent child abuse and neglect. Information about these protective factors enhanced with many valuable tools, strategies and resources that can be used by professionals to help integrate these factors into existing community prevention and family support programs and several delivery systems can be found within the guide. The packet was developed through a partnership between the Child Welfare Information Gateway, the FRIENDS National Resource Center, and most recently the Center for the Study of Social Policy. The resource guide is available for download on the Child Welfare Information Gateway and a select number of print packets are made available for distribution through the Gateway to states and communities nationwide.

For more information, visit: <http://www.childwelfare.gov/preventing>.

Nonfatal Maltreatment of Infants – United States, October 2005-September 2006
April 4th, 2008 Morbidity and Mortality Weekly Report (MMWR), volume 57, number 13

In the fall of 2007, a collaborative of individuals, including members of the CB data team, OCAN staff, the National Child Abuse and Neglect Data System (NCANDS) Technical Team at Walter R. McDonald and Associates, Inc., and staff from the National Center for Injury Prevention and Control at the CDC wrote a joint article highlighting child maltreatment in the first weeks of life in the CDC's MMWR report. The report originated from unexpected findings uncovered through analysis of data from ACF's 2006 NCANDS data collected for the annual Child Maltreatment report that lead to subsequent efforts to further understand initial statistics.

A mutual interest among collaborating parties was expressed to raise the issue of injury outcomes and the public health burden of child maltreatment leading to the examination of the data for the article. Through the analysis, researchers were able to demonstrate that of substantiated maltreatment in infant victims, 38.8 percent were found to be less than one month old, and of those infant victims, 84.3 percent were found to be less than one week year of age. As a result of this work, there has been recognition that additional study of these findings is warranted to understand and determine the contextual factors and implications for prevention and program development. The report also highlighted the research, early intervention and prevention programs supported by the CDC and ACF.

To view the article, please visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5713a2.htm>.

CONTRACTS AND TECHNICAL ASSISTANCE ACTIVITIES

ACYF Protective Factors Framework Contract

In FY 2011, CB established a contract to develop an ACYF Protective Factors Framework to further explore the topic and inform future prevention, intervention and treatment efforts for programs administered by ACYF. CB manages the contract, in collaboration with staff from the Office of the ACYF Commissioner and FYSB. The contract includes several key tasks including: conducting a comprehensive literature, engaging research experts, federal experts, and practitioners in the development of the framework, and developing research and practitioner briefs that summarize the findings. The diverse populations served by ACYF share a complex set of characteristics and circumstances that place them at risk for a host of adverse outcomes. In addition, they also have unique characteristics that present challenges to creating a framework that is applicable to all types of children and families served by ACYF. This project identifies protective factors at the individual, family, proximal, and community levels of influence that should be considered by ACYF-funded programs. The Protective Factors Framework and recommendations are intended to inform current and future efforts to infuse knowledge of protective factors into ACYF policies and practices. To date, the literature review has been completed and several federal agencies were invited to provide input and feedback in 2012. Federal agencies and the research and practice communities have overwhelmingly responded positively to the focus and attention on promoting protective factors and resilience in the mutual populations our agencies serve. OCAN is working closely with several partners from FEDIAWG to ensure that this work compliments other federal efforts to promote protective factors. The final products from this contract will be available in late 2013.

Children's Bureau's Training and Technical Assistance Coordination Efforts

Beginning in 2009, CB funded JBS International, Inc. to create the Training and Technical Assistance Coordination Center (TTACC) to support increased coordination for its Training and Technical Assistance Network. The TTACC is designed to coordinate training and technical assistance requests made by states, territories, and courts when multiple providers within a state are involved. The goal of this coordination effort is to provide a single point of coordination for intensive, individualized, on-site training and technical assistance services provided through CB's Training and Technical Assistance Network and increase efficiencies and improve outcomes for the system change initiatives that stem from the provided training and technical assistance. CB's Training and Technical Assistance Network is comprised of eleven National Resource Centers (NRCs) who provide training and technical assistance in specific focus areas with the goal of helping child welfare agencies, managers, family and juvenile courts and other child welfare professionals to better serve children and families and ultimately prevention child maltreatment and increase child and family well-being. In addition, CB has funded five regionally-based Implementation Centers to help implement the strategies, information, and evidence-based practices made available through the NRCs. The TTACC coordinates its efforts across these sixteen entities.

As a part of their work, the TTACC helps: facilitate a better understanding of the identified needs of the requesting jurisdiction and improve the jurisdiction's assessing readiness to engage in the work; ensure that assistance is provided in response to previous training and technical assistance recommendations, and other major initiatives that may be occurring; and encourage those requesting or providing training and technical assistance to access and use appropriate, coordinated training and technical assistance approaches that will promote and sustain systemic change. To achieve these goals, the TTACC helps to coordinate training and technical assistance by receiving and tracking training and technical assistance requests, facilitating assessment and planning calls, developing training and technical assistance work plans, and monitoring the progress of assistance delivered by Training and Technical Assistance Network members. As described, these coordination efforts manage the numerous stakeholders in change efforts, including multiple training and technical assistance providers, relevant child and family serving state agencies or entities, and when appropriate, non-federal partners (including non-profits and organizations) that are also working with the states to provide additional TA and support.

To further understand this work, CB entered into a contract with James Bell Associates in 2008, to conduct a multi-year a cross-site evaluation of the five Implementation Centers and the 10 NRCS (funded in 2009). The first year and a half of this contract was focused on the development of the evaluation design, securing stakeholder input and the development of data collection instruments and a training and technical assistance tracking system.

For more information about CB's Training and Technical Assistance Network and this initiative, please visit: <http://www.acf.hhs.gov/programs/cb/assistance>.

STATE-LEVEL ACTIVITIES

CAPTA FORMULA GRANT PROGRAMS TO STATES

Children's Justice Act (CJA) Grant Program

The Children's Justice Act (CJA), under section 107 (a) through (f), of CAPTA, as amended, authorizes grants to the states, the District of Columbia, Puerto Rico and the territories for the purpose of improving the investigation, prosecution and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. This authorization also includes the handling of child fatality cases in which child abuse or neglect is suspected. The program and supports provided at the federal level assist and guide grantees in coordination and collaboration at the local level to achieve these goals, often accomplished through innovative efforts and systems improvement and reform.

The CJA grant program has been in operation since 1984. Over the past 25 years, states have worked to promote child welfare system improvement. As indicated above, the focus of the CJA work is targeted at the improved handling of child abuse and neglect cases and fatalities in a manner which limits additional trauma. CJA's focus is on the improved investigation and prosecution of such cases. The December 2010 reauthorization of CAPTA included updates to Section 107, the CJA legislation. These

updates to CJA language included a change in the word handling, to assessment and investigation, as well as the addition of suspected before the word victim. The word family was also added in the section related to reducing trauma.

One key element of CJA outlined in the legislation is the establishment and maintenance of a multidisciplinary task force. Examples of CJA Task Force projects include support of Citizen Review Panels, Child Fatality Review Teams, Multidisciplinary Teams and Child Advocacy Centers. Many of the states use the CJA funding for trainings. These trainings include cross-disciplinary training, training academies and forensic interview training. State CJA Task Forces work to implement various programs to improve child welfare systems. The legislation and program instruction stress that funds are to focus on the reform of state systems and to improve processes. The funds may not be used for treatment services or prevention.

The reauthorization of CAPTA added two new membership categories to the multidisciplinary task forces discussed above. CJA Task Forces must now include an adult former victim(s) of child abuse and/or neglect and an individual(s) experienced in working with homeless children and youths (as defined in section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a)). States are hard at work to recruit and appoint these new Task Force members.

In FY 2012, \$17 million was disbursed to the eligible CJA grant applicants including a total of 50 states, the District of Columbia, Puerto Rico and four territories. The amount awarded is based on a formula of a minimum of \$50,000 plus an additional amount based on the population of children under 18 years of age in the applicant's jurisdiction. In 2012 awards range from \$53,329 allocated to the Northern Mariana Islands, to \$1,821,409 allocated for California.

Community-Based Child Abuse Prevention (CBCAP) Grant Program

The Community-Based Child Abuse Prevention (CBCAP) grant program as authorized in Title II of CAPTA supports and promotes states to develop community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect. In addition, these grants are also to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect.

One of the key focus areas for the CBCAP Grant Program is the collaboration and coordination at the state level in order to maximize the use of limited prevention dollars. The 2011 CBCAP Program Instruction (PI) states that lead agencies are strongly encouraged to partner with public and private agencies that are serving the same populations and have the same goals, including possible partners such as: social services, child welfare, health, mental health, substance abuse treatment, domestic violence, child care, early childhood, education, law enforcement, and other state-level and community-based organizations.. In addition, the 2010 reauthorization of CAPTA (P.L. 111-320) amended the law to include substance abuse treatment and domestic violence services as additional categories of prevention services addressing an unmet need that may be funded under CBCAP. These changes underscore the importance of coordinated efforts from multiple disciplines as a significant element of

child maltreatment prevention. The 2003 reauthorization of CAPTA emphasized the linkages to health and developmental programs and services.

The Child Welfare Collaboration Initiative (CWCI) represents the embodiment of this mandate. The CWCI is led by staff in ACF Region IV (eight states in southeast U.S.) and supported by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention and the National Resource Center for Child Protective Services. Region IV members of the CWCI meet every one to two years in a state within the region, and supplement these in person meetings with conferences calls and webinars to cultivate peer learning in the arena of collaboration. To support these efforts each state has identified a State Coordination Lead that guides these activities in their state. States are encouraged to invite their partners to participate in the meetings and calls hosted by the CWCI. The in-person meetings and calls provide tools to enhance existing collaborations, strategies for building and developing new collaborations, and in-depth content with a focus on a cross-cutting policy or practice issues for state teams. For example, the last meeting held in Atlanta, Georgia in August 2011, focused on the cross-section of domestic violence and child maltreatment, as well as effective strategies to engage fathers. During this meeting, technical assistance specialists and federal staff worked with states to develop state-specific plans to enhance coordination in these areas.

CAPTA DISCRETIONARY GRANT INITIATIVES TO STATES AND LOCAL COMMUNITIES

Collaboration has long been recognized as essential to the prevention, intervention and treatment of child maltreatment. It is a process by which several agencies or organizations make a formal, sustained commitment to work together to accomplish a shared vision. This report has emphasized much of the work done at the federal level to bring agencies serving children and families together to collaborate and improve the delivery and quality of services. In addition to the work at the federal level, efforts through formula grants provided to states have also been discussed. Formula grants are not the only mechanism through which OCA/CB fund states and local communities to support child maltreatment prevention. The other main funding mechanism utilized is discretionary grant initiatives. The concepts and themes of collaboration and interagency coordination efforts are strongly integrated in our discretionary grant initiatives with states and local communities, via program instruction and technical assistance. Many of the Funding Opportunity Announcements (FOA) which inform and direct the efforts for CB's grant programs, require collaboration across state and local agencies to further efforts to prevent child maltreatment and improve the well-being of children and families. In addition, to mirror this effort, CB works closely with partner agencies to develop FOAs and create support across federal partners to awarded grantees.

For more information about CB's discretionary grants, please visit CB's website:

<http://www.acf.hhs.gov/programs/cb/grants/discretionary-grant> and the Discretionary Grant Library, http://library.childwelfare.gov/cbgrants/ws/library/docs/cb_grants/GrantHome, which allows you to search for and view products and information related to specific CB grant projects.

Child Welfare – Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement (ECCW)

In FY 2011, CB awarded eight 17-month grants to communities across the nation to develop the infrastructure necessary to support key collaborative initiatives between child welfare, early childhood systems and other critical stakeholders such as child care, health and mental health agencies working with young children ages birth to five years old.

The purpose of this grant initiative is to support and reinforce the development of community partnerships involving child welfare, early education and other partner agencies. These collaboratives are focused on maximizing enrollment, attendance and supports of infants and young children in foster care, into comprehensive, high-quality early care and education programs. Grantees are encouraged to enhance these collaboratives through the development of new models or build on existing collaborative policies, procedures, and/or practices; address barriers to permanency and implement multi-disciplinary interventions to improve the socio-emotional and behavioral well-being of young children. In addition, it is hoped that these grantees will foster strategic coordination and institutionalized communication among public child welfare, early childhood, and community organizations, and families with infants and young children, promote utilization of multi-disciplinary interventions and quality practice.

Efforts under this initiative include: infrastructure development of an electronic child welfare to Head Start/Early Head Start referral system; a system for referring, linking and tracking those child welfare children in their Head Start/Early Head Start programs; cross-training partnerships across collaborative members to educate multiple disciplines on a shared protective factors frame for action, trauma informed interventions, infant mental health and resiliency and identifying strategic opportunities to infuse protective factors approach into policy and practice tools to support this type of multi-disciplinary approach; and the development and expansion of existing collaboratives to develop policies, promote awareness and utilization of multi-disciplinary interventions, practices and strategies and disseminate their findings in support of knowledge transfer.

At the close of FY 2012, an additional ten grants were funded for two-year project periods to support these collaborative efforts in additional communities. The goals of these additional grants was to expand access to these collaborative opportunities across the country, increase the time frame available to accomplish this work and increase funding to support the development of these collaboratives, and ultimately enhance the work they can accomplish and increase the potential of more significant evaluation outcomes . A list of the new grant awards can be found at the following website: <http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2012>.

Child Welfare – Education System Collaborations to Increase Education Stability

In FY 2011, the CB awarded ten 17-month grants to communities across the nation to develop the infrastructure necessary to support crucial collaborations between child welfare, the education system and other key youth-serving organizations to support youth and families in or at risk of entering the child welfare system.

The purpose of this grant initiative is to build collaborations between child welfare and education systems to increase the educational stability and school success of children (ages 10-17 years) in or at risk of entering the child welfare system. Through this effort child welfare agencies are to develop collaborative policies, products and programs that will work toward these identified goals for the target population. Child welfare agencies are to work in partnerships that include local and neighborhood school districts, and identified critical stakeholders such as courts and health and mental health agencies. Building and sustaining multi-system partnerships and meaningful collaborations between child welfare, education and other youth-serving systems are key to ensuring that youth in care are afforded the ability to succeed and thrive in educational settings to facilitate permanency, including adoption, and other post-permanency supports.

Efforts under this initiative include: creating electronic academic records to be shared and utilized across education, child welfare and juvenile justices systems; assisting the transition of youth in foster care from one school to another; increasing awareness of the child welfare system to better assess the child's well-being, including educational needs; public awareness campaigns targeted toward the education and child welfare systems about the importance of information exchange; and training programs for education advocates to better assist youth and their families better navigate the education system.

At the close of FY 2012, an additional ten grants were funded for two-year project periods to support these collaborative efforts in additional communities. The goals of these additional grants was to expand access to these collaborative opportunities across the country, increase the time frame available to accomplish this work and increase funding to support the development of these collaboratives, and ultimately enhance the work they can accomplish and increase the potential of more significant evaluation outcomes . A list of the new grant awards can be found at the following website: <http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2012>.

Improving Child Welfare Outcomes through Systems of Care (Systems of Care)

In 2003, CB funded nine demonstration grants to launch the *Improving Child Welfare Outcomes through Systems of Care* initiative. This demonstration explored the use of principle-guided approach to improve outcomes for children and families involved with the child welfare system. The effort promoted systems and organization change across child welfare agencies and other child- and family-serving systems to address policy, practice, and cross-system collaboration issues. CB funded grants for a five-year project period, provided the grantees with technical assistance and supported a national evaluation of the initiative. One of the six guiding principles of these demonstration projects was interagency collaboration, stemming from the increasing recognition that child welfare agencies cannot work in isolation to meet the complex needs of the children and families in the child welfare system.

Some of the key findings and lessons learned from this initiative included:

- Systems of care provide an overarching framework to coordinate and augment multiple systems and organization change efforts within child welfare agencies.

- Focus on infrastructure development rather than service delivery helped grant sites to connect and implement systems of care principles across all levels of the child welfare agency and into their policies, procedures, and practices as well as cross-system structures and processes.
- Stakeholder engagement and relationship building need to be proactive, inclusive, and ongoing.
- The well-being of children participating in Systems of Care grant communities appeared to improve over the course of the initiative.
- Systems of Care communities experienced improvements in child safety, as shown by a significant reduction in re-referrals into the child welfare system.
- Implementation of Systems of Care led to greater participation among partner agencies and family members in case planning and service provision.

For more information on this initiative, please visit:

<https://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm>.

National Quality Improvement Center on Early Childhood (QIC-EC)

In FY 2009, the CB awarded a five-year cooperative agreement to the Center for the Study of Social Policy, in partnership with ZERO TO THREE: National Center for Infants, Toddlers, and Families, and the National Alliance of Children's Trust and Prevention to form the National Quality Improvement Center on Early Childhood (QIC-EC). The QIC-EC is studying collaborative interventions that 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.

The QIC-EC selected four research and demonstration projects that target primary prevention of infants and young children who are at high risk for abuse and neglect but for whom there is no substantiated child protective services report. The research and demonstration projects are studying and employing interventions that include: collaboration among Individuals with Disabilities Education Act (IDEA) Part C Early Intervention program case managers, wraparound services, family strengths, and substance abuse treatment for pregnant women; Triple P parent education training plus adapted Prevention Child Abuse and Neglect training for Part C early intervention coordinators; Healthy Steps home visiting, legal assistance and other family supports; and multifaceted neighborhood mobilization led by a range of community members to reduce child maltreatment and promote optimal development of children. The results of the work of the research and demonstration projects will be broadly disseminated once completed in FY 2014.

As a part of their effort the QIC-EC has developed a Learning Network which has focused on sharing among multidisciplinary organizations, a broad and diverse group of professionals and individuals committed to child maltreatment prevention. The Network is intended to engage participants in an open dialogue; information exchange on key issues related to child maltreatment prevention and dissemination of cutting-edge information. The Learning Network was established in early 2010, and currently has approximately 319 members. Participants of the Learning Network represent for-profit organizations, state government office, local state and national nonprofit organizations, institutions of

higher education, Children's Trust Funds, foundations, federal government officials, CB's Training and Technical Assistance Network, the QIC-EC's National Advisory Committee, and others. Post-webinar surveys show that Learning Network members have found webinars valuable and participants report planning discussions of the content with colleagues, teaching or training on the topic discussed and otherwise incorporating the information into their work.

For more information about the QIC-EC and their projects, please visit: <http://www.qic-ec.org>.

Supporting Evidence-Based Home Visiting Programs to Prevent Child Maltreatment (EBHV)

In 2008, as mandated by CAPATA appropriations language, CB funded 17 cooperative agreements to support the infrastructure needed for the widespread adoption, implementation and sustainability of evidence-based home visitation programs that aim to prevent child maltreatment. CAPTA appropriations were increased by \$18 million to support this effort. Grantees in this cluster are combining their grant funds with other funding sources to support the implementation of EBHV programs with fidelity, the scaling up of the high-fidelity home visiting models, and the sustainability of the models. The program's overarching goal is to generate knowledge about the use of evidence-based home visiting programs to prevent child maltreatment, including obstacles and opportunities for their wider implementation.

The work of these grantees, in particular their infrastructure development has emphasized the use of collaborations and partnerships across their state and local communities and grantees expressed explicit collaboration goals. As a part of the cross-site evaluation of this grant program and in an effort to better understand the role of partnerships and track their development over time, baseline and follow-up surveys of grantees and their partners were conducted. Findings from these initial surveys can be found in the cross-site publication, *Building Infrastructure to Support Home Visiting to Prevent Child Maltreatment: Two-Year Findings from the Cross-Site Evaluation of the Supporting Evidence-Based Home Visiting Initiative* and can be found at the following website: <http://supportingebhv.org/crossite>.

In 2011, the EBHV grant program was formally incorporated into the MIECHV State Formula Grant Program, which is administered by the HRSA. Through ACF's collaboration with HRSA, additional funding was provided to each of the original ACF EBHV grantees for the continuation of these projects through their existing project period, concluding in September 2013. These funds were provided by HRSA in recognition of the ACF EBHV program's potential to contribute to the knowledge base regarding supporting evidence based home visiting programs.

For more information about the efforts of this grant initiative and its findings, please visit: <http://supportingebhv.org/>.

Targeted Grants to Improve the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Parental/Caretaker Methamphetamine or Other Substance Abuse (Regional Partnership Grants) (RPG)

The Child and Family Services Improvement Act of 2006 reauthorized the Promoting Safe and Stable Families program design to improve the lives of abused and neglect children and their family who are

affect by the methamphetamine and other substance use disorders. The legislation included a new competitive grant program and provided \$40 million per year over a five-year period to implement regional partnerships for the purpose of improving outcomes for children and families. The legislation responds to parental substance abuse as a key factor underlying the abuse or neglect experienced by many children in the child welfare system.

As mentioned earlier in this report, this group of discretionary grantees receives support from the NCSACW as outlined in the IAA between CB and SAMHSA. In addition to the training and technical assistance support provided to this cluster of grantees through the NCSACW, CB has worked closely with SAMHSA partners since the inception of this discretionary grant cluster. During the initial development of this program, and the writing of the FOA, CB extensively consulted with the staff at SAMSHA based upon their topical expertise in this area. The FOA required grant applicants to reflect the commitment of key community partners, as outlined in the legislation, and demonstrate the partnerships through which the grant applicants would work through signed letters of commitment and support and signed Memorandum of Understanding. In addition, SAMHSA staff participated in the discretionary grant review in 2007 that funded the initial 53 grants representing states and communities across the country. SAMHSA staff has remained involved in the grants in both a support and consultation role to provide programmatic TA for the grantees, the grant program as a whole and evaluation. The five-year project period of these grants ended on September 29th, 2012.

A copy of the first report to Congress on this grant initiative can be found at the following website:

http://www.acf.hhs.gov/programs/cb/pubs/targeted_grants/targeted_grants.pdf.

A copy of the second report to Congress on this grant initiative can be found at the following website:

<http://www.cffutures.org/projects/regional-partnership-grants>

In September 2011, the President signed Pub. L. 112-34 into law that authorized and provided \$20 million per year for two-year extension grants and new five-year demonstration projects through FY 2016. As with the previous round of Regional Partnership Grants (RPG), these grants were awarded through a highly competitive process. These new targeted grants awarded under the new authorization will similar provide integrated activities and services that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's substance abuse and continue the emphasis on local collaboration and partnerships. SAMHSA staff has remained deeply involved the process of designing and reviewing the second round of RPG grants. On September 30, 2012 seventeen grants were awarded to the second round of RPG grants. In addition, a national cross-site evaluation and evaluation technical assistance contract was awarded to Mathematica Policy Research to support and evaluate the work for this new cohort of grantees.

A list of the FY 2012 grant awards can be at the following website:

<http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2012>.

CONCLUSION

Collaboration and coordination, whether it is at the federal, state or local levels are essential to understand the complex issue of child maltreatment, developing effective prevention and treatment strategies, and improve the outcomes and well-being of children and families. Such coordination efforts are inherent in the work of OCAN/CB, whether it is direct collaboration with federal partners or the philosophical approach that underpins our discretionary and formula based grants to encourage robust and meaningful partnerships. OCAN and CB have been diligent in efforts to reach out to federal partners and remains dedicated and committed to further collaborative efforts to bring multiple agencies together to support shared action to prevent child maltreatment and to promote well-being for children and families across the U.S.

It is recognized that federal agencies serving children and families need to collaborate to achieve these goals. These efforts require that organizations take the additional time necessary to work outside historical boundaries, dedicate staff, skills and energy to collaborative efforts, deal with diversity among organizational priorities and culture and think of their organization's plans and initiatives as part of a larger system that needs to function in a coordinated manner to achieve a shared vision of child maltreatment prevention and increased well-being for children and families. Through the careful consideration of these necessary actions, collaboration can help to better achieve mutual goals by better aligning resources with needs, increase effectiveness and make results more sustainable. An area of growing interest is utilizing innovative approaches to assessing and evaluating the outcomes and results of these collaborative efforts.

OCAN and CB will continue to build inclusive collaboratives with existing and new partners to support coordinated research, training, technical assistance, service delivery and continue to develop opportunities for shared learning, knowledge development and dissemination at the federal level and encourage such efforts at the state and local level among grantees and community service providers. It is through interagency coordinated efforts to develop stronger networks and partnerships across ACF, throughout HHS and with other federal partners that we can best work to prevent child maltreatment and promote the well-being of children and families.