CJA and National Child Abuse Conference

April 28-May 2, 2014

CJA PROJECTS FROM AROUND THE COUNTRY:

Texas:

They spend a lot of their CJA money on support of Child Advocacy Centers (CACs) and judicial training.

Delaware:

This state funded trainings regarding SDM – Structured Decision Making and Differential Response. Funds were also used to create an Office of Evidence-based Practice unit, which also has a triage component regarding entry of children into foster care.

Another project dealt with prevention of teens entering care; contacts were Rob Sawyer and Karen Kaplan with the National Resource Center.

California:

California is heavily focused on funding 3 to 5-year projects because they believe that system-change related projects require longer investment for successful outcomes.

Contact: Janine Williams – Janine.Williams@Caloes.ca.gov

Other ideas/topics for improvement:

1) Greater agency collaboration; issues regarding confidentiality issues. Perhaps a new federal regulation is needed to enable sharing.
2) Sharing of child welfare records between states is needed – perhaps via mandate.
3) Homeless and runaway youth (a Minn. focus).
    a. CSEC – system not responding enough
    b. "Not a DHS case" – need greater response from child welfare
    c. We need to attend to this issue like we did with incest 40+ years ago.

DAY 2 – TECHNOLOGY AND CHILD WELFARE – CSEC – FAMILY DRUG COURTS

Technology:

General discussion about the "Technology Acceptance Model," which compares and contrasts perceived usefulness versus perceived ease of use (faster, more accurate, increased satisfaction). The model scale defines users as: 1) innovators 2) Early Adopters 3) Early Majority 4) Late Majority 5) "Laggerts" (their term??).

Delaware: Provided I-Pads to all frontline staff to access email, download data, enter data into SACWIS (all notes etc). Data is encrypted and password protected. They paid for this via a federal technology grant. Some workers said that the I-Pads interfered with communication and eye contact. There were issues regarding notes on paper transcribed later versus using a stylus. The state reported that the technology was well accepted overall.

Kentucky: They purchased I-Pads for telemedicine use via a USDA funded project.

West Virginia: They created a Help App for frontline workers – who to call at county, state and federal levels. This app is very popular.

Speech to text: speak-write for workers who do not like to type. This is being used in Oregon and Delaware.

GPS and Wi-fi: Oregon is using this technology to improve worker safety and help workers plan their day.

Social Media: Oregon was highlighted – Raise Me Up – Oregon DHS Differential Response, Gene Evans is contact.

CSEC – Commercial Sexual Exploitation of Children:

Connecticut: If law enforcement or others suspect CSEC, they are mandated to call child welfare and child welfare must take the case. The mandate to take the case does not depend upon the "pimp" being a parent or guardian.

It is not appropriate to call these victims "prostitutes;" they are "child victims of sexual abuse."

New York: They have a Human Trafficking Intervention Court.

California: "Girl's Court."

Washington State: They have good model protocols that are available online.

Family Drug Courts:

Promoted via National Center on Substance Abuse and Child Welfare (2002) RPGs – Regional Partnership Grants.

History: PL-109-288 – Child and Family Services Improvement Act of 2006, $145 Million has been awarded over 5 years via multiple RPGs. 17 RPGs were awarded in 2012 alone and there has been 53 5-year grants in cases where DHS was a required partner and 66% had health provider partners. There were 2 RPGs in Oregon; Marion County and Jackson County have published evaluations of the program. The overall goal is to sustain cross-systems collaboration. In 1999 there were 4 sites (started in Miami Florida) and by 2013 there were 346 sites around the country.

Outcomes: Because parents are engaged in a different way with active outreach and treatment partnerships there are better graduation rates than traditional drug courts. Family Drug Courts are usually more trauma informed and usually include women, whereas traditional drug courts primarily serve men nation-wide. Children are often reunified quicker with parents with the statistics showing that a greater percentage of children remain at home when a parent is engaged in Family Drug Court. One recommendation from the research is that you get the parents into Family Drug Court quickly – within 20 days of contact leads to better outcomes.

Six Key Ingredients Needed:

1) System of Identifying Families
2) Earlier Access to Assessment and Treatment
3) Increased Judicial Oversight – every 2 weeks at a minimum
4) Increased Management of Recovery Services and Compliance – recovery coach, support staff

5) Responses to Participant Behaviors – sanctions and incentives
6) Collaborative Approach Across Service Systems and Court

DAY 3 – CHILD FATALITY REVIEWS – CAC FORENSIC INTERVIEWS – TRAUMA INFORMED LEGAL REPRESENTATION

Fatality Review:

All 50 states have CDR (Child Death Reviews) and most are funded by CAPTA, CJA money, and Title X funds.

Many states only look at deaths of children in the child welfare system and nation-wide there needs to be more work in reviewing child deaths related to children born with drugs in their system.

A national data base is being developed and has over 100,000 total records submitted now (2005-2009 data from 23 states). Child maltreatment accounted for about 2,285 deaths and abuse generally was about 1%. Of the cases (2,285) where there abuse or neglect contributed to the fatality or near fatality (some states track this) 70% also had physical abuse.

The #1 trigger of physical abuse was crying, #2 was domestic violence.

Top identified risks from the data:

1) No prenatal care
2) Some racial groups over represented
3) Girls
4) Public or no health insurance
5) Use of drugs or alcohol in home
6) Moms who experience DV
7) Sleep related - Co-sleeping and sleeping face down (community education can greatly reduce this Ex: infant sleep programs in hospitals)

Less risk (as seen from data):

1) Hawaiian
2) Medicaid use
3) Overcrowded residence (interesting!)
4) Prior disability or chronic illness (systems involved in families?)
5) Participation in the substance abuse field

States are doing a good job of responding to physical abuse and neglect, not so much with sexual abuse and psychological abuse deaths.

Wyoming has the most strict evaluation criteria.

CAC Forensic Interviews:

EFI (Extended Forensic Interview) discussion – may be best practice with young victims and sexual abuse victims.

It is a planned, systemic process that is more intensive and expensive. Research from high volume programs indicate that 1/3 to ¼ of children do not disclose in a single interview.

Study: False Denials, Tom Lyon, 2007. University of Southern California.

Advantages: May decrease trauma, better adaptation of process to child, more sessions allow time in a non-threatening environment, and single session interviews are usually incomplete.

Disadvantages: Perceived or actual programming of the child, might lead to trouble in court, expensive, on-going protection may be a concern.

Study: Williams, Nelson-Gardell, Faller, Cordisco-Steel and Tishelman, 2013.

Trauma Informed Legal Representation:

Feb 10, 2014 ABA House of Delegates resolution – urged development of trauma-informed evidence-based approaches. The trauma informed system looks at the need of the particular child and causes the system to adjust to meet those needs, NOT what the system can currently provide. One child experiences things differently than another; trauma is not all the same.

We need to find one person who is "irrationally exuberant" about the child – this may not always be a family member.

-Carrie Rasmussen

Chair, CJA