

February 2020 PLC:
**Community Collaborations to Strengthen and
Preserve Families Grants**

February 12, 2020



Community Collaborations to Strengthen and Preserve Families

Cohort One: HHS-2018-ACF-ACYF-CA-1351

Cohort Two: HHS-2019-ACF-ACYF-1559

Community Collaborations to Strengthen and Preserve Families Project Overview

- ▶ Support the development, implementation, and evaluation of primary prevention strategies to improve the safety, stability, and well-being of all families through a continuum of community-based services and supports.
- ▶ Address site-specific barriers and mobilize communities to prevent child maltreatment, reduce entry into the public child welfare system, and enhance the overall well-being outcomes of children and families.
- ▶ Aim of the initiative is to bolster integrated family support systems through a continuum of community-based prevention services that are able to support families early and strengthen protective factors before formal involvement with the child welfare system is necessary.

Project Requirements

Projects will be required to integrate primary prevention and early response efforts to achieve the following goals:

- ▶ 1. Reduce entry into foster care by intentionally linking families to local, community-based services early, before coming to the attention of the child welfare agency. Activities include implementing primary prevention strategies, practices, or activities that are informed by the relevant literature and identified needs of the communities to be served.
- ▶ 2. Support the overall well-being outcomes of children and families, including changes in risk and protective factors, by using data to inform and align strategies across sectors and address site-specific barriers. Activities include developing coordinated and robust primary prevention efforts across the child welfare, public health, education, legal and judicial community, law enforcement, business/labor, nonprofit, government, and philanthropic sectors in the communities to be served.

Project Requirements (continued)

- ▶ 3. Develop strategic collaborations with traditional family serving agencies, parents and youth with lived experience, the legal and judicial community, community services and family assistance agencies, the community-based child abuse prevention agency program (CBCAP) grantee (i.e., state lead agency and/or tribal and migrant program), and the public housing agency. Activities include designing or re-designing cross-system functioning and financing, removing systemic and structural barriers, creating linkages to civil legal service providers, and promoting policy changes that contribute to family and community stability.
- ▶ 4. Coordinate, monitor, and report on strategies and outcomes across multi-sector partners. Activities include data sharing and integration and continuous quality improvement processes to inform and improve coordinated decision-making and accountability.
- ▶ 5. Evaluate efforts to provide substantial information about the effectiveness of the strategies, practices, or activities implemented in addressing intermediate outcomes and, ultimately, reducing entry into foster care with the support of CB's designated evaluation technical assistance (TA) provider.

Project Activities

Project activities and strategies will be based on the needs of the designated communities but must reflect CB's priority on strengthening families' protective capacities through primary prevention of child maltreatment, community-based services and supports, and enhancing child and family well-being. Project activities and strategies must be clearly linked to needs and target local barriers and challenges to community-based prevention and integrated family support services. Projects should also align with existing initiatives being conducted in response to other CB-funded programs and requirements.

Required strategies and project activities include:

- ▶ Consulting with youth and parents with lived experience in the child welfare system in the design and implementation of the community-based service delivery system;
- ▶ Identifying barriers specific to the identified jurisdiction(s) and population(s) to be served, including legal barriers;
- ▶ Identifying and engaging partners to address identified barriers with the goal of integrating the selected strategies and programs necessary to implement project work;

Project Activities (continued)

- ▶ Identifying services gaps; for example, civil legal services (such as representation on housing, public benefits, immigration, and domestic violence related cases);
- ▶ Promoting and sustaining community awareness of and commitment to community-based primary prevention services and resources;
- ▶ Meaningful coordination of federal programs, reporting requirements, and the development of a common vision with a focus on primary prevention;
- ▶ Establishing an approach to participate with the designated evaluation TA and other federal-led evaluation activities to better understand how the implementation of proposed strategies, practices, or activities influence the intended outcomes; and
- ▶ Developing and/or implementing innovative strategies to leverage and coordinate existing public funding streams in order to adopt, implement, assess, and sustain effective community-based, prevention-focused services.

Required Partners

Projects will be required to foster strategic coordination, a shared vision, jointly owned outcomes, and a strong multi-system collaboration with:

- ▶ the public child welfare agency;
- ▶ at least one community services and/or family assistance program/agency (i.e. title V maternal and child health services agency, Temporary Assistance for Needy Families (TANF) provider, Low Income Home Energy Assistance Program (LIHEAP));
- ▶ the CBCAP grantee;
- ▶ the legal and judicial community;
- ▶ youth and families with lived child welfare experience;
- ▶ the public health community (i.e. early and periodic screening diagnosis and treatment (EPSDT) providers); and
- ▶ public housing partners.

Cohort One: HHS-2018-ACF-ACYF-CA-1351

- ▶ Cook Inlet Tribal Council, Inc., Cook Inlet Region, AK (Region 10)
 - ▶ Luqu Kenu-Prevention (LK-P)
- ▶ El Paso Center for Children, Inc., El Paso, TX (Region 6)
 - ▶ Border Collaborative to Strengthen and Preserve Families
- ▶ Nebraska Children and Families Foundation, Douglas County, NE (Region 7)
 - ▶ Douglas County Community Response Prevention Collaborative
- ▶ New Hampshire Department of Health and Human Services, Manchester and the Winnepesaukee Public Health Region, NH (Region 1)
 - ▶ Community Collaboration to Strengthen and Preserve Families (CCSPF) in NH: A Prevention, Public Health, Cross-Sector Approach

Cohort Two:HHS-2019-ACF-ACYF-1559

- ▶ County of Allegheny, Pittsburgh, PA (Region 3)
 - ▶ Hello Baby
- ▶ Department of Children, Youth and Families, Olympia, WA (Region 10)
 - ▶ Washington's Strengthening Families Locally Initiative (SFLI)
- ▶ Family Resource Center of North Mississippi, Tupelo, MS (Region 4)
 - ▶ Comprehensive Community Collaboration Demonstration Model to Strengthen and Preserve High Risk Families (CCCDM)
- ▶ Larimer County Department of Human Services, Fort Collins, CO (Region 8)
 - ▶ Supported Families, Stronger Community (SFSC) Project
- ▶ Ohio Children's Trust Fund, Columbus, OH (Region 5)
 - ▶ Developing a Community-Based Prevention Model - Enhancing Safety and Well-Being for Ohio's Children and Families

Cohort Two: HHS-2019-ACF-ACYF-1559 (continued)

- ▶ Partnership for Strong Families, Inc., Gainesville, FL (Region 4)
 - ▶ Resource Center Model: Evaluation, Refinement, and Expansion
- ▶ Trustees of Indiana University, Bloomington, IN (Region 5)
 - ▶ Strengthening Indiana Families (SIF)
- ▶ Vision for Children at Risk, St. Louis, MO (Region 7)
 - ▶ Parents and Children Together - St. Louis (PACT-STL)
- ▶ YMCA of San Diego County, San Diego, CA (Region 9)
 - ▶ YMCA Community Collaborations Prevention Project

Evaluation and Cross-Site Technical Assistance- Abt Associates and Child Trends

The Building Capacity to Evaluate Child Welfare Community Collaborations to Strengthen and Preserve Families (CWCC) project supports the Children's Bureau effort through two primary components:

- ▶ Evaluation-related technical assistance to strengthen grantees' evaluation capacity to conduct site-specific outcome evaluations.
- ▶ A cross-site process evaluation of each cohort of grantees to better understand how communities came together to develop and implement integrated approaches to preventing child maltreatment, including documenting project and organizational leadership approaches, integration and alignment strategies, and recruitment and assessment methods to identify and serve at-risk families.

Cross-Site Research Questions

1. What are the **promising approaches and challenges** in identifying, establishing, and maintaining new and existing partnerships?
2. How are **data** being **linked and used** within and across agencies to: (1) identify families in need of CAN prevention services; (2) identify the specific needs of families; (3) make informed decisions about service provision; (4) inform continuous quality improvement; and (5) track outcomes?
3. How are grant implementation **activities** structured and operationalized, within and across grantees?

Research Questions (continued)

4. What **factors**—including state and local policies, geographical location (rural vs. urban), resources, staff and organizational capacity, training, cross-partnership coordination, and existing infrastructure—**promote or impede implementation** of the child welfare community collaborations, within and across grantees?
5. To what extent are grantees planning to **sustain** activities beyond the current grant, and what factors do they believe will help or hinder these efforts?
6. Who is being served by the collaborations, and what does their participation look like?

Implementation Plans- Cohort One Commonalities

- ▶ Cross-sector implementation teams
 - ▶ Specific workgroups
 - ▶ Incorporate data and evaluation into all meetings (CQI)
- ▶ Intentionally integrate family/youth voice
- ▶ Protective Factors Framework
- ▶ Existing collaborative
 - ▶ Leverage existing initiatives
- ▶ Multi-Generational approach

Strategies and Activities

- ▶ Increased communication/collaboration between partners/members/service providers
 - ▶ Family Leadership
 - ▶ Cross- Training
 - ▶ Collective Impact
- ▶ Increased access to and utilization of services (through better collaboration and/or new services being provided and/or increased trust)
- ▶ Communication Campaigns
- ▶ Systems Navigation
- ▶ Cafes

Questions

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Douglas County Community Response



nebraskachildren
AND FAMILIES FOUNDATION

**Community Collaborations to
Strengthen and Preserve Families**

Honestly, it's not for everyone!



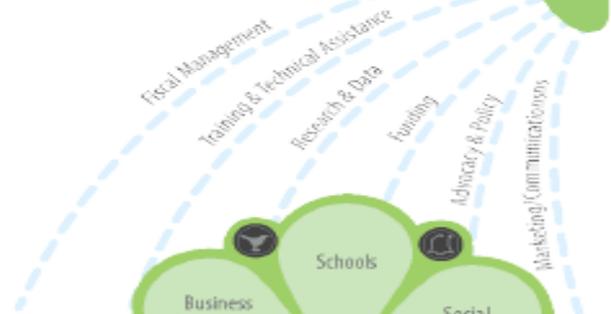
LUCKY FOR YOU,
THERE'S NOTHING
TO DO HERE.

In Nebraska, we believe that only boring people get bored. So we invent our own fun. Like when we realized that a livestock tank would float, and thought, "It's a boat." Soon, "tanking" became the preferred method of meandering down our slow-moving rivers. It might not be everybody's cup of tea, but if it sounds as good to you as it did to us, go to VisitNebraska.com for a free Travel Guide. And welcome aboard.

Nebraska
HONESTLY. IT'S NOT FOR EVERYONE.



COMMUNITY WELL-BEING MODEL



Nebraska Children's initiatives filling gaps

Infrastructure

COMMUNITY CONTEXT



NEBRASKA CHILDREN INITIATIVES



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AND FAMILIES FOUNDATION



Cultivating the good life for all of our children.



foundational **frameworks**

- **Two Generation Approach Thrive**
- **Collective Impact**
- **Race Ethnicity Equity and Inclusion**
- **Promotive and Protective Factors: Families**
- **Primary Prevention Principles**
- **Community Ownership**

Training

Healing Centered Engagement

FamiliesThrive

REEI

Child Abuse and Neglect
Reporting – Structured
Decision Making

Motivational Interviewing





Collaborative Members

Millard Public
Schools ENCORE
Nebraska Children's Home
Society Visiting Nurses
Association
Douglas County Health
Department Ralston Public
Schools
Nebraska Health and Human
Services Charles Drew Health
Center
One World Community
Health Center Concord
Center
Non-Profit Center of the
Midlands Community
Members
Senators
Child Saving Institute
Behavioral Health Education Center of
Nebraska Catholic Health Initiatives
(Hospital)
Heart
Ministries
Urban
League
Region 6

ENCAP
Empowerment Network
Nebraska Early Childhood
Collaborative Project Harmony
United Way of the
Midlands Heartland
Family Services Boys
Town
Rescare
Project
Everlast
Promise
Ship
Compassion in Action
Nebraska Family Support
Network University of
Nebraska at Omaha
Omaha Public
Schools Carol's
House of Hope
Lutheran Family
Services
Nebraska Children and Families
Foundation Douglas County
Opportunity Youth Alliance
Women's Fund of Omaha
Court Improvement

Douglas County Community Response Collaborative

Douglas County Community Response Collaborative (DCCR), chartered in February 2015, with a membership of more than 35 organizations meets quarterly.

Vision:

To inspire and mobilize a community response prevention system where children in Douglas County, NE have a safe, quality family and community environment

Mission:

Douglas County Community Response works across systems and community collaborations to promote child wellbeing, and provide a coordinated prevention system of services to create safe, quality environments for children and families in Douglas County, NE.

Prevention System: Primary prevention believes that the primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they raise their children. A prevention system includes coordinated services and efforts directed to a population to prevent maltreatment before it occurs and promote protective factors for families. We work to understand and recognize families and coordinate a response to best serve children, youth and families to access needed supports and services



Douglas County Community Response Steering Committee

The steering committee meets monthly and is responsible for supporting the work of the DCCR by carrying out the tasks and responsibilities of the larger collaborative:

**Review/recommend DCCR membership*

**Review vision and mission for changes*

**Act on recommendations from Resource Group*

**Approve any data or report release*

**Facilitate data sharing among members or with other collaborations*

**Serve as oversight for flex funding*

**Determine agenda items for Collaborative meetings*

**Approve collaborative training calendar*

**Approve needs assessment and evaluation data gathering objectives and measures*



Administrative Backbone

Convene/facilitate Collaborative meetings
Convene/facilitate Steering Committee
Convene/facilitate subcommittees
Coordinate activities with Service Backbone and steering committee
Disseminate Collaborative Reports/data
Recruit membership
Represent DCCR in Community Initiatives
Serve as Liaison to NCFE
Write and submit Collaborative Reports



Planning Group

Planning subgroup committees meet monthly or as a task group ad hoc to further hone the general recommendation that arises either from the resource group or from the planning group itself.

Resource Group

A monthly convening of direct service agency staff representatives to share information regarding agency and community resources and identify gaps in resources and recommendations to address gaps

Training

Conduct opportunities for shared training across all agencies



Service Backbone

Collect/ Maintain Evaluation Data
Convene/facilitate Resource Group
Coordinate activities with Administrative Backbone and Steering Committee
Manage/facilitate Flex Funding
Provide Central Navigation
Submit Monthly Flex Fund Reports

COMMUNITY RESPONSE SYSTEM

Coordinated Services Model to Enhance Protective Factors and Well-Being



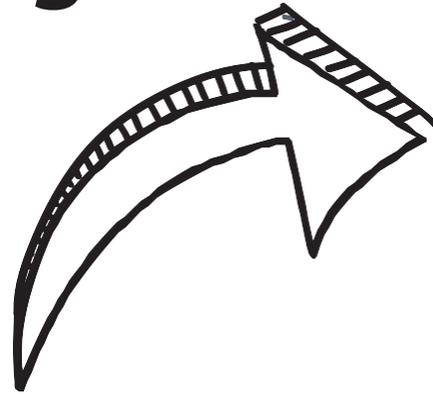


the
community café
approach

**Meaningful conversations spark
leadership to build relationships
needed to strengthen families.**

Bring Up Nebraska Messaging and Strategies

Bring Up Nebraska believes LOCAL communities are best situated and most motivated to understand their own needs and strengths as they relate to:



- Reducing entry into the child welfare system and other higher systems of care and
- Increasing informal and formal community supports for children and families

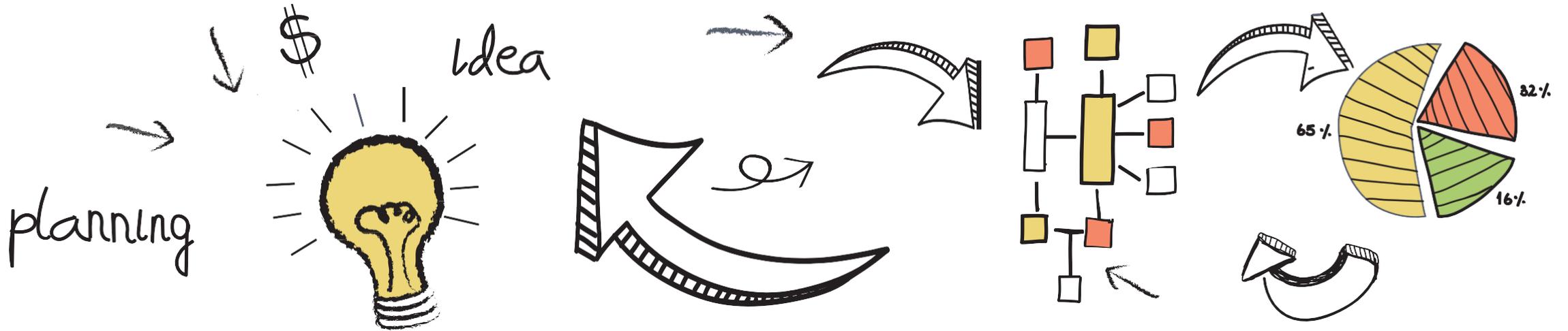
Bring Up Nebraska knows preventing crises requires LONG-TERM plans that will:

- Identify and remove barriers in community-based prevention efforts;
- Raise awareness of what is working and what is needed;
- Bring local, state, and national partners together to develop new strategies around prevention; and
- Make sure that all communities in Nebraska have more support and opportunities for community-based prevention.

Bring Up Nebraska Priority areas

The following priority areas of Bring Up Nebraska were selected by community prevention leaders as critical areas that need to be addressed in order for prevention and well-being to be achieved:

- Neglect/Basic Needs
- Housing
- Pregnant and Parenting
- Limited Resources and
- Substance Abuse/Behavioral Health



The Purpose of Bring Up Nebraska Priority Workgroup is for community and state leaders to develop actions and/or make recommendations to alleviate gaps and make improvements in policies and practices across multiple systems for prevention.

Community Collaborative Prevention System Partners



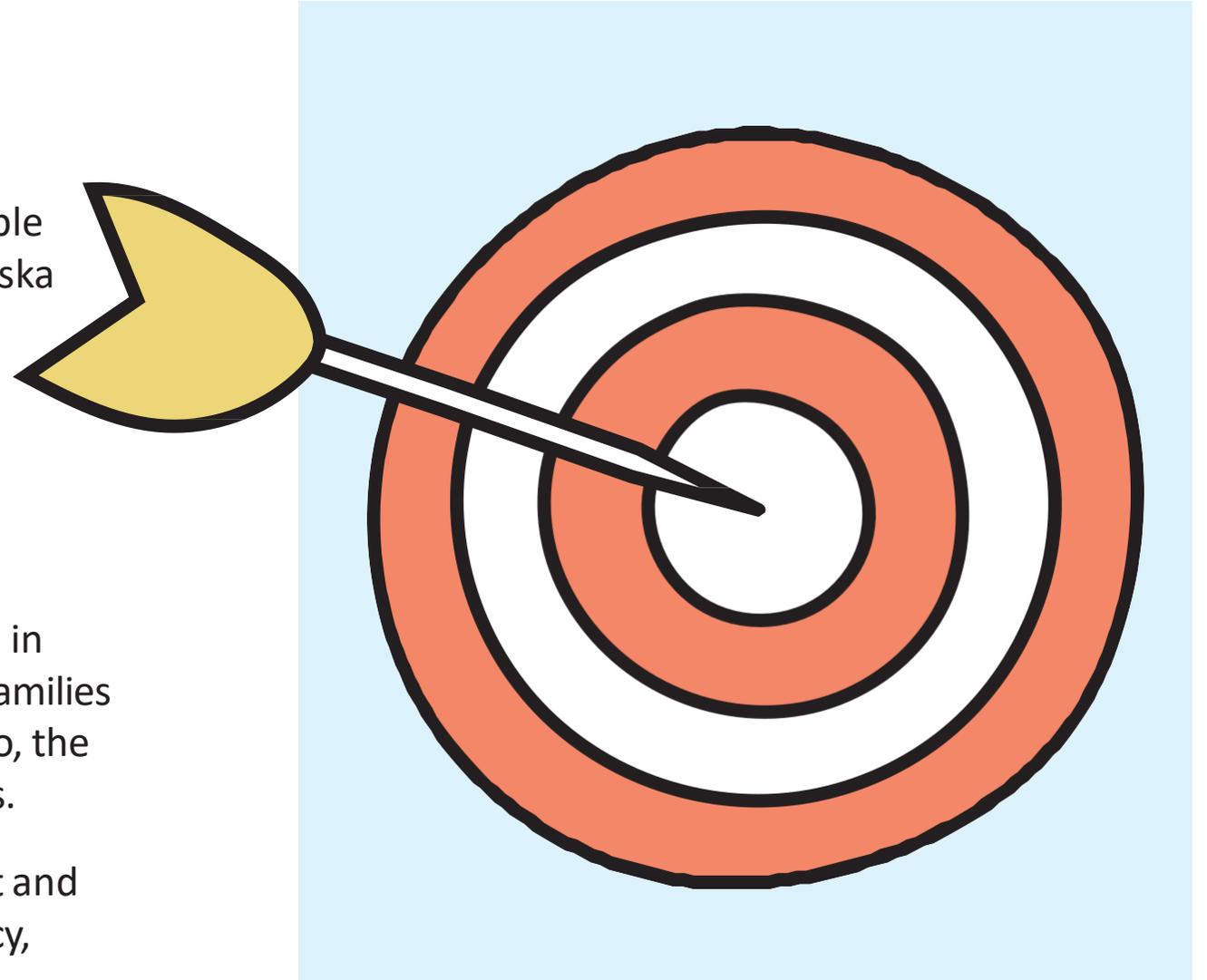
Goals and Outcomes

PROJECT GOAL - Institutionalize a seamless, accessible primary prevention system in Douglas County, Nebraska which builds protective factors and offers services and supports proven to keep children safe and families intact.

EXPECTED OUTCOMES

Strong families and committed communities investing in primary prevention resources for children, youth, and families result in reduced numbers of referrals to, and entry into, the child welfare system and other high end public systems.

Increased parental protective factors strengthen parent and child resiliency, increase self-sufficiency and self-efficacy, support optimal child development.





Outcomes

1

The number and rate of families referred to Child Protective Services is reduced.

2

The number and rate of cases of substantiated cases of child abuse and neglect is reduced.

3

The number and rate of children in out of home care is reduced.

4

Documented change in policies (administrative or legislative) that support families and decrease the rate of substantiated cases of child abuse and neglect

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Strategies

By Sept 30, 2020, DCCR will conduct at least 2 shared community wide trainings to increase direct service staff's capacity to effectively and efficiently assist families to increase their protective factor capacity including Family Thrive, child abuse/ neglect reporting process, trauma informed care and cultural sensitivity.

By Sept 2020, DCCR will conduct/ establish a minimum of 3 Community Cafe projects in the target populations.

By Sept 2020, DCCR will conduct at least one collective impact integration activity (mutually beneficial activities) between member agencies that include policy or practice change/modify to enhance family protective factors.

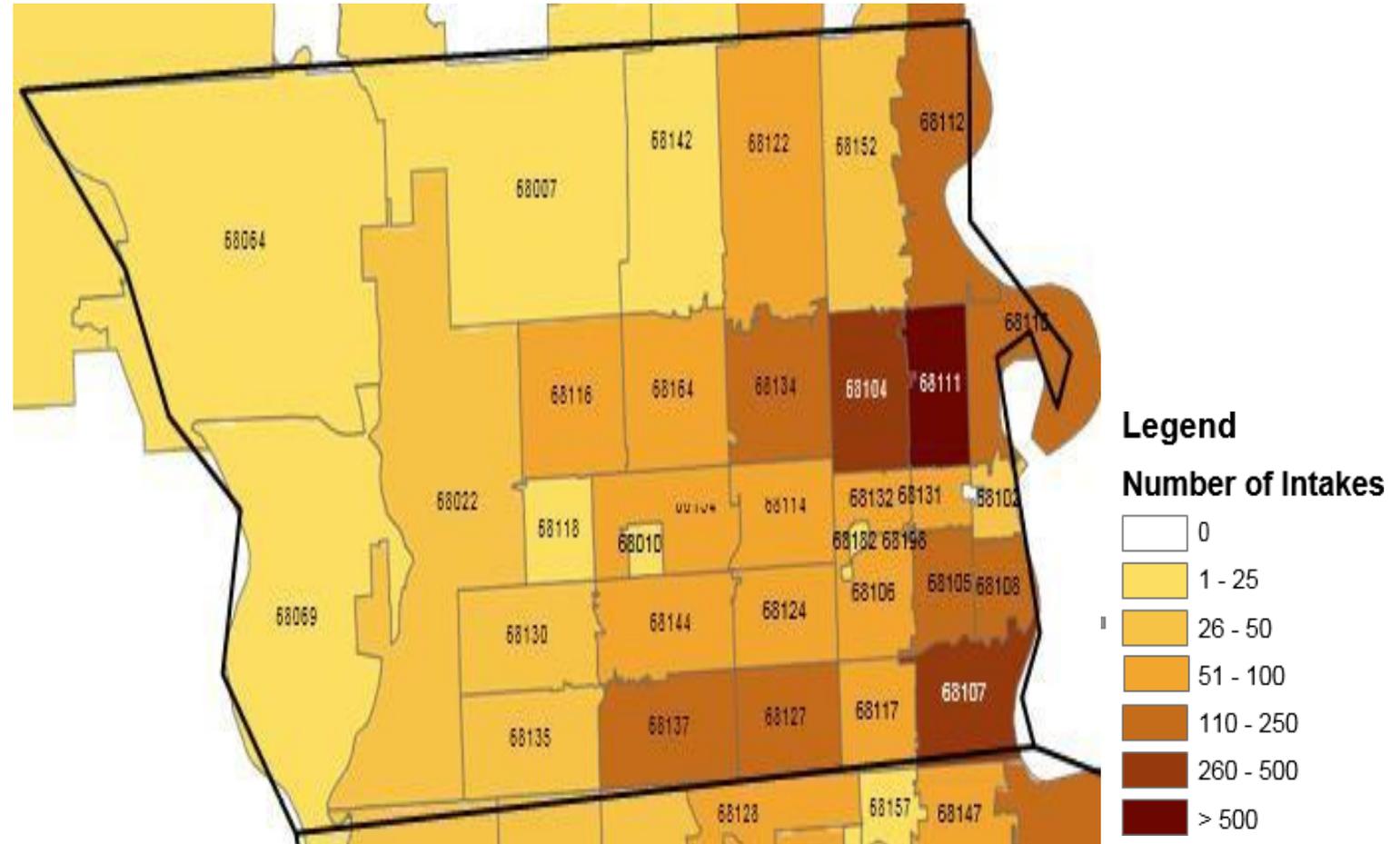
By Sept 2020, NCCF and DCCR will have conduct at least 2 communication campaigns in the Omaha area that highlight neighborhood support for families and grant progress

By Sept 2020, DCCR will implement new and or modify at least three community response family support activities in the target population including central navigation/flex funds, The Care Portal and peer support group(s).

Target Population

68110, 68111, and 68104

This area comprises 18,587 children under the age of 18 with 5,173 ages four and under and 13,414 of children ages five through 17.



Opportunities/ What's Ahead

- Empowerment zones and 75 North partnerships
- Community Cafés
- Understanding the Redline
- Medical Provider Partnership – Plan of Safe Care
- KETV
- Foster Movie
- Family First
- Annie E Casey/Mindspring – fiscal analysis
- Casey Family Programs Recognition
- Legislative Priorities
- September 10 Joint Conference – Bring Up NE and Court Improvement Project – Dr. Milner and David Kelly





Ohio Children's Trust Fund
Ohio's Prevent Child Abuse America Chapter

DEVELOPING A COMMUNITY-BASED PREVENTION MODEL; ENHANCING SAFETY AND WELL-BEING FOR OHIO'S CHILDREN AND FAMILIES

Eric Campfield
Project Director
Ohio Children's Trust Fund

DEVELOPING THE GRANT PROPOSAL

Original Idea: Developing a program to assist families who are referred to CPS and “Screened Out” for services

Grant Proposal Planning Committee: Several members of the Northeast Ohio Regional Prevention Council (NEORPC) came together over several calls and two in-person meetings to flesh out the proposed concept

Bumps in the Road:

1) Federal Funding Opportunity was focused around Universal Prevention Services

2) Ohio’s Confidentiality and Dissemination of Child Welfare Information Rules

Resulting Decision: Move forward with the proposal using a tiered approach that offers Universal Prevention Services AND offers services at all degrees of the Prevention Continuum

REQUIRED PROJECT PARTNERS

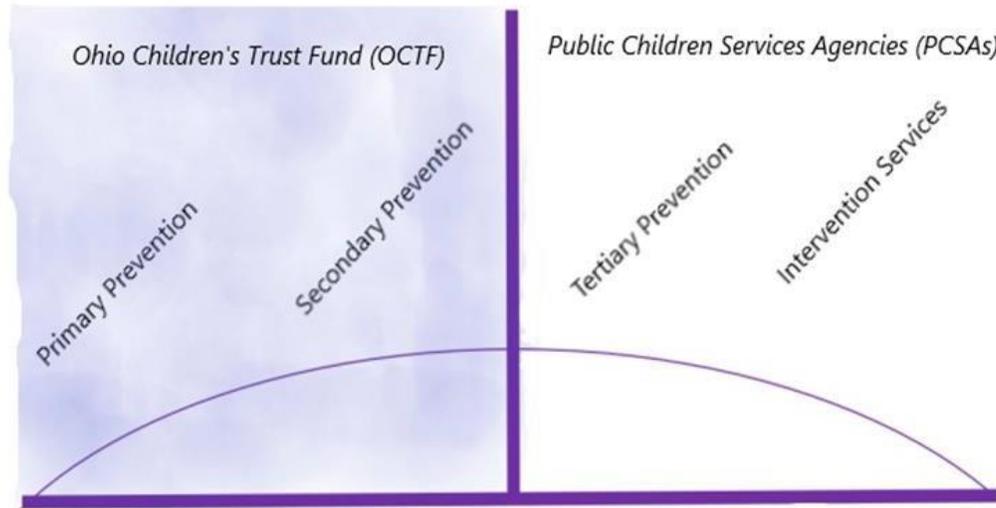
As part of this project, the Grantee (OCTF) is required to **foster strategic coordination, a shared vision, jointly owned outcomes, and a strong multi-system collaboration** with the following partners:

- ❖ Public Child Welfare Agency
 - ❖ ODJFS
 - ❖ County PCSAs
- ❖ At least one community services agency and/or family assistance program such as:
 - ❖ Title V Maternal & Child Health Services Agency
 - ❖ TANF Provider
 - ❖ Low Income Home Energy Assistance (LIHEAP)
- ❖ The State's CBCAP Grantee
 - ❖ The Ohio Children's Trust Fund*
- ❖ Legal and Judicial Community
 - ❖ Supreme Court of Ohio
 - ❖ Local Court Systems
- ❖ Youth and Families with Lived Child Welfare Experience
 - ❖ Parent Leaders
 - ❖ Youth Leaders
- ❖ The public health community
 - ❖ Community Health Departments
- ❖ Public housing partners

STATE AND LOCAL PARTNERS

- Northeast Ohio Regional Prevention Council
- Columbiana County
- Mahoning County
- Trumbull County
- Public Children Services Agencies
- Family and Children First Councils
- Local Housing Authorities
- Local Mental Health and Recovery Boards
- Local Provider Agencies
- Local Health Departments
- Ohio Department of Job and Family Services
- Supreme Court of Ohio
- Judicial and Legal Partners
- Ohio Mental Health and Addiction Services

Continuum of Care for Children Services



Prevention Awareness Campaigns
Public Service Announcements
Global Child Development Screenings
Parent Education and Training
Family Strengthening Services

Home Visiting Programs
Parent Support Groups
Family Resource Centers
CB Prevention Services
Service Referrals

Kinship Care
In-Home Voluntary Services
Alternative Response
* Family First Prevention Services Act

Substantiated Abuse/Neglect Reports
Case Plan Services and Goals
Maintain in Own Home Or Reunification
Required Participation in Services

Court Involvement
Relative Placements
Foster Care
Adoption
Independent Living

CONTINUUM OF CARE

Universal – Universal resources and services that are available to all families in the community.

Many Families – Resources and services available to many families in the community, some of which are tied to income while others are not.

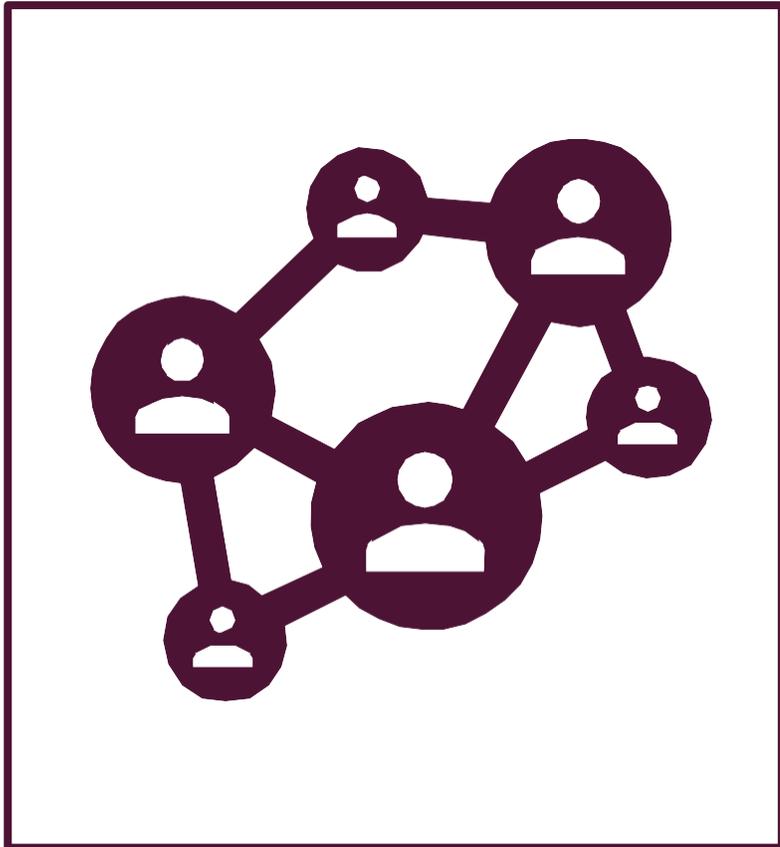
Specific – Specific resources and services that are available to families with low-income in order to help meet their basic needs.

Targeted – Targeted Services to meet the additional needs of some families with children including mitigating risk factors associated with abuse and neglect.

Children Services Involved – Specific services to meet the needs of families involved with public children services agencies (PCSAs) where children are candidates for and at risk of placement in foster care.

OHIO'S PREVENTION CONTINUUM

OVERVIEW OF COMMUNITY-BASED PREVENTION MODEL



“In partnership with the Northeast Ohio Regional Prevention Council, the Ohio Children’s Trust Fund proposes to collaborate with various community partners and stakeholders to develop a community-based prevention model that will offer services to families and children at risk of becoming involved with the child welfare system. Through a **multi-tiered approach**, this program will offer an array of services to at risk families. From one-time consultations to intensive home visiting services, families will be able to select the frequency and duration of services that will best meet their unique needs and help them to achieve their goals.

The proposed community-based prevention model rests on **six pillars of service categories** that will be offered through the program: family coaching, parent education, basic life skills, financial literacy, service referrals, and concrete supports. Through this holistic, family-centered, solution-focused approach families will be supported by specially trained ‘family coaches’ to increase their protective factors and adopt new behaviors to strengthen their family unit and mitigate risk factors for child abuse and neglect.”

MULTI-TIERED APPROACH

Tier I: One-time, 60-90 minute consultation

- ❖ All families referred to the program will begin with a Tier I consultation.

- ❖ May occur over the phone or in person depending on the families' request.

- ❖ Program Consultant will engage the family using a strengths-based approach.

The goals of this interaction with the family are to:

- ❖ Understand the families' unique needs.

- ❖ Provide information and referrals to local services as needed/requested by the family.

- ❖ Explain the tenets of the program and the services that are available.

- ❖ Assess the families' need for and willingness to engage in Tier II or Tier III services.

MULTI-TIERED APPROACH

Tier II: Ongoing supportive consultations and case management services provided to the family virtually through a combination of phone calls, emails, skype, and in person meetings.

- ❖ **Universal Screenings** will be voluntarily offered and administered to all Tier II families.
- ❖ **In-Person Meetings** are not required at this service level but can be provided at the families' request either in the home or in a neutral location such as a restaurant, park, or library.
- ❖ **Pathway to Tier III** - Families engaging in Tier II services may elect to voluntarily transition to Tier III services at any time during the program.

MULTI-TIERED APPROACH

Tier III: Short-term, intensive, in-home services delivered by a Family Coach.

- ❖ **Home-Visits** - Through a series of *1 to 2 home visits each month*, families engaged in Tier III services will have *access to the complete array of services* offered by the program.
- ❖ **Prevention Services Plan** – Trained Family Coaches will work with the family to develop a *prevention services plan* outlining the families' goals and will utilize the *Strengthening Families' Framework* to deliver agreed upon family-strengthening services that will enhance the families' protective factors and increase family stability.

SERVICE ARRAY

Information and Referrals:

Families in need of more specialized services such as substance abuse treatment or mental health services will be referred to community providers that are better equipped to meet the families need.

Financial Literacy:

Delivered directly by a family coach who is trained in a money management curriculum for adults or referred to a money management/financial literacy training in the community.

Concrete Supports:

Items such as diapers, wipes, formula, and non-perishables will be available to participating families that need them. Families who participate in a financial assessment and money management course will be eligible to receive one-time financial assistance for items such as past due utility bills.

Parenting:

General parenting skills offered through family coaching sessions; Triple P level 3 and level 4 services delivered directly by the family coach, who has been trained in Triple P.

Life Skills:

Life skills such as grocery shopping, cooking, cleaning, accessing community resources, resume writing, interviewing, educational planning, and interpersonal communication are delivered directly by the family coach.

Family Coaching:

Solution-focused coaching sessions designed to elicit change talk and engage families in moving towards behavioral change through the use of motivational interviewing.



Questions And Wrap-Up

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THANKYOU!

FUNDING ACKNOWLEDGEMENT & DISCLAIMER

This presentation was funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CA1867. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.

Children's Bureau Updates

February 12, 2020