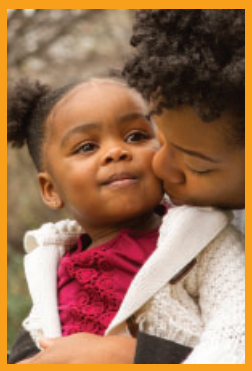
Summer 2020

Parents & Practitioners

The FRIENDS National Center for CBCAP Parent Advisory Council Newsletter



Inside This Issue...

Laundry and Loot: Care Counts™ Laundry Program by Whirlpool

Fern Creek High School, a part of the Jefferson County Public School System in Louisville, Kentucky, has found a creative way to help reduce absenteeism, build student morale and self-worth, and decrease bullying from other students. Fern Creek High School has one of the most diverse student populations and the most students receiving free or reduced lunch in the school district. Dr. Rebecca Nichols, Principal, recognized the need to increase attendance and believed one way to do that was to provide a place where students could launder their clothes. Dr. Nichols believed clean clothes would improve the morale of students who struggled to clean their laundry at home due to lack of a washer and dryer or the economic resources to do laundry at the laundromat.

Dr. Nichols teamed up with the Care Counts™ laundry program by Whirlpool that provides free washer and dryers to schools to help reduce the number of days children miss school due to the lack of clean clothes.

In an interview with Dr. Jai Wilson, Assistant Principal and Koki Harris, Director of the Laundry and Loot Center, I learned how the program was working to help students at Fern Creek High School. The Laundry and Loot program has helped many students in the school. Koki Harris reports there are several students who bring in laundry on a weekly basis throughout the school year. Often students choose to drop off their laundry in the morning, in a numbered backpack provided by Fern Creek Alumni, and pick up their clean laundry at the end of the day. The Laundry and Loot program has also been used to wash work uniforms for students and to wash clothes for siblings and parents when needed.

Dr. Wilson believes a big reason for the success of this program is the efforts of Koki Harris who reported during our interview that she made an effort to go to every classroom and talk to the students about the value of the program encouraging every student to bring something in to the Laundry and Loot room even if you have access to laundry facilities at home. It took a while but the students started coming and the program took off.

Koki Harris also stated the Laundry and Loot Center provides food donated by the Dare to Care Food Bank in Louisville, Kentucky. The pantry provides both fresh and frozen foods as well as snacks and toiletries to students. The students can pick up food twice during the week and students are often given food for the weekends and other longer breaks during the school year. Ms. Harris finds this program to be as beneficial as the laundry program since hunger often impedes learning.

Dr. Wilson believes the program has

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Expanding Our Perspective on Medical Neglect – One mother's experience

The Child Welfare Information Gateway defines medical neglect as a parent's failure to provide or to allow needed care as recommended by a competent health-care professional for a physical injury, illness, medical condition, or impairment. It also includes the failure to seek timely and appropriate medical care for a serious health problem that any reasonable person would have recognized as needing professional medical attention. However, what is the standard of neglect when the child has never spent a day in a parent's care since birth? Is the perception of the potential of neglect enough to keep a parent and child apart? What is the impact of hospitalization, longer than medically necessary, on the development and wellbeing of an infant when there is reluctance by the medical system to discharge the child to the family? Can that impact be considered neglect as well? Those were some of the questions Nacole Hough experienced after her son Darryl was born 14 weeks premature.

My son Darryl Dean Spencer III, was born at 26 weeks gestation weighing 2lbs. 3oz. A week later, Darryl dropped to 2lbs. Darryl's premature birth resulted in multiple health conditions such as bleeding on the brain, bronchial pulmonary dysplasia, chronic lung disease, gastrointestinal issues, cardiac problems and hernias. Darryl spent 1 year and 2 months in the hospital and while some of that time was related to providing him with medical care, once his health was stabilized Darryl was denied coming home to his family due to the hospital staff's perception that I would not be able to care for him. During that time, he was "parented" by nurses in an environment filled with 24 hours of noise, lights and stress related to "living" in a hospital. Once he was medically stable, I spent a number of months convincing hospital staff to let me bring him home. And while the nurses truly loved Darryl, often dressing him in Halloween costumes, celebrating his birthday and decorating his crib for Christmas, I believe keeping Darryl in a hospital when not medically necessary was neglectful to him and felt my role as Darryl's mother slowly slipping away while I fought to advocate for him and our family. This is our story.

Nacole and Darryl on her Graduation Day

When Darryl was first born, my family was scared of his medically fragile condition and unable to support me by visiting him with me. To the staff, I looked as though I was alone, a young African American woman at the hospital by myself all the time. I needed childcare for my other son who was one years old and not permitted to come to the hospital to visit and bond with his brother. I also needed transportation to and from the hospital and resources for things like meals while I stayed with Darryl. I tried to be with Darryl every day, all day, often sleeping on hospital floors, couches, and in lobbies. There were times when staff would say he was too sick for visitors, I wouldn't leave and pushed back. Some staff used that as an opportunity to take my role as a mother to my son away from me. They would say I neglected Darryl and was unable to care for him, recommending

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Laundry and Loot

been successful in reducing the number of absences. They have served more than 250 different students throughout this first year and approximately ten percent of those served, use the Laundry & Loot services for clean clothes on a regular basis. They are grateful for an active Alumni Association who has provided the laundry bags, a refrigerator, and freezer for food storage and other needs as they have arrived.

Whirlpool has been collecting data since 2015-2016 to prove program feasibility and sustainability. For more information on the Care Counts™ laundry program by Whirlpool or to apply for your school, visit their webpage at https://www.whirlpool.com/care-counts.html.

by Valerie Lebanion, FRIENDS PAC member

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Expanding Our Perspective

social services involvement. There were care coordination meetings that I was not invited to or made aware of. I would find out through my social worker, a secretary, or a nurse, and show up in attendance ready to fight to care for my son.

During one visit with Darryl, he went into medical distress, requiring emergency care. I called for help, the doctors stabilized him temporarily and I was so upset that staff recommended I go home for a bit to calm down and rest. No sooner did I get home, the hospital called to say Darryl's conditioned worsened and he wasn't going to live. They recommended I pull the plug on him and his ventilator because he was so medically fragile, couldn't breathe independently and did not have a long-life expectancy. They projected a tracheostomy would give him, at most, 2 more months to live and with no support, I wouldn't be able to care for him. I was told the best thing I could do was to let my baby go. I was tired, weary, and hurting for my son to be happy and well. They wore me down to where I was wondering if I was being selfish making him go through another procedure just so I wouldn't lose him. I began to think about the countless times I would be by Darryl's bed praying for him and talking to him, and he heard me. I kept telling them to do everything they could for him, and they still tried stories to support their theory. I told them "none of y'all look like Jesus Christ to me, let my Baby Fight!" I signed the papers for Darryl to have the procedure and while some medical practitioners were not on board with the decision, they had no choice. Immediately prior to Darryl having the tracheostomy, I called a clergyman and had him baptized. In that moment, my faith was my strongest ally to support Darryl and me.

Following the procedure, Darryl began to prosper in his health and growth. I was ready to prepare to bring him home, yet some of the same staff tried to put up barriers to my caring for my son. Although I had been at the hospital and involved the entire 14 months of Darryl's life, the director of the hospital's social services department was making plans to send Darryl to a family through the child welfare system. I pushed back and with the support of my social worker who stayed by my side even though pregnant and in labor, a dedicated nurse practitioner committed to being my teacher, and a hospital to home transition planner from an outside agency, Darryl's discharge plan was put into motion. I had to spend 72 continuous hours at the hospital nesting and caring for him alone so I could prove that I had the skills necessary to meet all of his medical needs. I arrived so excited! Afterwards, even though I demonstrated all of the necessary skills independently and volunteered to be videoed caring/feeding Darryl to help other parents build their skills, it wasn't enough for the director in charge. I was told that because I had asthma, it may be best if I placed him with a foster or host family. I stood up for my son and told those in charge "when I leave, my baby, Darryl, is leaving here with me." My social worker and transition planner, who recognized my love, strength and determination, referred me to a new prevention program designed to support parents of children with special needs to get the tools and services needed to parent their children instead of involving them with or placing them through child welfare. With a discharge plan, hope, and a network of advocates, I brought Darryl and all of his medical equipment home.

Once home, Darryl was diagnosed with several development disabilities, and required round the clock medical care. I received moral support from my network, grew more self-sufficient, and navigated the complex (and inconsistent) home health system. I was able to enroll him in the early intervention services he needed and as he grew, he was weaned off of his ventilator and other medical equipment.

"I was not without flaws, but I always kept my faith in God and focus on bringing Darryl home, despite what was going on around me. I am a dedicated mother, involved in various family programs, support groups, and advocating for children with special needs. I remained optimistic for Darryl to have an effective, successful, sustainable life. We are our children's advocates no matter how old they are or what labels they are given. Today, Darryl continues to be a remarkable, valuable young man of society whom I am so very proud of."

~Nacole Hough

Today, Darryl is about to celebrate his 30th birthday. He has mild disabilities and is able to live independently. I went to college and graduated with dual certifications as a Drug/Alcohol and Social Work Specialist. I then completed an Associates Degree in Christian Ministry from the Center for Urban Biblical Ministry @ Geneva College and served 2 years with Americorps. I'm a certified peer specialist for Mental Health and certified Recovery Specialist for substance abuse addiction. I continue to be an advocate committed to helping individuals with disabilities or special needs and their families. Our situation paved the way for many other

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Through their 501c3, Citizens Impacting Community Association, Plum Grove has launched initiatives that engage the entire family and helps foster safe homes for children.

Impacting the Community through Faith and Prevention

For the past twenty years, the Plum Grove Baptist Church has had the prevention of child abuse and neglect near the forefront of their ministry engagements. Under the progressive leadership of Pastor Tyshawn Gardner, Plum Grove has carried out their personal mantra of "Christ-Centered, Community Connected".

Through their 501c3, Citizens Impacting Community Association, Plum Grove has launched initiatives that engage the entire family and helps foster safe homes for children. Programs include the Study and Shoot afterschool program that partners with the local university to provide tutoring and mentoring on the west side of Tuscaloosa. Students study, complete homework, and afterwards play basketball and receive an evening snack. The Dare to Be King Summer Camp is an 8-week program that empowers black males ages 10-15 and focuses on the skills and experiences necessary to enrich their community and become responsible adults.

Another great program previously made available to the community is the SEEK program. An educational enrichment program designed to provide additional resources and experiences for low income families in West End. In addition, Plum Grove Baptist Church graciously opened the doors of their multimillion-dollar development and outreach center so that agencies and community partners could help families and foster healthy children. Programs include, parenting classes, summer basketball leagues, community food drives, and lock-ins for teenage boys and girls.

One of the many success stories from the programs available to the community comes from a recent male graduate who participated in the Dare to Be King Program. After struggling with discipline issues at home and while in middle school, the young man graduated from Hillcrest High School near the top of his class. He received acceptance to the University of Alabama with multiple university and community scholarships. His single mother acknowledges the impact the summer program had on his development and successful transition to a healthy and productive young man. The commitment to the health and well-being of the whole child is a priority of the church and Plum Grove Baptist Church hopes to continue providing holistic services and opportunities for child well-being. Soli Deo Gloria.

by Rev. Corey Savage, LBSW
Youth Pastor/Associate Minister
Plum Grove Baptist Church

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Expanding Our Perspective

families to bring their child with medical challenges home from the hospital and served to inform my state's medical home model[1].

by Nacole Hough,
Parent and Advocate,
(as told to MaryJo Alimena Caruso,
FRIENDS National Center for CBCAP)

[1]American Academy of Pediatrics, "What is the Medical Home", https://medicalhomeinfo.aap.org/overview/Pages/Whatisthemedicalhome.aspx

Josephine's Place – A Hidden Gem In New Jersey Is A Second Home for Many Immigrant Women

In 2003, a very unique women's center opened in New Jersey, "Josephine's Place," to serve the needs of low income, mostly immigrant women in the greater Elizabeth area under the vision and sponsorship of the Sisters of Charity of St. Elizabeth.

"They recognized many women come into the country experiencing loss, poverty, and confusion as they enter into the world of the unknown and wanted to provide a safe haven for them," said Gail Driscoll, executive director of Josephine's Place. "Their goal was to provide women with a place in which they will be welcomed and where they can connect with one another and develop the skills they need to succeed. The founding director for 16 years, Sister Judy Mertz, Sister of Charity, knew that the development of these skills will empower the women to realize their gifts and their full potential, enabling them to create a better life for themselves and their families." Driscoll shared Sister Judy often said, "By having strong, empowered, confident women, not only the family will thrive but the entire community is strengthened."

Today, 17 years later, Josephine's Place has grown but has stayed true to the original tenets. The success of Josephine's Place may be that they didn't open with a program, but asked the women themselves what do you need? What do you want? By directly involving participants in what happens at Josephine's Place, they come to truly feel that Josephine's Place belongs to them. Programs offered include instruction in English, computer skills, and art; exercise classes, domestic violence and autism support groups, and cultural celebrations. Field trips to civic, historic and cultural sites introduce the women and their children to the rich resources of the area and inform them of a variety of aspects of American culture.

A dedicated cadre of volunteers is the backbone for a full range of activities and programs. Josephine's Place partners with local social services organizations like the YWCA, Trinitas Medical Center, and the City to ensure the women get the services and support they need.

Since Josephine's Place has served the community for 17 years, thousands have walked through the door where each year more than 400 women participate in activities. The children who were toddlers when the center opened are now young adults and fondly remember coming to the center with their moms. Like their mothers, they knew they were respected and welcomed. Many come back in their graduation gowns, or with their diplomas or tout their college acceptance, or where they have gotten a job, and some come to volunteer their time at Josephine's Place. Driscoll recalls, "one eighth-grader came in after his graduation just to say 'Thank you for all Josephine's Place has done for my mom.' It was heartfelt and showed me that the work of Josephine's Place must continue. It is a unique place and serves such a need."

Josephine's Place, offers a space for women in a warm, welcoming environment, is located at 622 Elizabeth Ave., Elizabeth, NJ.

As a nonprofit, Josephine's Place survives by the generosity of donors, supporters, and fundraising. The COVID crisis is especially hard for all-- the women, volunteers, and staff. As a center that tries to meet the needs of the women in all that they do, the restrictions of not being face to face is very difficult. Some instructions shifted to virtual English classes. Some women used their skills learned at Josephine's Place to sew masks for Trinitas Cancer Center. Generous donors provided grocery gift cards to help many of the women.

Today, in the United States, more than ever, and particularly in times of crisis, women are in need of a place of their own, a space in which they can meet other women and share stories – a place to develop community and gain strength to care for their families. Women are in need of finding ways to communicate and to release stress as many are alone without support. In Elizabeth, New Jersey, there is such a place, where many come to call Josephine's Place their second home. Visit the website at www.josephinesplace.org to learn more.

by Gail Driscoll,
Executive Director, Josephine's Place

Defining and Preventing Child Neglect: It's Not an Easy Task

When it comes to defining child neglect, I find that people tend to fall into one of two camps—they either assume a federal definition exists or are frustrated that there isn't a more specific federal definition. The Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. § 5106g), as amended by the CAPTA Reauthorization Act of 2010, provides definitions for certain types of maltreatment, such as sexual abuse and the special cases of neglect related to withholding or failing to provide medically indicated treatment.[1] However, instead of providing specific definitions for other types of maltreatment such as physical abuse, neglect, or emotional abuse, the law establishes a minimum definition for child abuse and neglect that includes:

- "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or
- "An act or failure to act which presents an imminent risk of serious harm."

The minimum definition of child abuse and neglect and most state laws refer specifically to parents and other caregivers and do not include harm caused by other people, such as acquaintances or strangers.[2] A "child" under this definition generally means a person who is younger than age 18 or who is not an emancipated minor.

While CAPTA sets minimum standards for states that accept funding under the law, each state is responsible for defining child maltreatment in state law. As a result, definitions of child abuse and neglect tend to fall within the following two categories within each state's statutory code:[3]

- Civil statutes provide definitions of child maltreatment to guide individuals who are mandated to identify and report suspected child abuse and determine the grounds for intervention by state child protection agencies and civil courts.
- Criminal statutes define those forms of child maltreatment that can subject an offender to arrest and prosecution in criminal courts.

As a result, there is variation among state definitions, as they distinguish the different types of child maltreatment in their definitions, including physical abuse, neglect, sexual abuse, and emotional abuse. Some State laws also include a child's witnessing of domestic violence as a form of abuse or neglect. For state-specific laws pertaining to child abuse and neglect, see Child Welfare Information Gateway's State Statutes Search page at https://www.childwelfare.gov/systemwide/laws_policies/state/.

Child neglect is often defined as the failure of a parent or caregiver to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm.[4] However, establishing a clear definition for neglect can be complicated by multiple and interacting factors. These factors include whether care is adequate to meet a child's needs, if harm is actual or potential, variety in the types of neglect, and whether the neglect was intentional. These factors add to the complexities in developing standard definitions of neglect.

Although state laws vary regarding the types of neglect included in definitions, below are the most commonly recognized categories of neglect:

- Physical neglect: Abandoning the child or refusing to accept custody; not providing for basic needs like nutrition, hygiene, or appropriate clothing
- Medical neglect: Delaying or denying recommended health care for the child
- Inadequate supervision: Leaving the child unsupervised (depending on length of time and child's age/maturity), not protecting the child from safety hazards, not providing adequate caregivers, or engaging in harmful behavior
- Emotional neglect: Isolating the child, not providing affection or emotional support, or exposing the child to domestic violence or substance use
- Educational neglect: Failing to enroll the child in school or homeschool, ignoring special education needs, or permitting chronic absenteeism from school

For more information on types of neglect, visit the Child Welfare Information Gateway's webpage on the Identification of Neglect at https://www.childwelfare.gov/topics/can/identifying/neglect.

There are several risk factors that can place children at greater risk for being harmed as a result of neglect, such as poverty, lack of adequate support systems, lack of adequate family resources, substance use disorders, mental health concerns, and others. While multiple risk factors are a cause for concern, the presence of a risk factor does not mean that a child will be neglected. In particular, poverty is often linked to child neglect, but by itself does not equate neglect and most families experiencing poverty do not neglect their children. Thus, it is critical to differentiate between neglectful situations and poverty. To address this, many state definitions of neglect include considerations for a family's financial means. For example, if a family living in poverty was not providing adequate food for their children, it would be considered neglect only if the parents or caregivers were aware of but chose not to use food assistance programs. Taking poverty into consideration puts the focus on building protective factors by providing concrete services for families to protect and provide for their children, while also preventing unnecessary removals and trauma to children.

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Defining and Preventing Child Neglect

The factors that contribute to the challenges in creating standard definitions of neglect also apply to identifying effective strategies to mitigate risks for neglect, so prevention requires the development of a range of services and resources. To address the complex risk factors associated with child neglect, many programs focus on building parent and family protective factors. Protective factors are conditions or attributes of individuals, families, communities, and the larger society that mitigate risk and promote the healthy development and well-being of children, youth, and families.[5] By taking a protective factors approach to preventing child neglect, programs emphasize family strengths and what parents and caregivers are doing well, as well as identifying areas where families have room to grow with support.

Authorized by Title II of the Child Abuse Prevention and Treatment Act (CAPTA), the Community-Based Child Abuse Prevention (CBCAP) program is one example of a federally-funded program that specifically focuses on the prevention of child abuse and neglect. The purpose of CBCAP is to develop, operate, expand, enhance, and coordinate initiatives to prevent child abuse and neglect at the state and local levels. Through CBCAP, state and local organizations partner to implement evidence-based and promising programs and practices that support families, engage parent leaders, and increase awareness of child abuse and neglect prevention. Types of CBCAP programs include voluntary home visiting, parenting skills, family resource centers, respite and crisis care, parent mutual support, and many others that focus on preventing child abuse and neglect by building parent and caregiver protective factors.

While they may not specifically state it in their name like CBCAP, other federally-funded programs reduce risks for child neglect through the enhancement of protective factors. As noted above, poverty, while not a cause for neglect, can be a contributing factor, there are programs that promote economic self-sufficiency, such as Temporary Assistance for Needy Families. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program. An example of one of the purposes includes to provide assistance to families in need so that children can be cared for in their own homes.

While it can be difficult to identify early signs of neglect, programs are more likely to have a greater impact on families when they engage families earlier. Administered by the Health Resources and Services Administration in partnership with the Administration for Children and Families, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. States, territories, and tribal entities receive funding through the MIECHV Program and have the flexibility to tailor the program to serve the specific needs of their communities. Another program, Essentials for Childhood, is administered by the Centers for Disease Control and Prevention, promotes safe, stable, nurturing relationships and environments as essential to preventing child abuse and neglect. Through this program, seven state health departments have been awarded funding strategies to foster relationships and environments that can help create neighborhoods, communities, and a world in which every child can thrive.

These are just a few examples of federal funding available to states to implement strategies on state and community levels that enhance protective factors and reduce risks for child neglect. Recognizing the significance of this issue, the Children's Bureau has ramped up efforts to encourage and support states in working to shift the focus of their child welfare systems more on support for families to prevent child maltreatment rather than a system that responds after harm and trauma has already occurred. During this time of crisis and uncertainty, efforts to identify risks and support families to prevent child neglect are more important than ever. For more information on how your state may be working to prevent child neglect, please go here to identify your state's CBCAP lead agency and your state's Children's Bureau Regional Office.

by Julie Fliss, FPO for CBCAP and Tribal & Migrant Grants and FRIENDS National Center for CBCAP

[1] https://www.childwelfare.gov/topics/can/defining/federal/
[2] https://www.childwelfare.gov/pubPDFs/whatiscan.pdf
[3] https://www.childwelfare.gov/topics/can/defining/state/
[4] https://www.childwelfare.gov/pubPDFs/acts.pdf
[5] https://www.childwelfare.gov/pubPDFs/protective_factors.pdf#page=2&view=Why%20is%20a%20protective%20factors%20approach%20important?

Making A Difference to Prevent Neglect in Our Community

We believe in the power of families. Healthy families are at the heart of healthy communities, and we at Tuscaloosa's One Place, A Family Resource Center (TOP) have served families in West Alabama for 21 years.

Parenting is the hardest job anyone can undertake. Everyday hurdles like sleep schedules, potty training, "terrible twos," and those infamous teenage years present challenges for parents with even the best resources. Often the simplest parenting challenge is compounded by a lack of resources: food, shelter, transportation, clothing, job security, education, etc. TOP works to close that gap and give every child, every family, an opportunity to thrive.

TOP's home visitation and parenting education programs are funded by our local child abuse and neglect prevention agency (Children's Trust Fund of Alabama). No Place Like Home (NPLH) provides family-specific services through monthly home visiting that improves or enhances parenting skills that reduce risk factors while increasing protective factors. Our case managers work with families to identify specific needs and barriers and develop a plan with the family to overcome these challenges. Parent-2-Parent is a four-week parenting education program with two-hour sessions that occur one evening per week. Sessions are designed to develop strong and healthy families, promote positive parenting, teach basic child development, and prevent child abuse and neglect.

Recently, we have expanded programs into our neighboring Bibb County. Bibb County has historically had one of the highest rates of child abuse and neglect per capita in Alabama. We identified the need, but have been overwhelmed at the hunger these families have for resources. Each class has been at full capacity since starting, and our parents are engaged more than ever. These programs are making a difference.

Parenting programs see tremendous success, but TOP does so much more! TOP was created with a mission to serve children and families by providing a comprehensive array of free services designed to strengthen the family, increase self-sufficiency, and prevent child abuse and neglect. TOP provides a seamless array of services based on community need. Services are non-duplicative, holistic in nature, and are provided on-site and in the community. Our services include afterschool programs, healthy relationship education, programming for non-custodial parents, teen intervention, youth workforce development, and community referrals.

All services implement Strengthening Families™, a research-based strategy that increases family stability, enhances child development, and reduces child abuse and neglect. By tapping into what families are doing well and building from that point, we are supporting more resilient, connected, and stronger families. Programs are provided primarily in Tuscaloosa County however, targeted services are offered in rural areas of West Alabama including Greene, Sumter, Bibb, Pickens, and Hale Counties.

We recognize that none of this success occurs in a vacuum. Community collaborations are key to building strong families at TOP. Building relationships with local colleges and universities, fellow nonprofits, governmental entities, and our business community has proved invaluable to the services we are able to offer. Our partnerships help us to build necessary connections that provide parenting information, employment resources, goods and services, and more. Through partnerships and the tireless work of our team, we continually evaluate the needs of local families and strive to find innovative solutions. Since 1999, TOP has served over 37,000 families, including 51,000+ children. We are excited to look to the future of our services in West Alabama and see how we can continue to work together to build strong families and a stronger community.

For more information, visit www.tuscaloosaoneplace.org.

by Ashley Cornelius-Hester
Director of Communications
Tuscaloosa's One Place

TOP Staff celebrate Child Abuse Prevention Month 2019 with Children's Trust Fund of Alabama staff, Sallye Longshore and Teresa Costanzo.

Collaboration Moves at the Speed of Trust

An Interview between Carlynn Nichols, Chief Clinical Officer, The Children's Center and Anthony Queen, FRIENDS PAC Member

How long have you been at The Children's Center (TCC) and how long have you been assisting children in Wayne Co?

I have been a practicing social worker for over 25 years with children, youth, and their families who are involved in multiple systems, including behavioral health, child welfare (CWS), and juvenile justice. I have been at the Children's Center for 6 ½ years and have always worked in the Detroit, Wayne County area. TCC serves children, youth, and their families. We have behavioral health services and supports for children who have mental health and developmental disabilities including autism. We license foster care homes, provide foster care, and handle adoptions. We also support youth who are in semi-independent living.

How do families come to your agency for help? Do they come to you asking for help or are they referred?

Both. At the Children's Center, we serve families that come to us voluntarily because they have a child that has a mental health disorder or a behavioral health disorder. We also serve as a child placement agency for families who are mandated to receive services from us because of some type of abuse or neglect. We serve children with behavioral health needs and if those families need resources related to basic needs, it is our responsibility to provide the support and services to address those basic needs. We don't call protective services quickly on a family because what we are seeking to do is provide needed resources and support.

In the African American community, how do you think your program is received?

TCC is the largest behavioral health provider in the city of Detroit. We have an African-American female that is our CEO. Our COO is an African American man. We have a very diverse leadership team and they are very well-respected in the community. The majority of the families that we serve are African-American, specifically African-American boys. I believe as an institution we are seen as a place where children can get positive support and children can get quality services.

Carlynn Nichols, Chief Clinical Officer, The Children's Center, Detroit, Michigan

How are fathers recruited to the Fatherhood Support Network and what if the father is not in the primary home? How does that work?

We have been lucky enough to be at the helm of a lot of fatherhood- related work for the Detroit, Wayne County area. John Miles is the head of our Fatherhood Initiative. He is a full-time employee, whose job it is to be the champion of fatherhood and fathers, and to engage other mental health providers in this discussion about dads and other grassroot fatherhood organizations.

At a systems level we haven't done a very good job including fathers. We have an internal committee whose focus is to change the culture around that. We are doing everything from looking at how children come into care and asking if dads are part of the intake process. We are asking the follow-up questions, "Ok, if dad didn't come to the interview, how can we reach dad?" Just because the father was not in the initial interview does not mean that he isn't available or does not want to be involved. We are changing how we do our work in engaging fathers and we are being intentional about creating programing for dads. We have tried, "Let's get dads in the parent support group", but as you know, it's often one dad and a bunch of moms and it doesn't work. We were able to get grant money to do a project that we call Mighty Men, programming solely focused on men and how to get men - fathers, male caregivers, uncles, granddads who are committed and caring for children, involved.

With the COVID outbreak, how is your program handling that?

Our CEO, Mrs. Deborah Matthews, quickly decided that we really need to protect everybody. We closed our buildings and everybody went to remote work. We have been working to make sure all the staff have the technology needed, whether it's computers or hotspots. We worked hard to make sure that we were in touch with all of our client families. We have been doing audio and video

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Collaboration Moves at the Speed of Trust

services with them. In the child welfare world, you know audio and video is not always the best option for children who are in care, so we have been doing everything from going to homes, not going inside, but if we need to put eyes on a young person, we do that. We have been developing unique ways to do family visits because parents need to see their children if their children are in care. If this pandemic highlighted anything it is the digital divide in this community. The access to not just technology but quality technology has been huge. We have been able to secure technology for families and give tablets out to families that need them in order to participate in services and care.

What we have done is exactly what has always been done and that is to be available. There are certain things we can't do, like we have not been able to open our boutique up. We hope to have it open soon by appointment only. The Boutique used to be where families could "shop" for necessities. We are doing a few town halls to communicate to our families because keeping them abreast of everything is also one of the big challenges that we have.

I have been involved in the early childhood continuum for seven years, from the time my son was born and then his Mom passed away thirty days after he was born. I was a first time Dad and a full time, single Dad. My situation has increased my interest and engagement in the entire CWS.

Many CPS programs consider it a success to match a child of color with a foster or adoptive white family. At a few conferences I have attended, speakers have suggested that may not be the best situation for the child. How does your program address this issue?

We don't really put a stake in the ground about black children in the homes of white families. Let me tell you what we do seek to do – we work hard to place children in their community and in places where people look like them can love on them. It's important that they are placed where they can go to the same school, the same church. When we talk about removing a child, that is already traumatic enough. One of the things in our state that is great is a lot of advocacy for kinship care. If something happens to my sister and I have to take her kids, I am not necessarily prepared for that. Now I need beds and I need clothes and I may not have the income to take care of children. In our community there was just this expectation to just take the kids without any support. That has changed. Now family members can get financial support for taking on the responsibility of their family members' children.

One last question, do you have parent reps that go out on behalf of TCC?

We have a parent advisory council. They are parents who have children, foster parents, birth parents, parents with children with special needs. We make sure we have a parent on our Board of Directors. We seek to ensure our parents have not just a voice at TCC, but also elevating them to a space where they can talk to decision makers. The issues around kinship, where children should go, black homes or white homes, parents need to let decision-makers know the impact. I learned a long time ago, parents will listen to you, Anthony, way before they will listen to me. Lawmakers will listen to you, way before they listen to me, so I believe elevating the role of parents as much as possible and working with them and sometimes becoming a follower is so important.

Strategies to Address Racial Disparities in Neglect Determinations in MN

When people think of Minnesota, most often, racial disparities are not something that come to mind, especially when it comes to child welfare. As a white woman, this used to be the case for me. That is until I met a woman named Kelis Houston. Kelis is the community partner for the African- American Family Preservation Act. This piece of legislation indicates that African American families are more likely to experience referrals to child protection, child out- of- home placements, termination of parental rights, and families subject to investigation. There is a plethora of information that identifies the racial disparities that exist in Minnesota in a variety of areas including home-ownership, median income, incarceration rates, graduation rates, and the race of children in foster care.

In 2013, Minnesota's Child Welfare Report (cascw.umn.edu) indicated that family investigation was more likely to be assigned to families of color than white families and that these investigations led to higher rates of out of home placement for children of color. Minnesota is a state-led, county-run system with 87 counties (which means 87 different ways to make decisions). Ninety-two percent of Minnesota's social workers are white and 93% of them identify English as their first language. (https://www.health.state.mn.us/data/workforce/index/html).

Lack of cultural competence and rampant misunderstanding of internal bias leads workers to determine that neglect occurs more frequently in families of color. White families are offered services and support (i.e. treatment), while families of color are more likely to be investigated and/or have their children removed from their home.

In addition to the African American Family Preservation Act, Kelis is supporting the community through Village Arms, https://villagearms.business.site/#summary. Village Arms is a Christ-centered non-profit organization dedicated to aiding and assisting African American youth and families that have had contact with the Child Protection System. Their mission is to eradicate disparate outcomes for African American youth and families by providing support and services unique to their culture and heritage, focusing on family preservation and reunification. Counselors advocate for families in court, assist parents in successfully completing court ordered case plans, provide parental coaching, and offer after care support to the entire family.

Through the work of Village Arms and the vision of the African American Family Preservation Act, Minnesota can move toward dramatically reducing the disproportionate number of African American children in out of home placement and lessen the impact this has had on the community. To learn more about Kelis Houston and the African American Family Preservation Act, please sign up for updates at http://preserveourfamilies.org.

by Joanne Hodgeman, FRIENDS PAC member

FRIENDS Parent Advisory Council members (from l to r, front row): Bruce Bynum , Melissa Zimmerman, Raven Sigure, Marcela Henao, Joanne Hodgeman , Vadonna Williams, Jessica Diel, Valerie Lebanion, Heather Stenson (from l to r, back row) Valerie Lebanion, Anthony Queen, Fatima Gonzalez-Galindo.

About the PAC

FRIENDS has established a Parent Advisory Council to provide useful overall program direction and guidance to the activities of the National Center. Committee members share their experience and expertise in child abuse prevention and family strengthening through their active participation in FRIENDS workgroups and the annual Grantee's meeting, development/review of FRIENDS written materials, and by providing resource center staff with consultation and advice.

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Visit www.friendsnrc.org for more information and resources on neglect.