



Healthy People. Healthy Communities.

Department of Public Health & Human Services



Preventing Child Abuse and Neglect in Montana



Introduction

Child abuse and neglect is defined as any form of maltreatment perpetuated against a person under the age of 18 by a caregiver, parent or another person in an authoritative role that results in harm or potential for harm to the child.¹

Montana has more than 223,000 children aged 0-18 living in more than 114,000 households.² Because child abuse and neglect can affect children and families of any income level or demographic, all families in our state need support, education and resources to decrease their risk of child maltreatment. According to Montana law, child maltreatment includes "actual physical or psychological harm to a child, substantial risk of physical or psychological harm to a child or abandonment."³ Child maltreatment is classified into four categories, as defined by Montana law:

Physical Neglect | "Failure to provide basic necessities, including but not limited to appropriate and adequate nutrition, protective shelter from the elements, and appropriate clothing related to weather conditions, or failure to provide cleanliness and general supervision, or both, or exposing or allowing the child to be exposed to an unreasonable physical or psychological risk to the child."⁴

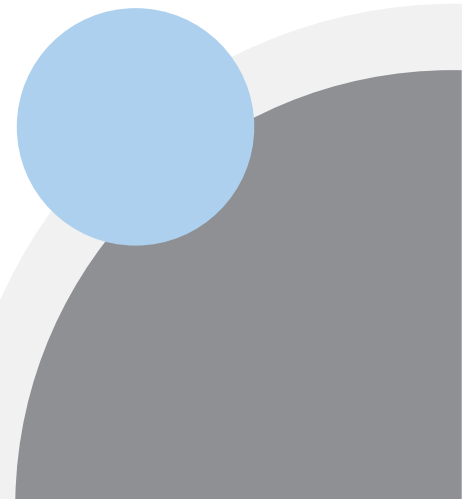
Physical Abuse | "An intentional act, an intentional omission, or gross negligence resulting in substantial skin bruising, internal bleeding, substantial injury to skin, subdural hematoma, burns, bone fractures, extreme pain, permanent or temporary disfigurement, impairment of any bodily organ or function, or death"⁵

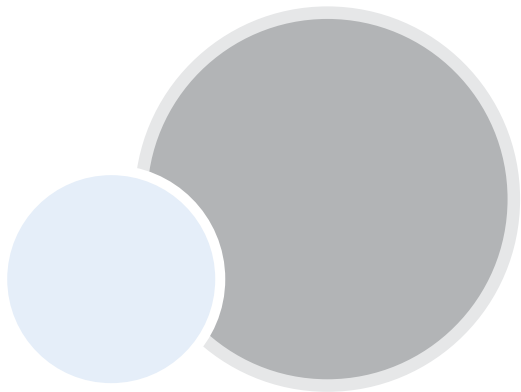
Sexual Abuse | "The commission of sexual assault, sexual intercourse without consent, indecent exposure, sexual abuse, ritual abuse of a minor, or incest... Sexual abuse does not include any necessary touching of an infant's or toddler's genital area while attending to the sanitary or health care needs of that infant or toddler by a parent or other person responsible for the child's welfare."⁶

Psychological abuse or neglect | Severe maltreatment through acts or omissions that are injurious to the child's emotional, intellectual, or psychological capacity to function, including the commission of acts of violence against another person residing in the child's home."⁷

Neglect is the most common form of child maltreatment, comprising 93% of all child abuse and neglect cases in Montana in the 2017-2018 state fiscal year.⁸ Nationally, the victim rate in 2016 for child abuse and neglect, which combines all maltreatment categories, was 9.1 victims per 1,000 children in the population. During this same year, the rate in Montana was 13.7 victims per 1,000 children.⁹

The following document provides a summary of the current Initiatives related to preventing child abuse and neglect in Montana and outlines specific goals and strategies that our state is employing to strengthen families and keep children safe and protected in the Big Sky state.





Contents

// INTRODUCTION	02
// EFFECTS OF CHILD ABUSE AND NEGLECT	04
// DEGREE TO WHICH CHILD ABUSE AND NEGLECT IS OCCURRING IN MONTANA	06
// RISK AND PROTECTIVE FACTORS FOR CHILD MALTREATMENT	10
// CHARACTERISTICS OF SUCCESSFUL PREVENTION EFFORTS	11
// EXISTING PREVENTION EFFORTS IN MONTANA	12
// LEADERS AND CHILD ABUSE NEGLECT AND PREVENTION IN MONTANA	15
// GOALS, OBJECTIVES AND STRATEGIES	24

The Effects of Child Abuse and Neglect

Children subjected to abuse and neglect experience a cascade of physical, emotional and psychological consequences that can affect them throughout their lives. In addition to the immediate physical injuries sustained (such as traumatic brain injury), abuse has been shown to disrupt neurodevelopment, causing long term consequences for cognition, language and academic achievement.¹⁰

Child maltreatment can impair psychological development, negatively impacting emotional regulation, social interactions, and attachment.¹¹ The experience of abuse and/or neglect in childhood increases the victim's risk of mental health issues (including borderline personality disorder, depression, anxiety and other psychiatric disorders), substance abuse, chronic disease, obesity, and sexual risk taking. Long-term, children who experience violence or maltreatment have lower rates of educational attainment, more limited employment opportunities, and are more likely to themselves be victims or perpetrators of violence.¹²

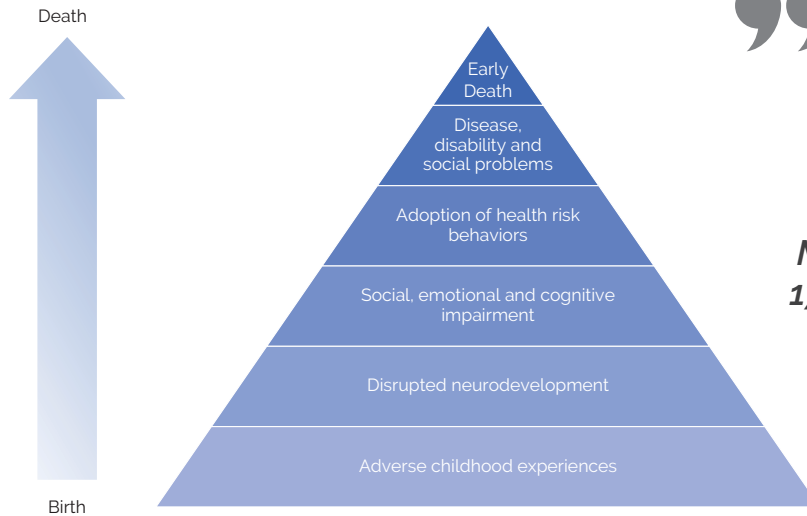
As a result, child maltreatment exacts long term, personal and economic costs to society through increasing behavioral health and medical demands, justice system costs and incarcerations, and productivity losses. The total direct and indirect cost of child abuse and neglect in the US is estimated at \$80 billion annually.¹³

Understanding child abuse and neglect through the lens of ACEs

In recent years, the effects of child abuse and neglect have been understood through the lens of Adverse Childhood Experiences (ACEs). ACEs are quantified using a 10-question assessment scale that measures verbal, sexual, and physical abuse, exposure to domestic violence, economic insecurity/neglect, caregiver substance use and mental illness, parental separation, divorce, and imprisonment.¹⁴

Decades of research has linked the experience of ACEs to long-term indicators of health and well-being. Exposure to ACEs have been linked to substance abuse, smoking, depression, chronic diseases such as diabetes and high blood pressure, poor work performance, intimate partner violence, and poor academic achievement.¹⁵ Researchers studying the health and mental health consequences of ACEs have found a strong correlation between exposure to ACEs and adverse health and well-being outcomes in adulthood; a higher number of ACEs correlates with a greater risk of poor health and well-being.¹⁶ The National Survey of Children's Health reports that Montana has among the highest reported ACE scores in the U.S. 52% of Montana children aged 0 to 17 reported at least one ACE, with 17% having three or more ACEs.¹⁷ Compared to other states, Montana has the highest percentage of children living in a home with someone with alcohol or drug problems (19%) or with a mental illness (14%). Montana is also in the top quartile among all states for the percentage of children who experience divorce/separation (26%) and domestic violence (10%). The most common ACE reported among Montana children, and nationwide, is economic hardship (28%).¹⁸

THE CUMULATIVE IMPACT OF ACES OVER THE LIFESPAN



“*The National Survey of Children’s Health reports that Montana has among the highest reported ACE scores in the U.S. 52% of Montana children aged 0 to 17 reported at least one ACE, with 17% having three or more ACEs.*¹⁷”

Adverse Childhood Experiences Assessment

While you were growing up, during your first 18 years of life

1. Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt?

_____Yes _____No If yes enter 1 _____

1. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

_____Yes _____No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? Or Try to or actually have oral, anal, or vaginal sex with you?

_____Yes _____No If yes enter 1 _____

4. Did you often feel that ...No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other?

_____Yes _____No If yes enter 1 _____

5. Did you often feel that ...You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? orYour parents were too drunk or high to take care of you or take you to the doctor if you needed it?

_____Yes _____No If yes enter 1 _____

6. Were your parents ever separated or divorced?

_____Yes _____No If yes enter 1 _____

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

_____Yes _____No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

_____Yes _____No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

_____Yes _____No If yes enter 1 _____

10. Did a household member go to prison?

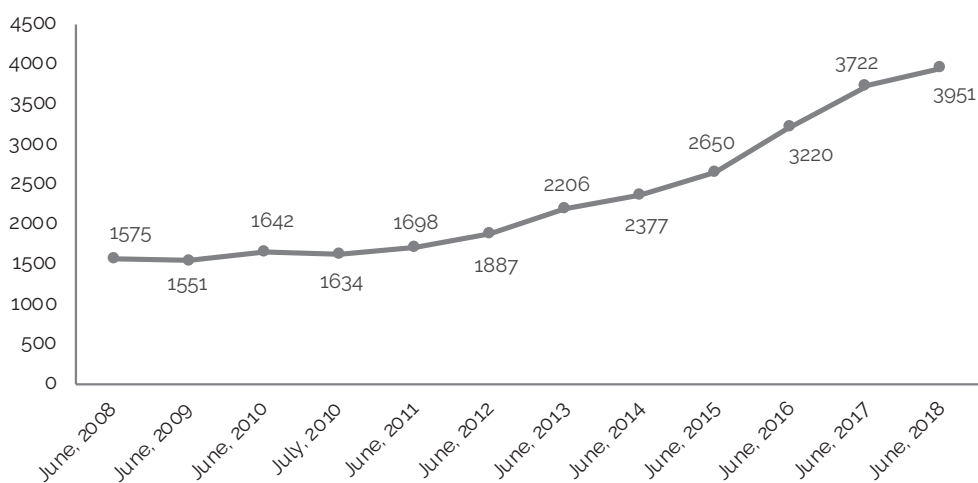
_____Yes _____No If yes enter 1 _____

Now add up your “Yes” answers: _____ This is your ACE Score

Degree to which child abuse and neglect is occurring in Montana

Child abuse and neglect is a growing problem in our state. The number of children in the care of the Montana Child and Family Service Division (CFSD) more than doubled in the last 10 years. During the same time period, the total population of children less than 18 in Montana grew less than 3%.²⁶

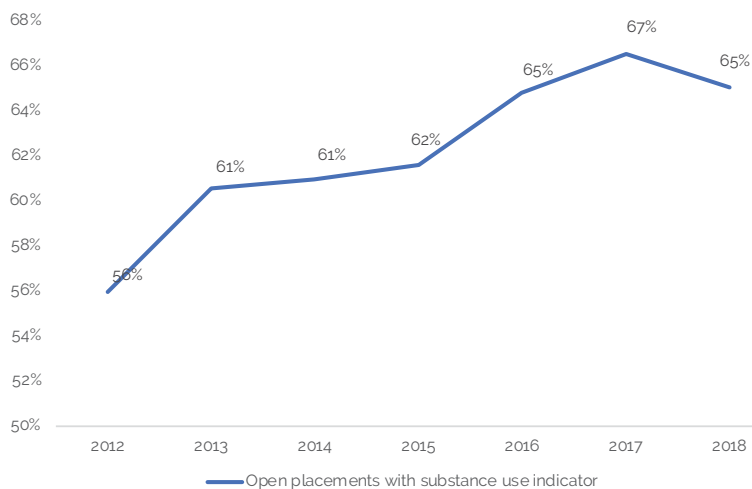
TOTAL CHILDREN IN CARE JUNE, 2008 - JUNE, 2018



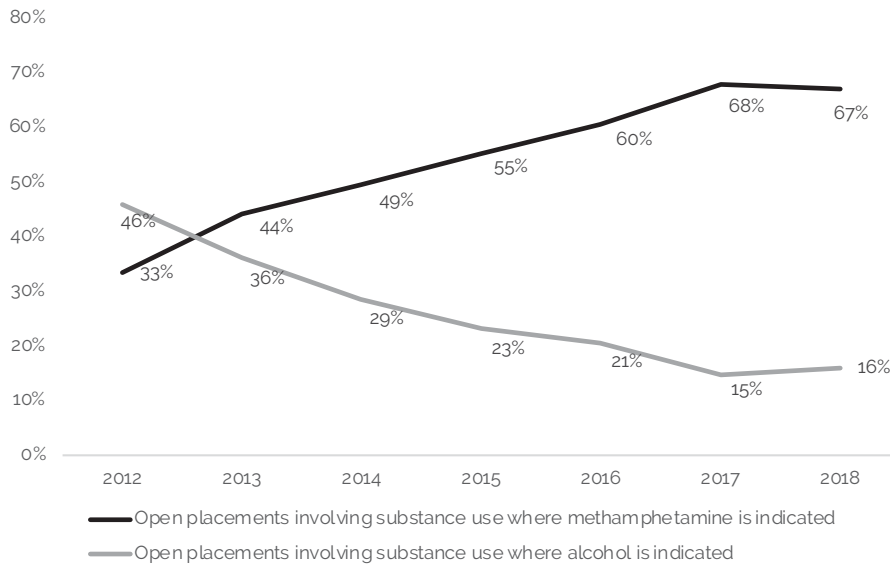
The impact of drugs on child abuse and neglect

Since 2010, Montana has seen a substantial increase in the number of child abuse and neglect cases with parental substance use indicated. Sixty-five percent of children removed during the 2018 fiscal year were due to parental drug use or involvement. Out of those cases, methamphetamine is the primary drug in 67 percent of the cases—up from 33 percent in 2012.

OPEN PLACEMENTS WITH SUBSTANCE USE INDICATOR, 2012-2018



METHAMPHETAMINE AND ALCOHOL USE INDICATED, IN OPEN PLACEMENTS WITH SUBSTANCE USE INDICATED, 2012-2018



PROGRAM HIGHLIGHT | *First Year's Initiative*

In response to the growing concerns around child abuse in the state of Montana, DPHHS launched the First Years Initiative (FYI) in January, 2018, which focuses on providing targeted resources, education, and services during the early critical period in the lives of children and their parents—pregnancy, the weeks and months after birth, and the first years of a child's life. The goal of the First Years Initiative is to reduce child abuse, neglect and child deaths in Montana by providing intensive, in-home services to families referred by Child Protective Services to home visiting programs. With the focus on child abuse prevention and intervention, the Initiative will link families to community resources, continuously assess maternal/child health and safety, and provide wrap-around services and support to the highest of risk families.

Montana's Home Visiting Program is the foundational infrastructure of FYI. The partnership between local CPS and home visiting is currently in 10 sites and serving 11 counties. With the addition of four more sites and counties prior to 2019, FYI will be covering the majority of Montana's population base through serving the following 15 counties: Butte; Gallatin; Livingston; Flathead; Cascade; Custer; Yellowstone; Missoula; Lewis & Clark; Beaverhead; Madison; Mineral; Big Horn; Dawson; and Ravalli. There are numerous studies showing the effectiveness of home visiting programs in decreasing child abuse and neglect. One of the largest studies, commissioned by Congress in 2016, "Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities," demonstrated that early childhood home visitation services had the most promise in preventing child fatalities and have already been proven to reduce the incidence of childhood abuse and neglect.

The second FYI project is a new public-private partnership with the Montana Healthcare Foundation that focuses on prenatal and postpartum care for women with substance use disorders. The third installment involves a safe sleep initiative partnership with organizations including the Children's Trust Fund that includes providing Pack n' Plays along with safe sleep education to at risk families. "When I came on board at DPHHS, my top priority was to keep kids and families safe in Montana," said Director Hogan. "Through this Initiative, we have taken tangible steps by focusing on early intervention, education, and preventing tragedy before it strikes."

The Child and Family Services Division workload

The following figure outlines the number of calls, reports, investigations and substantiated and founded cases of child abuse and neglect handled by the CFSD in FY 2018.

In FY 2018, the Montana Child and Family Services Division



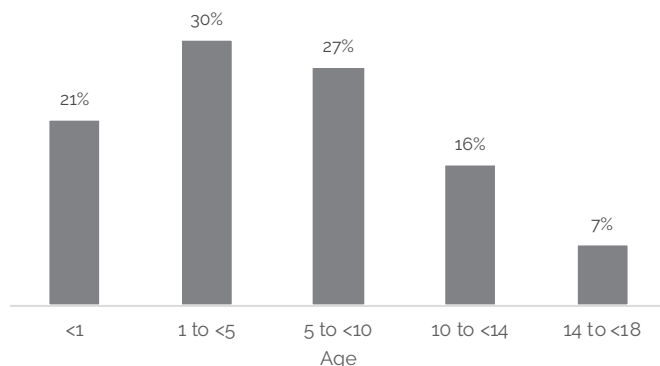
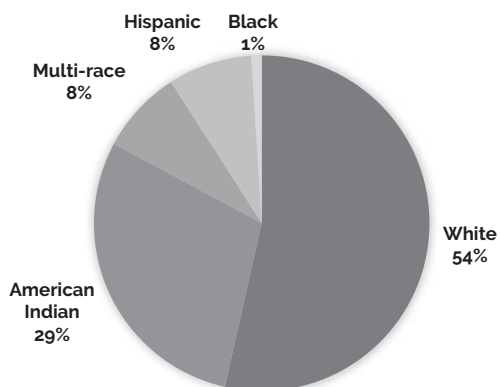
Profile of children involved with CFSD in July, 2018

As prevention activities are designed and implemented, it is helpful to understand the demographics of the children involved in the state welfare system in order to better support these children and families before and while they become involved with protective services. The following analysis describes the characteristics of the 3,934 children in the Montana foster care system as of July 31, 2018. These data provide insight into the types of populations under supervision at one particular moment in time.¹⁹ As illustrated below, fifty percent of children

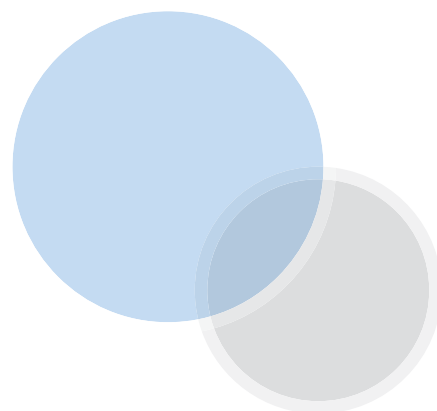
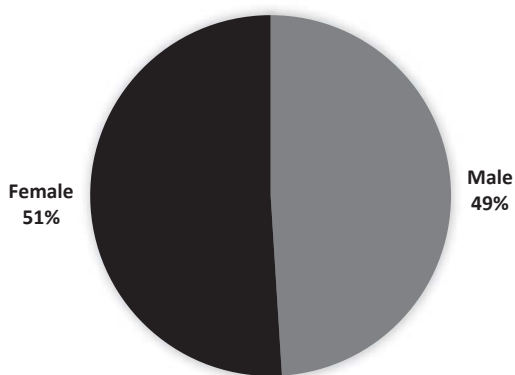
experiencing abuse and neglect are under the age of five. More than three-quarters are under the age of 10.

Prevention activities may be more effective if they are tailored or focused to meet the unique challenges associated with the intersections of age, gender, race and ethnic identity with experiences of abuse or neglect. Of note, the race/ethnicity percentages reflect self-reported race/ethnicity identification, and do not include children who were under the supervision of tribal child protective services agencies.

RACE/ETHNICITY, JULY 2018 COHORT AGE, JULY 2018 COHORT

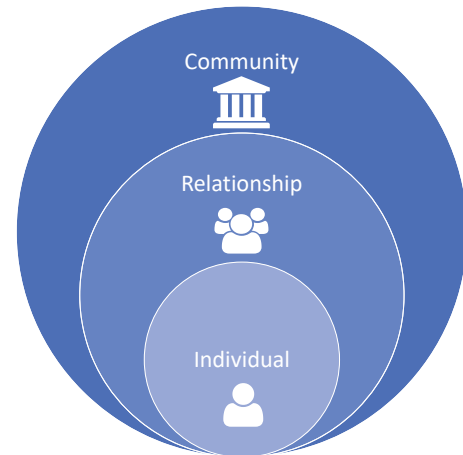


GENDER, JULY 2018 COHORT



Risk and Protective Factors for Child Maltreatment

Risk factors are attributes associated with an increased probability of experiencing maltreatment. Protective factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate the risk of child maltreatment and increase the health and well-being of children and families.²⁰ The socioecological model conceptualizes the complex interplay between risk and protective factors at the individual, relationship, and community levels that affect the treatment and well-being of children and the strength of families. Using this model, key risk and protective factors for child maltreatment are summarized in the table below.



RISK AND PROTECTIVE FACTORS FOR CHILD ABUSE AND NEGLECT²¹

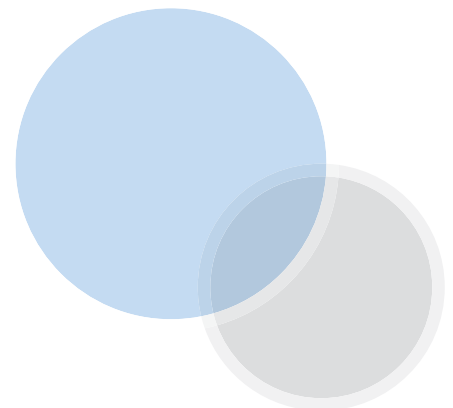
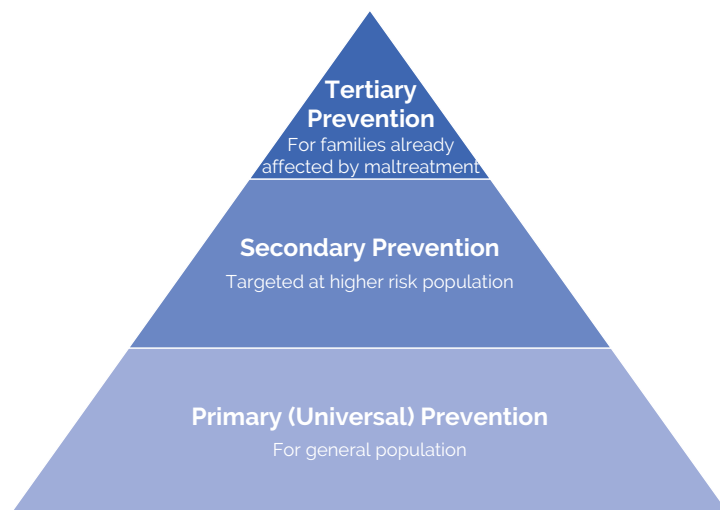
	<i>Individual Level</i>	<i>Relational Level</i>	<i>Community Level</i>
<i>Risk Factors for Child Abuse and Neglect</i>	Young children (0-3) Children with special needs Younger parents Low socioeconomic status Single parents Families with large number of dependent children Parental history of child abuse and neglect Parental substance use and/or mental health issues, including depression	Non-biological, transient caregivers in the home Poor social connections Social isolation Family disorganization, dissolution and violence Parenting stress Negative parent-child interactions	Community violence Concentrated neighborhood disadvantage
<i>Protective Factors from Child Abuse and Neglect</i>	Parental resilience Self-regulation Problem solving skills Parenting competencies Knowledge of parenting and child development	Social connections Nurturing and attachment Development of social and emotional competence in children Involvement in positive activities Relational skills Caring adults Positive peers	Concrete support in times of need Positive community Positive school environments Economic opportunities

It is important to note that no single factor tells the entire story of child abuse and neglect. Risk factors only provide information about who is at-risk, but should not be used as a way to explain causality or to predict who will be a victim or a perpetrator.²²

Characteristics of Successful Prevention Efforts

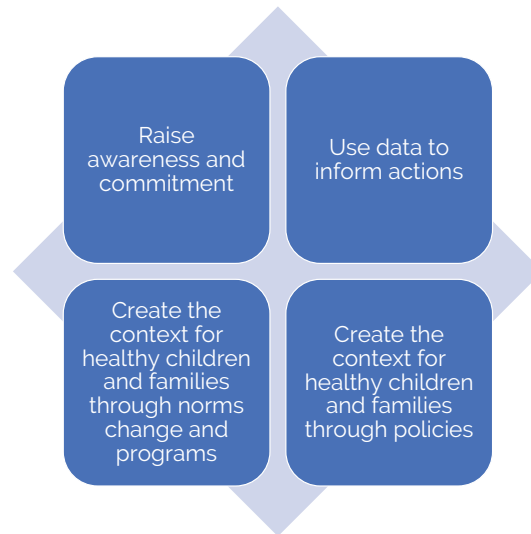
Current best practice approaches to child abuse and neglect prevention focus on the following:

- **Community-based responses** | Increasingly, prevention research and practice have begun to focus attention on community-based efforts that work to change social norms, enhance economic opportunities and improve the social environments for all children and families.
- **Multi-level, multi-sector approaches** Effectively responding to the complex problem of child maltreatment requires sustained engagement from a variety of child and family-serving stakeholders, both public and private, who will coordinate their efforts to implement policies, programs and practices in a variety of sectors that strengthen families and support children over the long term.
- **Focus on strengthening protective factors to promote overall child and family well-being** Increasingly, child welfare advocates and policy makers have begun to adopt the protective factors approach to preventing child abuse and neglect "focusing on social supports to help families overcome negative conditions or experiences and actively pursuing positive outcomes through front-end investments in early intervention, education and community building."²³
- **Targeted Prevention Services** | In a resource scarce environment, prevention services must be effectively targeted to the appropriate audience. Child maltreatment prevention services can be organized into three tiers (see inset figure below). Primary prevention programs target the general population before maltreatment occurs; secondary prevention programs target families at greater risk for abuse and neglect; and tertiary prevention programs reach families that have already experienced child maltreatment.
- **Implementation of evidence-based practices** As research in the field of child abuse and neglect prevention advances, more evidence-based and evidence-informed interventions at the primary, secondary and tertiary level are being utilized and new ones are being developed. It is imperative that Montana focus its limited resources on implementing policies and practices that have proven to be effective in preventing child abuse and neglect.

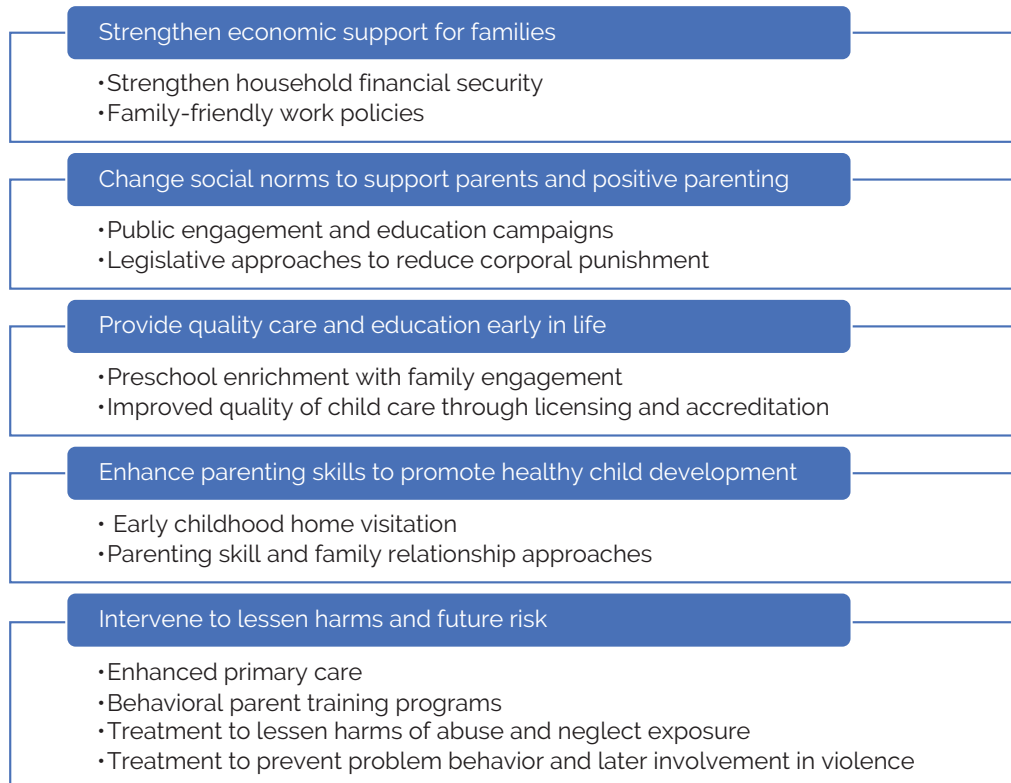


Existing Prevention Efforts in Montana

One way to categorize the current prevention work in Montana is to utilize the Centers for Disease Control and Prevention *Essentials for Childhood Framework*.²⁵ This framework categorizes effective strategies to prevent child abuse and neglect by helping children grow up in safe, stable, nurturing relationships and environments. This framework includes four goal areas and five evidence-based strategies and corresponding approaches that have proven effective at reducing the prevalence of child abuse and neglect at the population level. The four goal areas for the Essentials for Childhood Framework include:



The Essentials for Childhood Framework also includes five evidence-based strategies and corresponding approaches that primarily fall under the 3rd goal area of "Creating the context for healthy children and family through norms change and programs." These include:



Montana has a number of key initiatives that are already being implemented under each of these goal areas and evidence-based strategy categories. The following is a list of some of these key, high level initiatives in each of the Essentials for Childhood Framework categories.

Raise awareness and commitment

- DPHHS First Years Initiative committed to targeted prevention, education and resources in the early months of pregnancy through the first critical months and early years of a child's life
- Annual DPHHS Montana Prevent Child Abuse and Neglect Conference covering a variety of prevention and child welfare topics
- MTCTF board and partner advocacy, including statewide educational and awareness raising activities during child abuse prevention month every April
- Blue Sunday child abuse prevention awareness raising initiative with churches coordinated by the MTCTF
- Best Beginnings Coalitions (state and local) convening stakeholders to support early childhood initiatives
- ACEs training through a variety of non-profits, Best Beginnings Councils and through DPHHS, including to all new staff

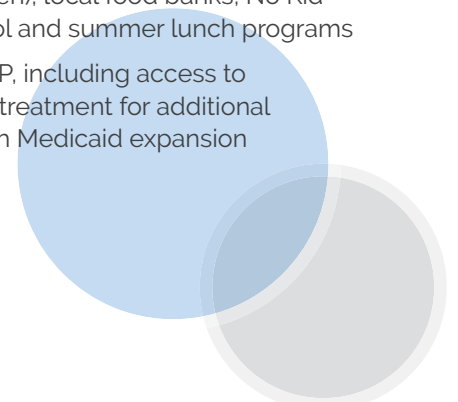
Policies that support healthy children and families

- Focus on cross-program collaboration in DPHHS to break down silos and better support families. Examples include recent First Years Initiative collaboration between home visiting and CPS which provides dedicated home visitors to families known to CPS
- Protect Montana Kids Commission bills passed in 2017 legislative session
- New federal child welfare policies allowing funding to be spent on prevention
- Mandatory Reporting Policies

Using data to inform actions

- DPHHS' Abuse and Neglect Review Commission
- DPHHS Fetal, Infant, Child and Maternal Mortality Review (FICMMR)
- Department of Justice Child and Family Ombudsman Child Fatality Review report
- Analysis and reporting from CFSD ROM system (with a new, updated data system in development)
- Analysis of programmatic and outcome data from home visiting models, CFSD, Medicaid, WIC and other child supporting programs to tell the story of vulnerable children and families
- Analysis of OPI data on at-risk students (homeless, foster care involved etc.)
- Montana Children's Health Data Partnership Project with "Healthy Mothers, Healthy Babies" to identify 10 shared measures to be used cross-sector
- Analysis of Prevention Needs Assessment (PNA) Data county level risk and protective factors for youth in foster care

Strengthening economic supports for families

- Economic growth that supports living wage employment for more families
 - Temporary Assistance for Needy Families (TANF)
 - Housing support including Section 8, HUD, domestic violence and homeless shelters
 - Nutrition programs including Supplemental Nutrition Assistance Program, WIC (Women, Infants and Children), local food banks, No Kid Hungry and school and summer lunch programs
 - Medicaid and CHIP, including access to behavioral health treatment for additional caregivers through Medicaid expansion
- 

Strengthening social norms to support parents and positive parenting

- Strong network of home visiting programs across the state of Montana, including a newly launched First Years Initiative program focused on known high risk families
- Healthy Mothers Healthy Babies SafeSleep for Baby initiative and perinatal Mood and Anxiety Disorders initiatives
- Period of PURPLE Crying program which educates parents of newborns in Montana hospitals about infant development and preventing abusive head trauma
- Training on ACEs, resiliency and trauma informed practices through HMHB, Elevate Montana and others
- DPHHS "Raise your voice for Montana kids" campaign supporting safe and supportive families for all kids
- MTCTF "Not Even For A Minute" campaign to strengthen social norm of never leaving a child alone in a care
- In a partnership with AMDD and the Interagency Coordinating Council for State Prevention programs, MSU's Center for Health and Safety Culture's Montana Parent Survey and Parent Project to strengthen social norms around parent engagement and enhance the social emotional competencies of youth and parents
- TANF Bridge Model
- DPHHS Safe Sleep Campaign

Enhancing parenting skills to promote healthy child development

- Evidence-based home visiting models supported by the DPHHS Healthy Montana Families Home Visiting program, including Nurse Family Partnership, Parents as Teachers, SafeCare and Family Spirit
- First Years Initiative (home visiting specifically for families interfacing with CFSD)
- Parenting classes such as Common Sense Parenting (Youth Dynamics) and Love and Logic (Florence Crittenton) implemented locally
- Local parenting and grandparent support groups
- Parent Partners Program (PPP) within Title V's Children and Youth with Special Health Care Needs (CYSHCN). PPP provides support and education through a partnership between "seasoned" parents of CYSHCN and parents of newly diagnosed CYSHCN. PPPs are housed at local pediatric clinics around the state.

Providing quality care and education early in life

- Best Beginnings STARS to Quality early education certification and continuous quality improvement
- Best Beginnings Child Care Scholarship Program
- Head Start and Early Head Start programs which incorporate parent engagement as well as nutrition and health services
- New federal requirements for licensed childcare providers including increased background checks and health and safety monitoring
- Children's mental health consultation model being implemented piloted for early childhood educators and home visitors in local communities
- Montana Milestones Part C Early Intervention Program, providing services for children aged 0-2 with developmental delays or disabilities
- Montana Childcare Resource and Referral Network providing training and technical assistance for early childcare providers
- State investment in pilot STARS Preschool Program, expanding access to quality preschool statewide

Intervening to lessen harms and prevent risk

- Local providers implementing integrated behavioral health models with support from the Montana Healthcare Foundation, addressing substance use and mental health need in parents and caregivers
- Increased use of assessments for children and caregivers including SBIRT (Screening, Brief Intervention and Referral to Treatment) in primary care and the Ages and Stages Questionnaire (ASQ) in home visiting and early childhood education
- Montana Healthcare Foundation's Perinatal Substance Use Initiative working to reduce CFSD placements among newborns and infants
- Circle of Security parenting training intervention for at-risk and CFSD involved families
- CASA advocacy as guardian ad litem for children involved in CFSD
- Drug treatment courts statewide
- Initiatives to support greater and more timely access to treatment for CFSD-involved families including Addiction Recovery Teams that provide wrap-around support for families involved in CFSD who have substance use treatment needs
- Peer Support Specialists working with caregivers to engage them in treatment and support their ongoing recovery from SUD

Leaders in Child Abuse and Neglect Prevention in Montana

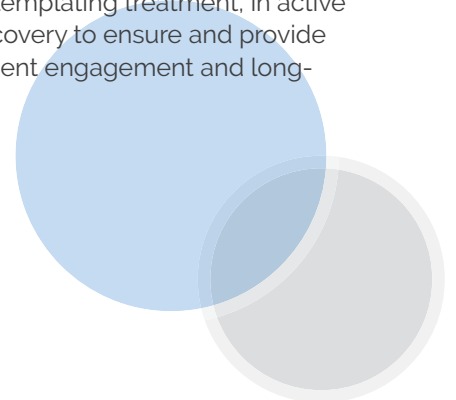
DPHHS Partners

Montana has a number of key organizational leaders working within the above categories to raise awareness about maltreatment and develop evidence-based, data driven practices that strengthen families, promote positive social norms, provide access to quality childcare and education, enhance parenting skills and lessen the future risk of child maltreatment. Key leaders within DPHHS who are leading child abuse and neglect prevention and intervention initiatives include:

The Addictive and Mental Disorders Division (AMDD)

With the significant role of substance abuse by caregivers in child abuse cases in Montana, it is imperative that child abuse prevention activities focus on facilitating access to behavioral health services. The mission of AMDD is to implement and improve an appropriate statewide system of prevention, treatment, care, and rehabilitation for Montanans with mental disorders or addictions to drugs or alcohol. AMDD provides substance abuse and adult mental health services by contracting with behavioral health providers throughout Montana. Key initiatives currently supported by AMDD that relate to preventing child maltreatment include:

- o **ART (Addiction Recovery Teams) |** AMDD is currently in the process of developing and implementing the ART pilot, funding a team of behavioral health professionals to work within a CFSD Regional office to assess caregivers for a substance use disorder, identify and coordinate treatment and recovery needs of a parent(s) or guardian(s) involved with an active abuse and neglect case, and participate as an active and engaged member of the CFSD team to ensure child safety and family unification
- o **SBIRT |** AMDD promotes the use of the evidence-based assessment tool Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care practices and other medical sites statewide. This SUD screening provides indicators for the need of further assessment or can focus on motivational interviewing to change early substance use/abuse behavior.
- o **Maternal and Child Health Home Visiting Program |** In this program, a Licensed Behavioral Health Professional is paired with a home visiting nurse to address families at risk through addressing both mental health and substance use issues in addition to the physical health and parenting issues addressed through the registered nurse.
- o **Moving Beyond Depression (MBD) in Montana's Home Visiting Program |** AMDD is providing funding and support for this evidence-based intervention program in which a Licensed Behavioral Health Professional is paired with a home visitor to address women who are suffering from, or are at-risk for, mental health and substance use issues. Therapy will be provided in the home by the licensed therapist.
- o **Peer Support Services |** AMDD is developing the funding and support infrastructure for certified peer support specialist services which provide stability, mentoring, motivation and assistance to individuals contemplating treatment, in active treatment or in recovery to ensure and provide support for treatment engagement and long-term recovery.



- o **Treatment courts** | Resources from AMDD bolster jail diversion courts for non-violent drug offenders which provide a team of professionals to treat and assist a parent or youth as they maintain their job/school/home/etc. in the community and develop needed skills to achieve recovery and avoid further interaction with criminal justice. Two family treatment courts in the state currently work exclusively with families involved in the child welfare system to promote family stability and re-unification.
- o **Parent and Children's Homes** | AMDD provides funding and oversight for integrated treatment and residential settings for families while the parent is attending treatment. These homes address parenting needs and preparing families to move into recovery and their own homes.
- o **Communities That Care** | This new initiative, funded by the Montana Healthcare Foundation, will fund six Montana communities to implement the evidence-based Communities That Care model which provides a structure for engaging community stakeholders, a process for establishing a shared community vision, tools for assessing levels of risk and protection, prioritization, and setting specific, measurable community goals behavioral health goals with a focus on community-based prevention.
- o **Integrated Treatment Teams** | In this model, treatment providers use a bio-psychosocial assessment to determine an individual's treatment needs and to identify those areas in their lives (e.g. child protective services, criminal justice, medical, etc.) that need to be addressed and integrated into treatment planning.
- o **Prevention programs** | AMDD supports a variety of prevention programs, primarily targeted at youth, designed to reduce initiation of substance use in our state. Examples of prevention programs supported by AMDD include: 1) "Positive Action," a school-based social-emotional learning program for students to increase positive behavior, reduce negative behavior and improve social and emotional learning within the school climate; and 2) "Gathering of Native Americans," a curriculum intended to provide culturally specific substance abuse prevention training in American Indian communities focusing on community healing from historical and cultural trauma and an understanding of health of self, family and community.

INDIVIDUAL IMPACT | *First Years Initiative*

The home visitor who is dedicated to CPS cases only and is part of the First Years Initiative in Flathead County had an 8-month pregnant teenage woman referred to her caseload because the mother was homeless, pregnant and high-risk. The home visitor took the woman to her mother's home (the grandmother of the unborn child) and was able to help them repair their relationship enough so that the woman could stay with her mother. The home visitor worked with the CPS worker and determined that the home was safe for the pregnant teen. The teen subsequently gave birth to a healthy baby and the home visitor, the grandmother and the new mom worked together to learn about healthy relationships and raising a healthy, thriving child. This also provided the stability the new mom needed to keep her job and earn an income that could supplement the maternal grandmother as well as help to pay for the needs of her baby. The CPS worker relayed that if the home visitor had not recognized the risk to this pregnant mom and potential for a renewed relationship with her own mother, the young teenager would have been in much worse circumstances and would have faced potential removal of her child. The CPS worker and the home visitor continue to collaborate and anticipate the closing of the CPS case very soon. This is an example of a case that could have had a very different outcome with the removal of an infant and placed in foster care; instead, a new mom is thriving with her new baby.

Best Beginnings Advisory Councils

The Early Childhood Services Bureau (ECSB) coordinates the statewide Best Beginnings Advisory Council and provides technical assistance and support for 20 local Best Beginnings Advisory Councils. Established in 2011, the strategic goal of these Councils is to ensure that Montana has a comprehensive, coordinated, early childhood system that provides a governance structure and leads to strong collaboration in order to best meet the needs of Montana's youngest citizens. At the state and local levels, these Councils are bringing together diverse stakeholders to work across sectors to strengthen families and support children in early childhood. The four main objectives of the Best Beginnings Advisory Council are: 1) Children have access to high quality early childhood programs; 2) Families with young children are supported in their community; 3) Children have access to a medical home and health insurance; and 4) Social, emotional, and mental health needs of young children and families are supported. Local Best Beginnings Councils facilitate a variety of trainings in their communities that have direct correlation to education and prevention of child abuse.

The Child and Family Services Division

The Child and Family Services Division (CFSD) seeks to protect children who have been or are at substantial risk of abuse, neglect or abandonment. As the primary child welfare agency in the state of Montana, CFSD interacts with the children in Montana who have already experienced maltreatment. As such, CFSD is primarily involved in tertiary prevention efforts, seeking to mitigate the effects of the maltreatment already experienced and achieve safety and permanency for affected children, with a focus on strengthening families to support reunification whenever possible. With the rapid growth in CFSD caseloads in recent years, Montana's child welfare system has been stretched to capacity. Thus, it is imperative that Montana strengthen its primary and secondary child abuse prevention efforts to effectively reduce the incidence of child abuse and neglect in our state and therefore decrease the number of families that ever interact with the child welfare system in the first place.

LOCAL PROGRAM HIGHLIGHT | DEAP

The Developmental Educational Assistance Program (DEAP) provides Montana's Part C of IDEA Early Intervention Program in 17 counties spanning 48,495 square miles in Eastern Montana. Deeply embedded in the counties served, DEAP provides families of infants and toddlers with developmental disabilities and delays with the tools they need to help their child be successful. The early intervention team at DEAP are leaders in Montana and an inspirational model for other early intervention programs proving how coordinated systems of agencies, counties, and Reservation resources can greatly impact the services and supports a family and an infant or toddler with a disability receives.

Recognizing the value of stimulating, positive and meaningful relationships between an infant or toddler and their parents, DEAP's early intervention personnel researched, identified, and implemented a social/ emotional screening tool to detect delays. The results of the screening and assessment combined with a range of research-informed services such as the use of a coaching model to promote relationship-focused, family-centered intervention strategies are leading to improved child outcomes. However, DEAP's personnel cannot do this alone. Their system of collaboration for the betterment of early intervention includes Family Preservation Services (Child Protective Services); Sprouts (Maternal, Infant and Early Childhood Home Visiting Programs); Women, Infants, and Children (WIC) services; and Indian Health Services on the Fort Peck, Northern Cheyenne and Crow Reservations. Accessing services and supports early is critical to the effectiveness of early intervention. DEAP's exemplary Part C early intervention model builds on already existing resources and fosters connections across different systems in which families of young children participate.

Children's Mental Health Bureau (CMHB)

The mission of the CMHB is to care for and support individuals under 18 years of age who have been diagnosed with serious emotional disturbance (SED), a diagnosis that is often secondary to the experience of ACEs and child maltreatment. CMHB supports community-based services for SED youth including psychiatric rehab and support, home support service and targeted case management. CMHB also receives youth crisis diversion grants and funds community liaisons who work with families and providers to assist them in finding resources to meet their children's mental health needs. CMHB also supports Therapeutic Foster Care Services. These in-home therapeutic and family support services are for youth in the child welfare system that require more intensive therapeutic interventions than are available through other outpatient services. The program focuses on skill building and integration for adaptive functioning to minimize the need for more restrictive levels of care and to support permanency or return to the legal guardian.

The Early Childhood Services Bureau (ECSB)

The ECSB with the HCSD focuses on supporting children, families, and those professionals who work with children. Much of the work in the ECSB is rooted in a Pyramid Model framework, supporting social-emotional development of young children in early childhood programs. Using this framework of support develops skills for care takers and children, reducing stress and behavioral issues that can lead to improper interactions between adults and children. This includes

professional development on ACEs and trauma-informed caregiving to providers. In addition, professional development opportunities are available in the areas of shaken baby syndrome, safe-sleep practices and other child development domains. The ECSB also manages the Best Beginnings Scholarship Program, providing child care assistance to working families, including foster families in the child and family services system. This work is offered through local Child Care Resource and Referral Agencies. These agencies may also offer supports including parenting classes, professional development, community awareness, support groups, home visiting, and collaboration.

ECSB also houses the federal Project LAUNCH Initiative focused on strengthening the infrastructure that supports pregnant and newly parenting women through the foundation of home visiting. Project LAUNCH collaborates with the Family & Community Health Bureau's Home Visiting Program and the Children's Mental Health Bureau to provide programmatic and policy solutions for a coordinated, early childhood system of mental health support. Based in Gallatin and Park Counties, this project provides families, children (0-8 years of age), and mental health providers with comprehensive, mental health consultation through the enhancement of existing home visiting programs. The focus of Project LAUNCH to provide mental health consultation to home visitors as they navigate early childhood systems, results in increased integration of behavioral health and primary care which ultimately benefits all families in these communities.

INDIVIDUAL IMPACT | *Best Beginnings Scholarship*

A single parent father named "John," working full-time, and his 3-year-old daughter, "Sarah," were homeless when they first applied for the Best Beginnings Child Care Scholarship in September. They were approved under the new eligibility program for homeless families for 3 months with a reduced copayment. In early November, John called to report he had secured housing and to update his address. The initial reprieve from the cost of child care helped allow this family to secure housing while maintaining employment and stability for Sarah during a difficult time for any family.

The Family and Community Health Bureau (FCHB)

Located within the Public Health and Safety Division (PHSD) in DPHHS, the FCHB has several federal grants and conducts a number of activities focused on the prevention of child abuse and neglect. One of its flagship child abuse prevention programs is The Healthy Montana Families Home Visiting (HMFHV) Program which houses the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. HMFHV is charged with providing evidence-based, home visiting services throughout the State of Montana and oversees 27 home visiting sites in 19 counties, four of which are on Indian Reservations. Home visitors are trained professionals and para-professionals who partner with at-risk pregnant and newly parenting women in their homes to provide support and education to improve their family's health while increasing the opportunities for their children. Home visiting increases the likelihood of a healthy pregnancy outcome and positive/healthy child development. Extensive research has shown that home visiting for pregnant and/or newly parenting women and their families decreases child abuse and neglect, infant mortality and numerous risk factors such as ACEs, post-partum depression and intimate partner violence. In addition to home visiting, the FCHB houses a number of other key federal grants and programs related to child abuse prevention including:

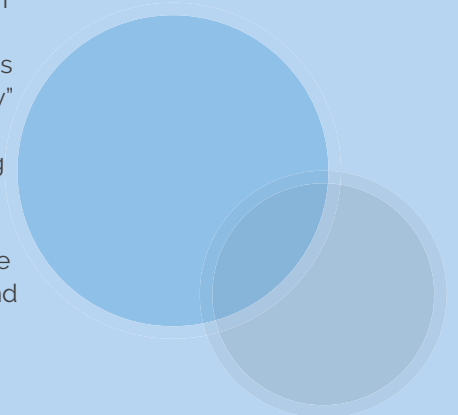
- o **The Title V Maternal & Child Health Block Grant** | The MCH block grant provides funding to counties who enact a variety of child abuse prevention activities. In order to receive Title V Block Grant funding, counties must choose

one of seven National and State Performance Measures. Four of those measures relate to child abuse prevention and are the following: (1) Infant Safe-Sleep; (2) Child Injuries; (3) Access to Public Health Services; and (4) Family Support and Health Education. From July, 2018 through September, 2021, 45 of the 50 counties receiving Title V Block Grant funds have chosen one of these four measures. Hence, 45 counties in Montana are conducting some form of child abuse prevention activity while monitored by the FCHB

- o **The Women, Infants and Children (WIC) Nutrition Program** | WIC provides nutrition education, breastfeeding support, healthy food and referrals for women, infants and children to ensure that families are empowered to a healthy start in life. The WIC program in Montana has recently begun to use a validated, two-question depression screen to help detect postpartum depression. These assessments are not only important for new mothers but assist in early detection of potentially dangerous life events including child abuse and neglect.
- o **The Rape Prevention Education (RPE) Program** | RPE provides sexual violence prevention education and programs on Montana's college campuses that focus on healthy relationships, bystander intervention, dispelling rape myths and consent. The RPE program is expanding into middle and high schools in 2019. This is a significant shift in focus as minor children will be instructed on personal safety which includes intervening and reporting child abuse on themselves and others within their schools.

FOCUS ON | Reducing Sleep-Related Deaths

Sleep-related infant (under 12 months of age) deaths constitute the vast majority of infant deaths in Montana. To help address this important issue, a collaborative effort is underway within the Family and Community Health Bureau (FCHB) known as the "Safe-Sleep Campaign." This Campaign consists of braided funding from state, foundation, non-profit organizations and local health departments. Currently, funding to purchase "Pack 'n Play" cribs and educational materials for at-risk women is being provided by the Children's Trust Fund, PHSD's Healthy Montana Families Home Visiting (HMFHV), Healthy Mothers, Healthy Babies, and the Montana Department of Justice. These cribs and materials will be distributed to all 27 federally-funded home visiting sites, several birthing hospitals, local Child Protective Services offices, tribal health departments, WIC offices and Fetal, Infant and Child Mortality Review (FICMR) teams.



The Human and Community Services Division

The mission of the Human and Community Services Division (HCSD) is to support the strengths of families and communities by promoting employment and providing the assistance necessary to help families and individuals meet basic needs and work their way out of poverty. Throughout the Division, the primary population served are those facing economic and social hardship. By strengthening economic supports to families, the Division supports child abuse and neglect prevention. Key HCSD initiatives related to strengthening the economic security of families include:

- o **The Community Service Block Grant |** Through the Community Services Block Grant, local Community Action Agencies receive funding based on the needs in their community. Block grant funding is used to support parenting classes, Head Start Programs, and provide support for victims of domestic violence.
- o **Temporary Assistance for Needy Families (TANF) |** The (TANF) Program seeks to ensure that Montana families are stable, able to work, and financially secure. Families receive support in self-assessment and goal planning to work toward those broad goals. To strengthen families, TANF provides emergency assistance, time-limited cash benefits, client-centered coaching and career support and training. Montana TANF clients are served through the Bridge Model framework which outlines factors associated with family stability, employability, and financial security. The Bridge Model informs assessments, guides goal planning, and supports services to address goals. In conjunction with their Client Advocate, families identify strengths and barriers to determine appropriate barrier reduction approaches.
- o **The Supplemental Nutrition Assistance Program (SNAP) |** Through the SNAP program, thousands of income-eligible Montana families receive assistance to purchase food, strengthening their economic stability. SNAP also provides nutrition education, obesity prevention services, and employment training to families.

Montana Children's Trust Fund

The Montana Children's Trust Fund (MTCTF) is the organization charged with coordinating primary and secondary child abuse and neglect prevention efforts in the State of Montana. Established in 1985, the mission of MTCTF is to strategically support Initiatives to effectively strengthen Montana's families and keep children safe from abuse and neglect. MTCTF is Montana's state lead agency for the federal Community-Based Child Abuse Prevention Program, receiving funding to support community-based efforts to prevent child abuse and neglect including the coordination of resources to better strengthen and support families and to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.²⁴ MTCTF also receives funding from donations made through the income tax "check-off" on Montana State Income Tax Return and from divorce filing fees. The MTCTF has a volunteer Board of Directors that is appointed by the Governor and is administratively attached to DPHHS.

INDIVIDUAL IMPACT | *Best Beginnings Scholarship*

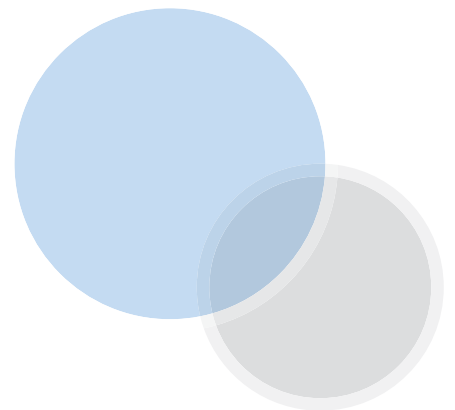
"Shortly after my granddaughter was born in November 2008, her mother suffered from post-partum depression and other disabilities and my son was not able to work fulltime and properly care for his baby daughter on his own. For the first few months of her life, we provided backup care and at the age of 13 months, following many months of full-time care, the court granted legal guardianship of our granddaughter to us.

She is now 8 years old and our home is truly the only home she has ever known. When she came to us as an infant, I was working fulltime. I realized I could no longer keep that job and found myself unemployed for 10 months. When I finally obtained a part-time job with the State of Montana, I found a daycare preschool that accepted payments through the Best Beginnings Scholarship program. Since the age of 3, she has benefitted enormously from the excellent care and early education this scholarship provided, and I have been able to keep my job and maintain a standard of living that keeps us from falling into poverty.

Since starting school, the scholarship helps offset the cost of summer, winter and after-school School Aged Child Care through our school district.

Besides providing an essential source of financial assistance, as my husband and I are nearing retirement and have very little savings or assets, the scholarship program has enabled us to provide a loving, stable, safe, and permanent home for our granddaughter. Without the scholarship, it would have been a tremendous hardship to continue working.

The Best Beginnings Scholarship program enables parents to earn a living while raising their families. I am immensely grateful to the State of Montana's Best Beginnings Scholarship program for the assistance we have received and I urge your continued funding of this valuable program."



Other state partners

In addition to DPHHS' programs, there are a number of other key state agency implementing Initiatives related to child abuse and neglect prevention. Key initiatives include:

Children's Justice Bureau

The Children's Justice Bureau at the Montana Department of Justice is an agency-wide initiative focused on improving the Department's response to child abuse victims and supporting their recovery. The Children's Justice Bureau supports Montana Child Sexual Abuse Response Teams (MCSART) which organize groups of professionals to support victims of abuse and work to gather evidence about each in a non-traumatizing manner. The Bureau also supports a statewide network of Child Advocacy Centers which provide a safe, child-focused environment in which MCSART and other professionals can effectively gather information on child abuse cases. The Bureau also employs a Child and Family Ombudsman who interfaces with citizens concerned with child safety, working to create connections between communities, agencies and providers who care for at-risk children. The Ombudsman releases annual reports and analyzes data related to child fatalities in Montana. Finally, the Children's Justice Bureau supports the Drug Endangered Children program which specifically focuses on intervening on behalf of children exposed to substances. The Drug Endangered Children Program maintains a website with resources for parents and professionals.

Comprehensive School and Community Treatment (CSCT)

Students with more severe mental health concerns can be served in Montana schools through the Comprehensive School and Community Treatment (CSCT) program, a school-based behavioral

health service for children with Serious Emotional Disturbance (SED) supported by the CMHB in DPHHS. CSCT allows accredited public school districts to contract with mental health centers to provide behavioral health services to children with SED using a CSCT team. Since the development of social and emotional competence in children is a protective factor for maltreatment, programs like the Montana Behavioral Initiative and CSCT play an important role in reaching students who are at-risk for child abuse and neglect.

The Office of Public Instruction

As the statewide education agency, OPI has a number of Initiatives that serve at-risk youth with a focus on strengthen families. One key example is the McKinney-Vento-Education for Homeless Children and Youth Program which works to ensure that every student experiencing homelessness has equal access to public education as that provided to their peers living in stable housing. Homeless youth coordinators in local districts work to connect at-risk youth to needed services, strengthening protective factors and reducing risk factors. Another key service for at-risk youth is the Montana Behavioral Initiative which supports local schools to implement Multi-Tiered Systems of Support (MTSS) that create a learning environment that promotes social, emotional, behavioral and academic success for all students. In the MBI model, supports are provided to all students at varying levels of intensity tailored to the student's unique behavioral health needs.

Non-profit, educational and foundation partners

There are many other leaders outside of state government who are working to strengthen families and reduce the incidence of child maltreatment in Montana. Key partners in this work include:

The Center for Children, Families and Workforce Development

CCFWD is located at the University of Montana within the School of Social Work and College of Health Professions and Biomedical Sciences. The Center serves as a training and research hub whose purpose is to conduct and translate research into training workshops and modules. The Center strives to provide practical, "how to" knowledge and tips to effectively communicate with youth, prevent and respond to difficult behaviors and negative emotions, and to navigate the systems of care designed to treat difficulties that children and youth commonly encounter. The Center also conducts research that specifically focuses on policy, solving problems and improving the systems of care that impact Montana's children and families. Cross-system training and research is provided to organizations involved in the development and implementation of case plans or serve children who receive Title IV-E assistance. This includes: family support and faith-based organizations, families and caregivers, Tribal ICWA workers, licensed child care providers, visitation workers, domestic violence and child abuse prevention and advocacy employees, medical, educational and mental health care staff, and licensed practitioners. The Center has key partnerships with CFSD, the Bureau of Indian Affairs and the Headwaters Foundation.

Children's Alliance of Montana

The Children's Alliance of Montana works with the Children's Justice Bureau at the Montana Department of Justice to fulfill their mission to ensure that every child in Montana has access to a Children's Advocacy Center and expertise of professionals on a multidisciplinary team. The organization provides support, training and technical assistance to the teams working in Montana's Children's Advocacy Centers to strengthen their response to child abuse and promote healing for victims and their families.

Elevate Montana

Elevate Montana seeks to promote the well-being and futures of Montana's children through awareness and actions based on ACEs and trauma-informed approaches to build resilience in children and families. Several local Best Beginnings Coalitions have become Elevate Montana affiliates and the organization has provided numerous ACEs trainings statewide over the years in partnership with the ChildWise Institute's ACEs Master Trainer program.

Healthy Mothers Healthy Babies

HMHB works to improve the health, safety and well-being of Montana families by supporting mothers and babies, aged zero to three. This state-wide non-profit supports training on ACEs, implements the SafeSleep and SafeSeat for Baby program, and coordinates, in the majority of Montana hospitals, the Period of PURPLE Crying Initiative that provides education to new parents aimed at preventing child abusive head trauma. HMHB is currently developing a range of Initiatives that focus on perinatal mental health, and connecting pregnant and parenting women to needed behavioral health supports and treatment.

Montana CASA/GAL Association

The Montana Court Appointed Special Advocates (CASA) provides legal advocacy and guardian ad litem services for children involved in the child welfare and judicial system in the state of Montana. There are currently 15 CASA programs in Montana communities that serve more than 2,200 children each year.

Montana Healthcare Foundation

The Montana Healthcare Foundation multi-year "Solving Perinatal Drug and Alcohol Use Initiative" supports healthcare facilities as they develop Integrated Clinical Team models to more effectively serve pregnant women with substance use disorders. Facilities funded through this Initiative assemble clinical teams, including a care coordinator, behavioral health care provider and prenatal providers, who then work together to ensure that pregnant women with substance use disorders receive appropriate treatment and, whenever possible, maintain custody of their infants. The goal of this Initiative is to reduce the adverse outcomes of perinatal drug and alcohol use for newborns and families.

Goals, Objectives and Strategies

Montana has many partners already working in the area of child abuse prevention. The following goals, objectives and strategies are designed to strengthen the work related to child abuse and prevention already occurring in Montana and support communitywide, coordinated and evidence-based approaches to preventing child abuse and neglect.

GOAL 1

Enhance Montana's capacity to coordinate and implement effective child abuse and neglect prevention strategies

Objective

1.1 Key leaders across Montana are coordinating their efforts

1.2 Montana has sufficient funding to support prevention

Strategies

- 1.1.1 Enhanced, regular coordination between entities, including the Children's Trust Fund, State Advisory Council, Best Beginnings Advisory Councils and others to increase alignment and impact
 - 1.1.2 Continue to build and support collaborative prevention Initiatives, such as safe sleep and evidence-based prevention programs to support new parents
 - 1.1.3 Support implementation of the MTCTF and Best Beginnings strategic plans
 - 1.1.4 Pursue potential grant opportunities that enhance resources and coordination to address the needs of youth and families at risk for child abuse and neglect
-
- 1.2.1 Build the data analysis infrastructure to enhance Montana's ability to analyze child abuse and neglect data in Montana to target interventions and support funding requests
 - 1.2.2 Utilize available and incoming funding opportunities to direct and build capacity to do prevention work with partners across the state
 - 1.2.3 Increase MTCTF capacity to apply for and utilize federal funding to implement more robust primary and secondary child abuse and neglect prevention programming at the local levels
 - 1.2.4 Enhance and strengthen support for local Best Beginnings Advisory councils, including leverage foundation and private dollars

Objective

1.3 Community agencies and organizations see themselves as leaders and active participants in preventing child abuse and neglect

Strategies

- 1.3.1 Launch collaborative public awareness and education campaigns across sectors, including government, non-profits, boards, and the Abuse and Neglect Review Commission
- 1.3.2 Increase knowledge and training capacity regarding risk and protective factors for child abuse and neglect, including Adverse Childhood Experiences (ACEs), trauma and resiliency among child-serving professionals (teachers, judges, medical professionals, etc.)
- 1.3.3 Support local Best Beginnings Advisory Councils and the MTCTF to effectively engage and educate community stakeholders and educate decision makers and the public about the cost of child maltreatment and the benefits of prevention, utilizing available data

Outcome

Montana has a well-coordinated, multi-sectoral child abuse prevention strategy that effectively reduces the incidence of child maltreatment

GOAL 2

Ensure that all children in Montana achieve their highest potential

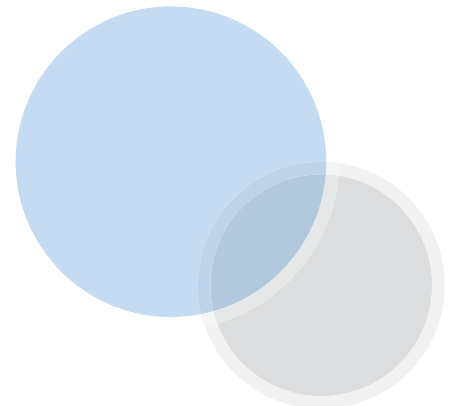
Objective

2.1. Give all babies a healthy start in life

2.2 Families with young children are supported in their community

Strategies

- 2.1.1 Facilitate access to high quality prenatal care and education for all Montanans
- 2.1.2 Increase the number providers who treat and provide recovery supports to pregnant and parenting women with substance use disorders and mental health concerns
- 2.1.3 Support and evaluate the Perinatal Drug and Alcohol Use Initiative spearheaded by the Montana Healthcare Foundation
- 2.2.1 Support and expand evidence-based home visiting programs across Montana
- 2.2.2 Establish and promote positive social norms related to supporting and caring for all children and families
- 2.2.3 Increase CFSD capacity to work with at-risk families while the families are intact



Objective

2.3 Social, emotional and behavioral health needs of young children and families are supported

2.4 Children have access to high quality early childhood programs

2.5 Children have access to high quality early childhood programs

2.6 All children have appropriate developmental screenings and access to services

2.7 Promote safe, stable, nurturing relationships and environments, including preventing and mitigating ACEs and other complex trauma

Strategies

- 2.3.1 Expand the number of communities that provide mental health consultation to home visitors and early childcare providers
- 2.3.2 Increase the number of mental health providers trained to assess and treat children, with a focus on increasing access in rural and tribal settings
- 2.3.3 Increase access to evidence-based parenting classes and support groups in all Montana communities, including culturally based classes and culturally-appropriate education in Tribal communities
- 2.4.1 Increase the number of licensed childcare providers participating in the Best Beginnings STARS to Quality program
- 2.4.2 Increase the number of childcare providers at the higher STAR levels
- 2.4.3 Expand the use of the ASQ/ASQ SE in early childhood programs to support children
- 2.4.4 Increase the number of high quality preschool slots across the state
- 2.4.5 Increase access to training on social and emotional well-being, trauma, ACEs and resiliency for early childcare providers
- 2.5.1 Expand, strengthen and evaluate the use of evidence-based home visiting services in rural, urban and tribal communities
- 2.5.2 Increase access to home visiting services for families involved in CFSD through the First Years Initiative
- 2.6.1 Support use of Ages and Stages Questionnaire (ASQ) and other evidence based assessments in early child care, primary care and home visiting programs
- 2.6.2 Ensure that more infants and young children, including those involved with CFSD, are assessed and appropriately referred to the Montana Milestone Part C Early Intervention program
- 2.7.1 Provide ACEs, trauma and resiliency training to child serving professionals across sectors, including teachers, judges and medical professionals
- 2.7.2 Encourage the adoption of trauma informed policies and practices in early childhood education, schools, and other child serving human services organizations

Outcome

Children in Montana are safe, supported and thriving.

GOAL 3

Strengthen the economic and social well-being of Montana families

Objective

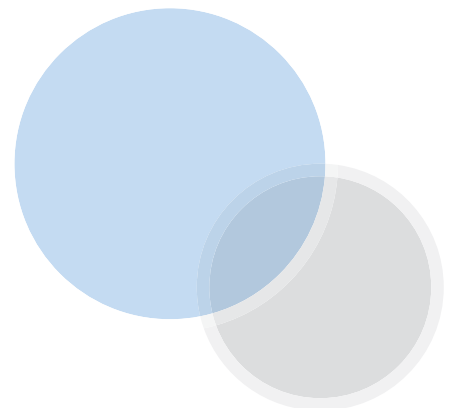
3.1. Support family stability

Strategies

- 3.1.1 Maintain Medicaid expansion to ensure that caregivers have access to medical care, mental health services and substance use treatment
- 3.1.2 Enhance local job service training and support services for families
- 3.1.3 Sustainably grow Montana's economy to provide living wage jobs for caregivers and parents
- 3.1.4 Encourage employers to provide maternal and paternal leave to support attachment and nurturing
- 3.1.5 Work with employers regarding work schedules to enhance child safety and facilitate access to reliable childcare

Outcome

Montana families have the resources they need to care for their children and live productive, healthy lives.



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