

Child Safety Forward



**COOK COUNTY
HEALTH**

Reducing Child Fatalities and Recurring Serious Injuries Caused by Crime Victimization

Project CHILD (Collaboration of Helpers Lowering Deaths of Children)

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A National Initiative to Reduce Child Abuse and Neglect Injuries and Fatalities Through a Collaborative, Community-Based Approach



**COOK COUNTY
HEALTH**



Child Abuse Prevention Council
of Sacramento, Inc.



**Indiana
Department
of
Health**



Trinity Health
Of New England

Saint Francis Hospital
and Medical Center



MDHHS Michigan Department of
Health and Human Services



Within Our Reach



Activating the Power of the Social Sector



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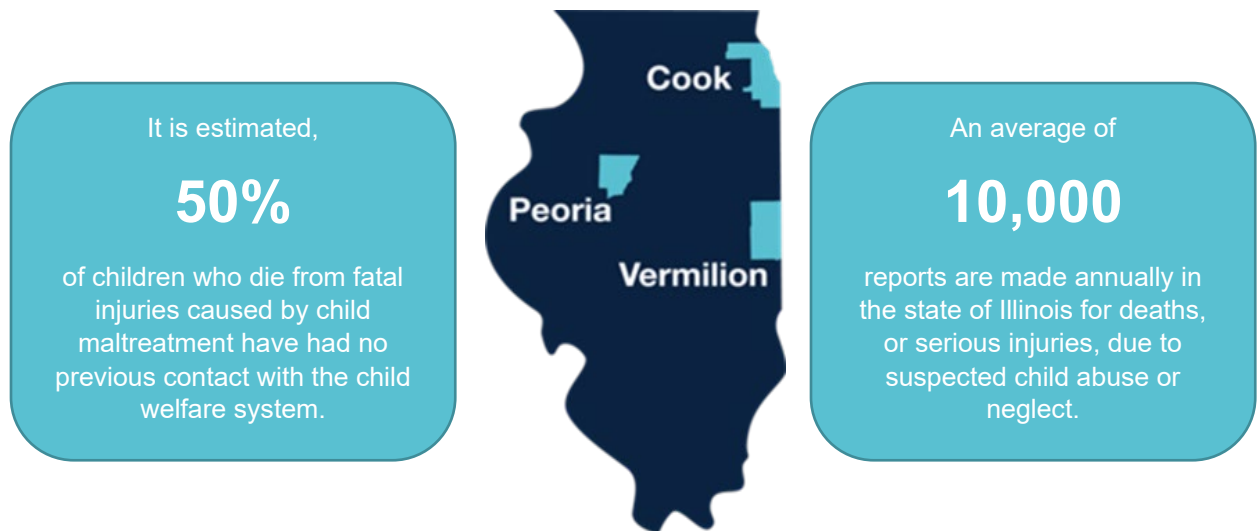
Executive Summary

The U.S. Department of Justice, Office of Justice Programs, and Office for Victims of Crime funded [Child Safety Forward](#), a demonstration initiative from 2019-2023 to develop multidisciplinary strategies and responses to address fatalities or near-death injuries as a result of child abuse or neglect. Cook County Health in Illinois was one of five demonstration sites in the nation chosen for this grant. The other sites are Indiana Department of Health; St. Francis Hospital in Hartford, Connecticut; Sacramento County’s Child Abuse Prevention Council, and the Michigan Department of Health and Human Services. [Within Our Reach](#), an office at Social Current that is supported by Casey Family Programs, served as the national technical assistance provider to the five demonstration sites.

Between FY2015 and FY2019, the Illinois Department of Children & Family Services (DCFS) received an average of 10,000 reports annually for deaths or serious injuries due to suspected child abuse or neglect. Although Cook County, the most densely populated county in Illinois, had the greatest number of reports for serious injuries, two other rural counties, Peoria and Vermilion, had higher rates of these serious injuries compared to the population. The reasons for this disparity are poorly understood. To better understand this problem, Cook County Health conducted a 5-year retrospective review of child fatalities and serious injuries due to maltreatment.



COOK COUNTY HEALTH



Cook County Health took a public health approach by convening a multi-disciplinary group of community stakeholders who work with vulnerable families in a variety of different settings. The identified stakeholders included healthcare providers, community health workers, maternal infant health providers, educators, and social service providers.

Some of these key stakeholders were:

- Children's Advocacy Center of Illinois
- Chicago Children's Advocacy Center
- Office of the Inspector General Illinois
- Hoyleton Youth and Family Services
- The University of Illinois: Child Protection Training Academy Simulation Lab
- Lurie Children's Hospital of Chicago: Child Abuse Pediatrics -Telehealth Partnership for Resilience (Educators)
- Be Strong Families (parent engagement)
- Illinois Department of Children and Family Services
- EverThrive Illinois

Professionals joined from the legal, law enforcement, child welfare, and child advocacy fields to explore potential service gaps that placed children at risk for maltreatment.

In Loving Memory



This project was led by Dr. Majorie Fujara, a world-renowned trusted child abuse pediatrician who was the glue to the vision of Project CHILD. “Despite numerous efforts focusing on child maltreatment prevention, child abuse and neglect remain a tragically common occurrence, with thousands of American children dying each year from intentional and unintentional injuries at the hands of their parents or caregivers. In Illinois, the rate of severe child abuse and neglect is also high, with confirmed cases of death due to physical abuse and neglect fairly steady between FY 2014 to FY 2019 (Illinois Department of Children and Family Services (DCFS), 2019). This

consistency in rates of severe child abuse, neglect, and related fatalities speaks to the urgent need for a coordinated, collaborative, multidisciplinary, statewide effort to work toward the elimination of child abuse and related fatalities. Child protective services, law enforcement, and medical professionals have worked together to investigate and respond to cases of child maltreatment and resulting deaths, but none have produced lasting results in terms of preventing child fatalities because of the lack of communication and bureaucratic nature between each agency; this has produced gaps in the system that have led to dire consequences. This project aims to identify the gaps and barriers to current approaches, policies, and procedures that exist to address child abuse and neglect in children aged three years and younger in three specific Illinois counties, to determine what prevention and intervention strategies work best for families in this area, and to ultimately decrease the number of child fatalities, near fatalities, and recurring child injuries caused by child abuse and neglect in three Illinois counties.”

Demographics. Two separate demographic groups were assessed for this project: one group of urban families in Cook County, Illinois, and two groups of families in Central Illinois, namely, Vermilion and Peoria counties. The rationale for choosing these comparison groups is (1) to determine what, if any demographic differences exist in the incidence of child abuse and neglect-related fatalities between urban and rural areas, and (2) whether any differences exist in

the frequency of severe child injury, neglect or fatalities in two Central Illinois counties, one with a Child Abuse Pediatrician (CAP) and Child Advocacy Center (CAC) (Peoria County), and one without these services (Vermilion County).

The data analytics team at Cook County Health, led by Drs. William Trick and Daniel Riggins, supported Project CHILD as requested by the Principal Investigator through acquisition of datasets from Illinois (Department of Children and Family Services) and Cook County (Medical Examiner's office) and performing patient-level and ecological analyses that would inform their intervention strategy and possibly evaluate outcomes. Data sources included the Illinois Department of Children and Family Services Division of Child Protection State register and an evaluation of the child mortality review. In reviewing this work, we realized the value of acquiring county-level Medical Examiners' databases to evaluate the causes of infant mortality. We established data-sharing agreements between these offices and with Cook County Health's evaluation team.

In July 2019, in addition to facilitating information sharing among the stakeholders and child maltreatment professionals, the Project CHILD team developed the following list of things it hoped to learn from the community data collection:

- Convene simulation training, conducted by the Child Protection Training Academy at the University of Illinois Springfield, for investigators from child welfare (DCFS) and law enforcement from all three counties.
- Convene multi-disciplinary team training, conducted by Hoyleton Youth & Family Services, for DCFS and law enforcement investigators from Peoria & Vermilion County. This multi-disciplinary training will help hone their collaborative skills and improve the efficiency and accuracy of decision-making.
- Facilitate access to telehealth services with a Child Abuse Pediatrician to Vermilion County, which has not had access to this expertise in the past.
- Utilize geospatial risk analysis mapping to demonstrate neighborhood "hot spots" of interpersonal violence. This information will assist in planning the implementation of services, which will include input from community members to include addressing potential barriers to accessing these services.
- Develop a sustainability plan, based on the collaborative efforts of the full team, as a critical element to the long-term success of the effort.

Lessons Learned

This document lists learnings from key stakeholders, weekly meetings, and additional meetings and communications from the semi-structured interviews held via Zoom and phone. In addition to responding to the list above, this document addresses further learnings from parents to identify the protective factors these families had that we could build on for addressing child safety and the project overall. Other lessons learned are addressed in the retrospective data review and information gathering from the op-eds.

We plan to publish our evaluation of sudden unexpected infant deaths in Cook County in a peer-reviewed journal.

The messages that we intend to disseminate to the field are as follows:

1. Medical Examiner data can be used to identify high-risk neighborhoods to inform geographic intervention strategies.
2. Electronic determination of sudden unexpected infant death has good reliability in comparison to the reference standard of intensive medical case review, which is labor intensive and historically has not routinely been performed.
3. By mapping sudden unexpected infant death to the census tract, we can use US Census Bureau data to build models to estimate risk, and as the demographics of neighborhoods change, we can make inferences about risk from these models.

Among the key lessons learned was the importance of parent engagement. When the grant proposal was originally written, parents were not in the plan. As we met with the TA team and got clearer direction, we wrote parent engagement into our plan. This brought value to the parent education curriculum, creating a more positive life experience from the lens of a parent. Parent input is instrumental in making sure that the community receives appropriate information and resources. Parents have been the voice impacting how we developed our Safety for Children online curriculum training. They also provided video commentary and helped to write the questions for the Parent Cafés.

Here Be Strong Families has become internationally known as an innovator in using structured, small group conversations, called Cafés, to facilitate transformation and healing within families, build community, develop peer-to-peer relationships, and engage parents as partners in the programs that serve them. Broad engagement with stakeholders and national experts was critical to share best practices and strategies for several domains of the project. We benefited from discussions about how to establish data-sharing agreements, and the risks and limitations of using and sharing pre-existing data on the abuse and neglect of children.

We were able to identify interested stakeholders in all three Illinois counties and, once identified, these stakeholders were critical to support our efforts at local data acquisition. The emphasis on the potential risks from racism in identifying population characteristics associated with serious abuse and neglect of children was critical for us to not widely disseminate these results. We better understood the racial biases that could drive the case investigations, invalidate our findings, and potentially create a feedback loop that could exacerbate the problem.

Challenges

Our biggest challenge was in the acquisition of DCFS data. Although we are a government entity, we are a local government and not in the same administrative structure as the state. We have many years of experience understanding the challenges of establishing data-sharing agreements and our fluency with this technical work was important to building a trusting relationship. We believe that the most important driver for data acquisition was that our current Project Director, Verleaner Lane, previously had worked with the state agency and through personal relationships was able to advance the project.

During the initial phase of the pandemic, William Trick was involved with hospital leadership in modeling Rush University Medical Center's capacity and expected demand on services such as ICU beds, ventilator use, and overall hospital beds. Also, he provided clinical services during the peak of the pandemic and subsequent months. These demands were consuming, and we could not advance the project's data domains during this period. In addition, partners were less

responsive, particularly during the first year of the project. We quickly realized that when a project is directly connected to a hospital, hospital priorities may shift unexpectedly, which caused many deliverables to be at a standstill.

Modifications

During the Implementation Phase, we had issues collaborating with Vermilion CAC because of the staff changeovers. We didn't fully engage the way we originally planned in that rural community. Project CHILD lost the project director due to a death and had to shift with moving the project coordinator to that position.

Some things we would have done differently include acquiring the Department of Children and Family Services dataset, establishing a clearer idea about the limitations of the data, and thinking through methods to mitigate the potential biases. This would require a close partnership with the state agency that oversees investigations of serious abuse and neglect.

Increasingly, and particularly true in this project, we realize that our data acquisition, analyses, and dissemination of findings require engagement with potential users of the data. We hope that in similar projects we can better engage the community to guide our efforts.

Learn more through our [Child Safety Forward Implementation Plan](#).

Phases

Three Years, total budget =\$750,000

- **Phase 1: Year 1**
 - Examine five years of relevant data on child fatalities due to maltreatment and recurring injuries
 - Establish formal relationships (MOUs) with key stakeholders
 - Develop a strategic plan and needs assessment
 - Feature story in the *Lawndale News*, Chicagoland's Largest Hispanic Bilingual Newspaper: [Cook County Health Awarded \\$750,000 by OVC to Combat Child Abuse and Neglect](#)

- **Phase 2: Year 2 & 3**
 - Collaborate with the Office for Victims of Crime (OVC) & technical assistance team led by Social Current to Implement Strategic Plan.
 - Carry out a communication strategy to engage the broader community.

Simulation Training at the University of Illinois Springfield

Overview

The University of Illinois Springfield (UIS) joined the planning process for Project CHILD in order to assist with the development of a simulation training for three multidisciplinary teams (Peoria, Cook and Vermillion Counties). The Child Protection Training Academy, (CPTA) located on the UIS campus had created a simulation training model for DCFS Child Protection Investigators, utilizing the Residential Simulation Lab and mock courtroom. From 2016 to 2022 the CPTA team trained over 1,000 CPS investigators and published four research articles in partnership with the evaluation team from the Children and Family Research Center at the University of Illinois Urbana-Champaign. The CPTA team worked with the Project CHILD team to utilize the “Hailey” scenario – one of the four cases created in partnership with the University of Missouri STL as part of a SAMHSA project (FORECAST). The Hailey case served as the foundation for the new simulation training with plans to add elements of unsafe sleep practices for the multidisciplinary teams to identify. The Hailey case involves a family with numerous underlying conditions including domestic violence, mental health concerns, substance use disorder and suspicions of sexual & physical abuse. Initial plans focused on conducting an in-person training for each of the three MDTs but the pandemic impacted this original objective and the CPTA shifted the format of the training to their hybrid model, created for DCFS investigators. The first MDT participated on October 20, 2021, with 12 participants representing law enforcement, child protection, CAC staff and prosecution. The training was structured to begin with an overview of the NCTSN 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families. The 12 Core Concepts increase awareness of emotional and physical reactions to trauma and also encourage teams to consider underlying conditions that could be contributing to the family’s distress. The FORECAST project and all DCFS training with UIS incorporates the use of Problem-Based Learning, a framework for increasing critical thinking and diminishing bias. Problem-Based Learning “slows down” decision-making and requires the participants to contemplate alternative hypotheses in order to make decisions based on facts rather than gut feelings.

Safe Sleep

To draw attention to unsafe sleep practices the environment was staged with a pack and play that was cluttered with clothing, bedding, and other objects. The CPTA team had previously been asked to add a plastic bag to the pack and play to replicate a situation from a child fatality case reviewed by one of the nine CDRTs in Illinois. In addition to the pack and play concerns the team strategically placed the baby (a very life-like simulation doll) on a soft couch, to draw attention to other risk factors for unsafe sleep. Though the training was conducted on Zoom the teams were able to “investigate” the environment through the use of the “proxy” who walked through the home with a camera enabling the participants to see the home and its contents. Team members could ask for close up examination of particular items in order to determine what questions they might need to ask to gather additional evidence.

Feedback and Lessons Learned

After the Peoria training concluded the UIS CPTA team debriefed with the Project CHILD team and stakeholders to discuss the lessons learned and planning for the two additional MDT trainings. The decision was made to delay scheduling the next two trainings until a point at which the trainings could safely be conducted on site. Evaluations indicated that there was a preference for conducting simulation training in person, allowing the teams to physically enter the residential simulation lab and work collaboratively on their investigation. In the interim the OVC TA team came to campus in September 2022 and had the opportunity to tour the sim lab and discuss the feedback from the Peoria team's training. Though we had hoped to conduct the training on campus we worked with Cook County to determine how to best utilize the remaining budget funds. The decision was made to maximize the funding to support the Project Coordinator's position and maintain the hybrid training model for the two final simulation trainings.

In preparation for the final two trainings the Alliance for Experiential Problem-Based Learning, which is the training unit at UIS, reviewed the evaluations once again and met to discuss increasing the indicators of unsafe sleep practices within the Residential Simulation Lab. The previous training had a few indicators but there were other risk factors within the house that captured the participant's attention and overshadowed the concerns for unsafe sleep.

For the May 9 training the team staged the house with various examples of soft bedding, smoking, and the scenario identified the infant as having a premature birth. Additionally, while responding to a call for service in the house (a toddler sibling has wandered away from the home) the police officer also makes note of the pack and play which is full of laundry and other articles, including a plastic bag. As the participants entered the home (through Zoom) they could see these risk factors and heard the responding officer's interview with the infant's grandmother.



In the course of their discussion the grandmother mentions that she often puts the infant in the same bed with the toddler and confirmed that she often sleeps with the infant as she did with all of her children. Following the training the group debriefed on the risk factors and it was clear that again, the safe sleep issues were not the primary concerns as they observed the family's home. The team was very surprised to learn that safe sleep practices are not often included in law enforcement training. As a result of this observation the Alliance team will continue to use the unsafe sleep indicators in all trainings in the future and emphasize the importance of safe sleep education at any point in an investigation where these concerns are observed.

The final multidisciplinary team has had numerous issues agreeing on a date for the training. The goal is to work with the CAC director to identify as many of the team members as possible and schedule the final simulation training by the end of the Project CHILD grant time frame.

Project CHILD Needs Assessment

As part of the Child Safety Forward Cook County Health Initiative, a needs assessment was conducted by Kajal Sachdev. The results of what we learned during the needs assessment follows.



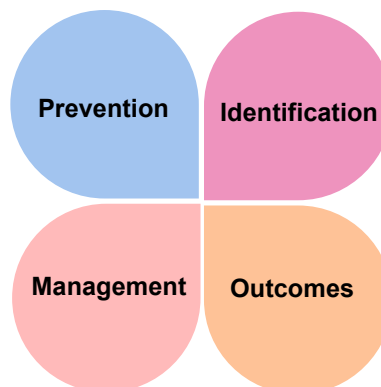
The purpose was to:

- Identify gaps in the child welfare system.
- Identify the needs of key stakeholders in three counties in Illinois:
 - Cook County
 - Peoria County
 - Vermilion County

Data Collection

- Semi-structured interview format via Zoom and phone.
- Twenty-one (21) individuals from the three project sites were interviewed over three months (June-August 2020)
- Community-based organizations: 6
- Children's Advocacy Centers: 3
- DCFS staff: 3
- Medical personnel: 3
- Investigator Training Experts: 2
- Police departments: 2
- State's Attorneys: 2

Key Sectors of Child Welfare



Needs: Prevention

Through the needs assessment, we learned it is important to understand the contributing factors that lead to child abuse and neglect to appropriately prevent it from happening. Effective prevention is rooted in looking at a child and family holistically and recognizing that structural racism, poverty, domestic violence, substance abuse, and mental health issues all intersect with child abuse and neglect. Domestic violence (DV), especially, is often linked to abuse and neglect, so by working to prevent DV, you can also work to prevent abuse and neglect. Prevention efforts could begin as early as middle or high school level students by teaching them about healthy versus unhealthy relationships, how to keep themselves safe in relationships, and how to create a safety plan to implement if they find themselves in an unsafe situation.

Prevention efforts should also focus on positive parenting and parenting support. Many parents rely on how they were parented as the model for how they parent their children, which can lead to cultural norms influencing decision-making more than what is recommended or safe for children. New parents are not given much support unless they have the resources to pay for it or are identified as a family “at risk”. New prevention strategies should focus on destigmatizing parenting training and education and work towards making it universal practice for all new parents. Education should be given by medical professionals, such as OB/GYNs and pediatricians, from the time they enter an office as a prenatal patient to after the child is born. A successful prevention effort for preventing child abuse and neglect should not focus on specific demographics as its target audience, but rather present education at a more macro level, because abuse transcends all demographics and socioeconomic statuses. For example, a safe sleep intervention should be presented on billboards, on TV, in the news and as information that practitioners share with all their new parent patients. Further, prevention efforts related to education should utilize parents as partners to be key informants and messengers within their communities as a tool to educate each other. By focusing on resiliency and parents’ abilities or strengths, we can empower them to talk through issues they are facing and use their peers to discuss viable solutions. Parenting education should include awareness of normal behavior in babies, i.e., the ages at which babies cry and when their crying will peak, and how to manage this, alongside other important topics such as safe sleep, and the benefit to building a support system with their family, friends, or community if respite is needed.

Overall, prevention should be an important focus of this project, especially considering that prevention funding is often one of the first programs to be cut when there are financial hardships for an institution. Prevention is difficult to track and therefore hard to identify as a “successful” effort, although specialists do know that prevention efforts can be successful. We also know that when prevention services are available and normalized that families can thrive, not just survive.

Needs: Identification

Training for mandated reports should include not just reporting but exploring how these key community members can be strategic community member supporters. Training efforts for school personnel, and even first responders and some primary care physicians, should be improved so they can be better equipped to recognize more subtle signs of abuse.

Enhanced training should be conducted for mandated reporters, including:

- School personnel
- First responders
- Primary care physicians

It's paramount that the individuals conducting physicals are well-trained in recognizing and reporting less obvious signs of abuse or neglect, such as mouth or sentinel injuries.

A specific area of focus for improved identification training could be bruising in children. Many practitioners do report prior instances of bruising on a child but remark that they are "resolved" and do not acknowledge that even though a bruise is "resolved," it is unclear as to if it was an inflicted injury or not. Another problem is that bruising is not always recognized by non-medical professionals. We should use this knowledge to push for an educational campaign about bruising in children for all populations. DCFS investigators, for example, should learn that bruising in children of a certain age is not normal and be well-versed in how to obtain help in making an abuse/accident determination. Bruising or grasp marks are often some of the first indicators of abuse and if they are recognized at that stage and addressed, it's possible that more serious abuse could be prevented. Another suggestion would be to make the information accessible to parents, so they know that bruises are not normal in children and can be empowered to report such findings. If we use a "public health" approach to bruising recognition, we will reach more people and help them learn to identify signs of abuse.

Needs: Management

Management of a child abuse and neglect case involves care coordination by a multitude of systems including DCFS, medical staff, advocacy centers, community organizations, law enforcement, and prosecutors. Unfortunately, these systems do not operate cohesively in all cases, making it difficult to exchange information regarding a particular case. Interviews with child victims and witnesses or family members are not always coordinated across law enforcement, DCFS, children's advocacy centers, and other involved parties. Having different investigative methods across groups makes it difficult for the child if they have to be interviewed multiple times, and it burdens the system because much of the information is repeated. For many organizations, DCFS data is often unattainable or if it is attainable, extremely difficult for other systems to access. To effectively manage a child and their family's care, both the child and family need to receive services and ensure that those services can adequately treat the family in a trauma-informed manner. But without adequate knowledge of the family's entire situation, it's nearly impossible to effectively help them.

Further, a large portion of the responsibility of the child welfare system falls on DCFS investigators. They often enter potentially volatile situations, are the frontline person for families, and hold a tremendous amount of responsibility. Child welfare is a difficult field and many DCFS investigators are overworked and experience trauma secondary to their work experiences, especially in child fatality cases. The workforce doesn't appear to always have the emotional support they need. Many counties experience a high turnover in DCFS staff, and part of that is because of the difficult nature of their work and a lack of support. Procedures should be changed to better allow investigators to recognize the trauma they have experienced and have the space to heal from that.

Although DCFS investigators have a critical role in managing abuse and neglect cases, multiple parties have equal responsibility in helping with those cases. Unfortunately, in most counties, the multi-disciplinary system operates more as discrete units and less as cohesive organizations. Data-sharing, as already mentioned, is key to allowing all parties to be on the same page and make informed decisions in their respective lines of work. But it is equally important that when these parties are communicating, they use the same “language”. Child welfare, medical, community organization, law enforcement, and legal personnel all have different interpretations and understanding of key concepts and these systems must have a common “language” when referencing child abuse and neglect cases. For example, DCFS investigators utilize the CERAP (Child Endangerment Risk Assessment Protocol) when deciding on a child’s safety. The terms used in this protocol must be clearly defined for the DCFS investigators but also the law enforcement and prosecutors that are utilizing that information to make decisions. Most DCFS investigators currently use CERAP in a perfunctory manner—more as a checklist—and less as a decision-making tool. This practice should be changed to emphasize the value of the tool and highlight that it can be useful in communicating logical decision-making to other involved parties.

This may be a very specific example, but it only highlights the key problem in case management—disjointed, non-cooperative practices. All members of the child welfare system need to have an equal stake in the management of a case because, without that sense of responsibility, children will continue to fall through the cracks in the system and be left in unsafe environments, potentially leading to child fatalities and serious injuries.

Needs: Outcomes

Each case that the child welfare system sees has an outcome, be it entering the court system, obtaining protective custody of a child, or providing a family with the tools they need to parent effectively. Regardless, the players in the system need to be able to track the outcomes for a particular child and family. Especially when evaluating interventions and seeking funding for continuous improvement and development, having outcome data is vital. The child welfare system is fragmented in such a way that every party involved in a case is not made privy to the outcome. For example, children’s advocacy centers (CACs) are involved in facilitating the investigation and coordinating the multidisciplinary team. However, once a case leaves the CAC, the team is not always informed of what the outcome is, making it extremely problematic for the staff and overall statistics and aggregate data. If the system begins to operate as one unit, it will be easier to understand the scope of the child welfare system, its successes, and its failures to allow for continuous improvement.

Peoria County Specific Recommendations:

1. Improved parenting education across all demographics: Abuse cases are coming into the hospital with younger and younger children. Previously the peak age of abusive head trauma was closer to three or four months, and now physicians are seeing six-week or two-month-old infants. Parents need to be better informed about the norms of parenting, i.e., that babies cry, and peak crying occurs at six weeks, and that’s normal. A public health approach to parenting education would hopefully be able to cross cultural norms and be able to reach all demographics. This approach should involve physicians, specifically pediatricians, in helping new parents approach parenting.

2. Triage system for recognizing subtle signs of abuse: Practitioners outside of those specifically trained in child abuse, and even DCFS investigators, are not well trained in recognizing more elusive abuse signs. Children will have a history of bruising that was not acknowledged as a risk factor and eventually be subjected to more severe injuries. Recognition should go beyond just training, because child welfare workers in more rural counties do not see cases often enough, and abused children are still not being identified. A “triage system” would allow investigators who are not as well versed in abusive findings to be able to consult with a trained child abuse expert to decide on abuse versus accidental injury and help identify the next steps required to ensure the safety of a child.

Vermilion County Specific Recommendations:

1. Improved parenting education across all demographics: Vermilion County’s child welfare staff have mentioned a need for more community-based, supportive resources. Many of the county’s residents live in areas without easily accessible parenting education. Although there are some community organizations, they are not sufficient and are not reaching a broad enough population. Further, Vermilion County has proportionally higher rates of child abuse and crime in general compared to other areas in the state of Illinois and the resources are not doing enough to educate the county’s residents.
2. Improved access to care for children and families: There are not enough opportunities in Vermilion County for the population to receive help with the multitude of issues that intersect child abuse and neglect. Substance abuse, specifically opiates and methamphetamine, has been reported to be a problem, as well as deficits in mental health services. Although the problems have been identified, the community doesn’t have easily accessible services to provide individuals with the help they need. Addressing the issues, such as substance abuse and mental health, that traverse child abuse and neglect will be an effective method of abuse prevention.
3. Formation of a collaborative multidisciplinary team: The players in Vermilion County’s child welfare system do not work as a cohesive unit. There is no trained child abuse pediatrician or pediatric nurse in Vermilion County. Many serious injury cases are sent to Champaign, IL for care, putting a strain on their resources, and creating a huge barrier for families in Vermilion. The investigators in those cases are then required to work with medical staff in a different county and attempt to navigate a different system.

Most child abuse and neglect investigative teams receive very specific, collaborative training using a multidisciplinary team model and that has yet to be fully utilized in Vermilion. There is not yet an understanding that all players must work together to work effectively. Proper forensic interviewing techniques must become the norm for all parties, which may require further training for some staff members. Also, because of DCFS turnover and a continuous lack of access, there is a lack of a “team” mentality and effective care coordination. Once medical staff, DCFS, law enforcement, and state attorneys can all come together and operate with one common goal in mind, cases will likely be better managed.

General Conclusions

Despite the diversity of the three Project CHILD sites, it's clear that the needs of the child welfare system can be easily categorized into prevention, identification, management, and outcomes. Prevention should be a large focus of this project because if child abuse and neglect can be prevented, the rest of the systems won't be needed. As that goal has not yet been achieved, it's important that we also think about how to improve the later steps in the system and make sure that children and families are receiving holistic support and management. The overarching goal would be for the child welfare system to operate using a unified team-based model at all levels.

Lessons Learned

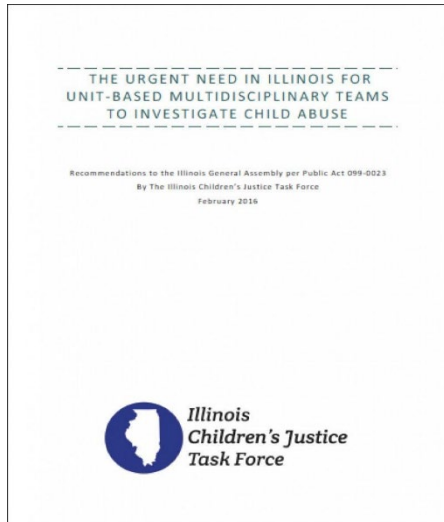
Pulling together the information from the key informant interviews and OIG data, we were able to identify six areas that needed to be addressed:

1. Reducing the risk of child physical abuse by identifying and increasing protective factors that strengthen families. The protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families. These attributes serve as buffers, helping parents find resources, support, or coping strategies that allow them to parent effectively, even under stress. Research has shown that the protective factors are linked to a lower incidence of child abuse and neglect.
2. The COVID-19 pandemic and the national social justice movement over the past several years have heightened the focus on health disparities and their underlying issues. Substance abuse, inadequate housing, health needs, parental incarceration, and racial discrimination are just some of the issues that challenge the capacity of the child welfare system and its staff to provide adequate services to the families and children it serves. This has contributed to the increased prioritization of health equity, diminishing resources, and increasing responsibilities of the child welfare system.
3. Transgenerational trauma in urban and rural areas affect survivors' children for generations based on their adverse childhood experiences (ACEs).
4. Unsafe sleep intervention should be presented on billboards, on TV, in the news, and as information that practitioners share with all their new parent patients.
5. Lack of coordination and information sharing prevents effective early intervention.
6. Coordination of intact family services and follow-up-identifying high-risk cases is critical to prevent and identify tragic outcomes.

Cook County Health Overview of the Planning Phase

The major change for us was to focus on the medical examiners' databases and perform the ecologic analysis for Cook County.

The Blueprint for our Proposal...



**COOK COUNTY
HEALTH**

Stakeholders

The goals, objectives, and primary activities to be accomplished through this project are to develop a coordinated, collaborative, multidisciplinary effort within the state of Illinois to work toward the prevention of fatalities caused by child abuse and neglect in three counties in the state of Illinois, one urban and two rural, using a public health model.

We have engaged various key players who can have an impact on the child welfare system and the prevention of child abuse. Some of these key players are:

- Be Strong Families (parent engagement)
- Calumet Public School District 132
- Parent Liaison
- IL State Police- Effingham
- Chicago Children's Advocacy Centers
- Cook County Health
- Illinois Department of Children and Family Services
- EverThrive
- Hoyleton Youth and Family Services
- Life Span
- Lurie's Children's Hospital: Child Abuse Pediatrics -Telehealth
- Parenting ACE Initiative
- Partnership for Resilience (Educators)
- Alton Police Dept. Force Commander of the Southern IL Child Death Investigation Task Force.
- Southern Investigations Commander Division of Criminal Investigation

- Illinois State Police
- The University of Illinois: Child Protection Training Academy Simulation Lab
- Youth Investigations Bureau of Detectives
- Office of the Inspector General Illinois
- Pediatricians in Peoria & Vermilion Counties

We have completed Statements of Work with seven of these entities who are our subgrantees. We have engaged with various stakeholders via Key Informant Interviews to gather information on issues about their agencies, and the communities they serve. We continued to invite our stakeholders to Child Safety Forward meetings, webinars, and convening meetings.

The data analytics team partnered with DCFS, Rush University Medical Center, and the Vermilion, Peoria, and Cook County Medical Examiners' offices. We executed a data-sharing agreement with DCFS to identify the codes representing serious abuse or neglect and shared these episodes, including addressing where the incident occurred, with the evaluation team.

Qualitative Analysis of OIG Death Data 2015-2019

Introduction

- **Quantitative data** were analyzed from Office of the Inspector General (OIG) Child Death Data reports, 2015-2019
- **Narrative data** were also provided regarding:
 - Circumstances surrounding the child deaths investigated by the OIG
 - Previous DCFS reports involving the decedent/family

A *qualitative analysis* of the data was done on this narrative data.

Summarized Quantitative Data

- Causes of death vary widely from year to year.
- The most common manner of death is (in order):
 - Undetermined
 - Accidental
 - Homicide

Deaths Under Age One Year (2015-2019)

Year		2015	%	2016	%	2017	%	2018	%	2019	%
N		36	100%	31	100%	40	100%	60	100%	42	100%
Co-Sleeping	Yes	23	64%	23	74%	29	73%	48	80%	28	67%
	No	0	0%	1	3%	1	3%	1	2%	4	10%
	N/A	10	28%	7	23%	8	20%	8	13%	10	24%
	Not Noted	3	8%	0	0%	2	5%	2	3%	0	0%

Qualitative Analysis

The most common themes extracted from the narrative:

- Unsafe sleep practices
- Discovering a previously healthy child unresponsive
- Complex family and social situations
- Previous physical abuse of the decedent or sibling
- Two or more previously reported cases of child abuse or neglect without apparent DCFS service provision

Project CHILD Data Summary addressed the lessons learned about successes in addressing child maltreatment fatalities and serious injuries. What lessons have you learned about areas for adjustment in addressing child maltreatment fatalities and serious injuries?

Learn more here: [Project CHILD Data Collection Summary](#)

Qualitative Analysis of the 2015-2019 OIG Child Death Data Involving Previous DCFS Reports (see [Appendix A](#)).

To evaluate the validity of our automated electronic determination of sudden unexpected infant death from the medical examiner database, we partnered with investigators at Rush University Medical Center who in parallel performed a case-level intensive manual review with adjudication of indeterminate records for the Centers for Disease Control & Prevention. Their review confirmed a high-level of agreement between the electronic and manual determinations. Subsequently, we joined Rush experts in meeting with the Chicago Department of Public Health to discuss safe-sleep initiatives. Rush has continued to inform us about their intervention strategy, which now includes attending large-event baby showers in high-risk neighborhoods to provide education to mothers-to-be and attendees at the events and distribution of a [safe-sleep video](#).

Project CHILD Background and Products

Included below are the products Project CHILD developed or influenced through Child Safety Forward. This includes but is not limited to: The Theory of Change; Press Release on our Implementation Strategy; Evaluation Plan; Sustainability Plan; curricula links; op-eds, blogs, and presentations at conferences; community maps; messaging campaigns; and other examples of systems change.

[The Theory of Change \(TOC\)](#) was developed in a participatory and collaborative way. That is, with the involvement of all the stakeholders and not just the Project CHILD staff who have drafted a TOC. The TOC is to be owned (and more importantly used), and there should be full participation of all stakeholders at critical junctures. These include but are not limited to beneficiaries of the initiative, the programmer implementers, and other people who possess expertise or knowledge in the area that the TOC will address.

Project CHILD facilitated the development of the TOC towards one of true consensus that represents the varying perspectives of persons who were consulted. The process to develop a TOC should ideally involve a facilitated small group discussion at some point with the stakeholders who will commit to revising it periodically.

Project CHILD used our Mission Statement to kick-start the thinking process. We read OIG Reports and DCFS programmatic documents in conjunction with the Key Informant interviews and then facilitated several rounds of discussions among Project CHILD. All the content was then pulled together for the draft of the TOC. This document will continue to be circulated via email for more rounds of revision and, of course, quite some time was spent on getting the visualization just right.

Child Safety Forward Evaluation Plan

A fundamental element of the strategic planning and technical assistance provided was to support the use of developmental evaluation (DE). DE offers evaluation tools that can support strategic decision-making, helping systems be more responsive and adaptive. We were encouraged to focus our evaluation on learning questions and learning activities to further support implementation of a public health approach and sustainability of efforts.

Our learning agenda for Project CHILD focused on three areas:

- By working collaboratively, can we normalize help seeking behaviors and create greater awareness among caregivers and professionals to proactively address injuries before they happen in children under 5?
- How can we better understand and use data to help better understand where risk is higher geographically and what might contribute to that risk?
- How do we best educate and promote on safe sleep practices so that they lead to a change in behavior?

See the full Child Safety Forward Evaluation Plan [here](#).

Child Safety Forward Communications Strategies

The following press release, abstracts, articles, and blog posts represent a cross-section of ways in which Project CHILD worked to disseminate learnings and findings broadly to practitioners and the general public through media outreach and engagement, interviews, published articles, blog posts, public awareness campaigns and more. The goal of the communications effort was to shift the narrative to encompass more positive solution-oriented messaging that include family strengthening as a research-supported means of reducing child abuse and neglect.

Cook County Health Releases Child Safety Forward Implementation Plan to Reduce Child Abuse and Maltreatment in Cook, Peoria, and Vermilion Counties

Health System One of Five National Demonstration Sites Selected to Receive Grant from Department of Justice to Identify Collaborative Strategies Addressing Child Abuse and Neglect Injuries and Fatalities

[Press Release: Cook County Health Releases Child Safety Forward Implementation Plan to Reduce Child Abuse](#)

Abstract on Sudden Unexpected Infant Death

The following abstract on Sudden Unexpected Infant Death in Cook County from 2015-2019 was written by Dr. Daniel Riggins, Dr. William Trick, and Huiyuan Zhang.

BACKGROUND: Although overall rates of Sudden Infant Death Syndrome (SIDS) are declining, significant racial disparities persist in many metropolitan areas, including Cook County, IL. In some areas, public health campaigns have successfully reduced SIDS through the promotion of safe sleep practices. To correct these disparities, public health practitioners might benefit from guidance to specific high-risk neighborhoods to precisely target interventions within Cook County's large geographic breadth.

METHODS: We used geocoded medical examiner data and a manual review of death records to identify SIDS events and locations. We characterized the demographics of SIDS, sought to identify specific clusters of census tracts in the county where SIDS has been most prevalent, and modeled prevalence based on census-level ecologic factors obtained from the census bureau. We hypothesized that regions with the greatest prevalence would follow patterns of historic racial segregation and that factors reflecting elevated levels of socioeconomic disadvantage would have high utility in the model.

RESULTS: Demographic analysis revealed that infant mortality due to SIDS had a much higher proportion of Black individuals (70%) than Cook County's children overall (25%). Mapping confirmed that SIDS mortality was most concentrated in historically disinvested portions of the West and South Sides of the county, specifically in Chicago neighborhoods like Englewood, Humboldt Park, and Pullman as well as suburbs like Chicago Heights, Harvey, and Matteson. Our model included the following variables: number of residents under age five, percent of residents on public insurance, number of opioid overdose deaths, and percent of residents self-identifying as Black. The model was able to accurately retrodict whether census tracts had or

had not contained SIDS deaths, but it was not flexible enough to enumerate the number of deaths in a tract if that was any greater than a count of two.

CONCLUSIONS: Clinicians and public health practitioners should concentrate on preventive efforts against SIDS in the specific geographic areas listed above. We shall explore why certain neighborhoods fared better or worse than expected by our model to identify additional harmful or protective factors. We intend to involve individuals and organizations from the Black community in the design of future interventions.

Using Data to Advance Prevention of Child Abuse and Neglect Fatalities by Verleaner Lane, Daniel Riggins

The nation's child welfare systems have long been structured in a way that responds to incidents of child abuse and neglect after harm has occurred. There is a new movement in child welfare to change this and devote more resources to using data to identify those children most at risk. Based on what the data shows, front-end resources, and services can then be brought to bear in support of families before abuse or neglect occurs.

[Using Data to Advance Prevention of Child Abuse and Neglect Fatalities](#)

A Public Health Approach to Implementing AAP's New Guidelines on Safe Sleep by Dr. Daniel P. Hall Riggins and Verleaner Lane

Children in the U.S. are healthier and safer than ever before, and medical advances in treating childhood diseases have made enormous strides over the last few decades. Despite this progress, national public health efforts to prevent Sudden Unexpected Infant Death (SUID) have hit a standstill, prompting the American Academy of Pediatrics (AAP) to update its guidance on safe sleep practices.

[A Public Health Approach to Implementing AAP's New Guidelines on Safe Sleep](#)

Why this Child Abuse Prevention Month the Conversation is about Strengthening Families by Verleaner R. Lane

April has long been recognized as Child Abuse Prevention Month. This year, the conversation around prevention has broadened to include family strengthening, in recognition of the importance of families and communities having access to resources that can lessen family stressors and prevent child abuse and neglect before it occurs.

Science shows us that children are more likely to thrive when their families have the economic and social support that they need. Enabling these positive childhood experiences requires that we reimagine child welfare and focus instead on child and family well-being with upstream resources that can prevent child abuse and neglect before it occurs.

[Why this Child Abuse Prevention Month the conversation is about Strengthening Families](#)

An Ounce of Prevention...

By Marjorie R. Fujara, M.D.

There is a striking parallel between the current racial reckoning facing law enforcement and that facing the child welfare system. Both systems face accusations of systemic racism and disparities that unfairly target families and individuals of color.

Statistics uphold these views. For example, across the state of Illinois, a study on youth in foster care by the state found that African Americans make up 14 percent of the population yet represent 43 percent of youth placed in foster care. The disparities in incarceration rates are even higher. According to a study from the Prison Policy Institute, African Americans represent nearly 63 percent of the population of Illinois prisons and jails.

These disparities occur across many of our nation's systems, including health, education, and the judicial system. Increasingly, researchers point to the root causes found in social determinants of health. Known as the conditions in which people live, work, and play, social determinants suggest that individuals living in poverty, those raised in proximity to violence, and substance use, and those lacking food security or economic support will face higher rates of health issues, abuse or neglect, incarceration, and unemployment.

What this knowledge suggests is addressing systemic racism across our police forces and across our child welfare system will require a greater emphasis on prevention and multidisciplinary support for families.

What does this look like in action?

For child welfare workers, it means not waiting until the abuse has occurred to provide resources and family support such as those provided through Family Advocacy Centers. It means working further upstream to engage with families before a crisis can occur.

Thanks to new policies like the Family First Prevention Services Act, child welfare providers are beginning to pivot toward earlier interventions that help strengthen families. And, earlier this year, the Department of Justice awarded a three-year cooperative agreement to five demonstration sites to develop strategies to reduce child fatalities and recurring injuries through a public health approach that offers multidisciplinary support for families most at risk.

Cook County Health is one of the five sites engaged in the Child Safety Forward demonstration initiative. Our strategy includes bringing together a diverse group of community stakeholders that work with vulnerable families in a variety of different settings, including healthcare and mental health providers, community health workers, maternal infant health providers, faith leaders, educators, and social service providers. Professionals will join them in the legal, law enforcement, child welfare, and child advocacy fields to explore potential service gaps that may place children at risk for maltreatment. The work will be focused on three Illinois counties:

Cook, Peoria, and Vermilion, with the goal of identifying the unique risk factors that may explain the current higher rates of serious injuries in Peoria and Vermilion Counties. The multidisciplinary collaborative will also examine which community-based interventions or services are most effective at preventing child maltreatment in these three counties.

Among the early examples of promising practice is bringing social workers and community law enforcement together to collaborate on screening, assessment, and support services. Currently,

there are an estimated 40 agencies in Illinois that are members of the Association for Police Social Workers. With an emphasis on crisis stabilization, these social workers are helping law enforcement agencies make the critical shift to prevention by providing greater resources for those in crisis.

As Aurora Police Officer Doug Rashkow, liaison for the city's Crisis Intervention Team noted in a recent interview with the Chicago Tribune: "We've moved from law enforcement officers to peace officers."

The same shift across the child welfare system is occurring simultaneously as "child protection" systems, which act only after harm has occurred, are making way for "child well-being" systems that offer preventive supports that strengthen families.

There is much work to be done, both across our state and across our nation, to achieve equity across all our systems. These actions represent an important first step, one that we hope to validate through the Child Safety Forward project and share across other jurisdictions in the months and years to come.

Marjorie J. Fujara, M.D., is a pediatrician and child abuse specialist for Cook County Health in Illinois. She also serves as project director for the Child Safety Forward initiative.

[Why this Child Abuse Prevention Month the conversation is about Strengthening Families](#)

By Verleaner R. Lane

April has long been recognized as Child Abuse Prevention Month. This year, the conversation around prevention has broadened to include family strengthening, in recognition of the importance of families and communities having access to resources that can lessen family stressors and prevent child abuse and neglect before it occurs.

Science shows us that children are more likely to thrive when their families have the economic and social support that they need. Enabling these positive childhood experiences requires that we reimagine child welfare and focus instead on child and family well-being with upstream resources that can prevent child abuse and neglect before it occurs.

Federal and state policies that connect families to economic support services, such as Temporary Assistance for Needy Families (TANF), housing assistance, and nutritional supplements have been shown to strengthen families and reduce child welfare interactions.

By shifting to a preventative child and family well-being system that offers upstream resources for families, the goal is to provide families with more services rather than more surveillance.

Federal policy is supporting this shift by authorizing more funding and more flexible funding for family-strengthening services through the Family First Prevention Services Act and the proposed reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA).

What does a family-strengthening approach to child safety look like in practice? Answering that question is the impetus behind a national demonstration initiative launched by the Department of Justice's Office for Victims of Crime in 2019.

The project, Child Safety Forward, engaged five sites across the United States in a multi-year focus that included research, planning, and implementation around strategies aimed at reducing child injury and fatality from abuse and neglect. The sites selected are Cook County Health in Illinois; Indiana Department of Health; Michigan Department of Health and Human Services; Saint Francis Hospital in Hartford, Connecticut; and Sacramento County, California's Child Abuse Prevention Council.

Each site is developing strategies that are unique and specific to their communities, honoring and reflecting the data they collected in the first year to identify community-led solutions that support resilient families and keep children safe in their homes. Each site is also working with a collaborative body of stakeholders and partners, including those with lived experience, to guide the work and is reviewing short- and long-term goals through an equity and diversity lens.

Our strategy includes bringing together a diverse group of community stakeholders that work with the most affected families in a variety of different settings. Our work has been focused on three Illinois counties: Cook, Peoria, and Vermilion, to identify the highest-risk geographic areas and target resources in these communities.

We began our efforts by using a data collection process that had been established earlier by Cook County Health in partnership with the Cook County Medical Examiner. The process automates data exchange between these two Cook County agencies allowing for the linkage of clinical data to mortality events among specific populations as determined by the medical examiner. Data sharing across these agencies is automated to identify risk factors for mortality among individuals experiencing homelessness, those impacted by the opioid epidemic, those with justice involvement, and the intersection of these experiences.

For Cook County, we reviewed approximately 300 sudden unexpected infant deaths over the past five years likely related to unsafe sleep conditions. We identified specific neighborhoods that had a higher rate of sudden unexpected infant death.

Based on these lessons learned, we are now able to appropriately target resources and educational interventions to protect families from these catastrophic events by creating the Safety for Children 0-5 self-paced educational curriculum and adding scenarios to the Simulation Labs and the MDT Training. We worked with pediatricians and community organizations to develop safe sleep messaging and interventions targeted to these high-risk neighborhoods. The program, led by 12 government and community agencies, including Project CHILD, aims to address sudden unexpected infant death (SUID), one of the leading causes of infant mortality.

Illinois Safe Sleep Support will focus on outreach and education to expand the community-based promotion of safe sleep practices, promote resources to improve safe sleep environments, identify SUID disparities, and address opportunities for improvement. The investments of this year-long campaign will continue to position Illinois as a leading state for children, families, and the early childhood workforce that supports them.

All the strategies across the five Child Safety Forward sites share one common trait – they are predicated on demonstrating a public health approach to child and family well-being called for by the Federal Commission to Eliminate Child Abuse and Neglect Fatalities. With a focus on increasing equity in systems that serve families, elevating parents into relationships of equal power, building protective factors, and supporting families who are having trouble weathering one or more of the storms impacting our country right now, each of the demonstration sites is working to create a body of knowledge about what works to reduce child fatalities.

As we celebrate Child Abuse Prevention, let us not forget that addressing community needs by giving families support prevents traumatic events from happening, has much more impact, and costs much less, than removing children from families and/or attempting to address the consequences of adversity after a child has grown up.

We all have a stake in our kids' future and shifting our focus from child welfare to child and family well-being will help us create a future where every child can thrive and reach their full potential.

Verleaner R. Lane, MA. is the Project Director for Project Child as a Visiting Project Specialist contracted employee within the Institute for Legal, Legislative, and Policy Studies (ILLAPS) at the University of Illinois at Springfield. Cook County Health established Project CHILD in 2019 to better understand and address infant deaths due to unsafe sleep conditions, or from abuse or neglect.

Disclaimer: This product was supported by cooperative agreement number 2019-V3-GX-K005, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Conferences

The project director co-presented with Social Current at the 39th International Symposium on Child Abuse hosted by the National Children's Advocacy Center: [How shifting power to communities counteracts child abuse and neglect](#)

DCFS Case Incidence in Select Illinois Counties

AUTHOR

Daniel P. Hall Riggins

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March 29, 2023

Introduction

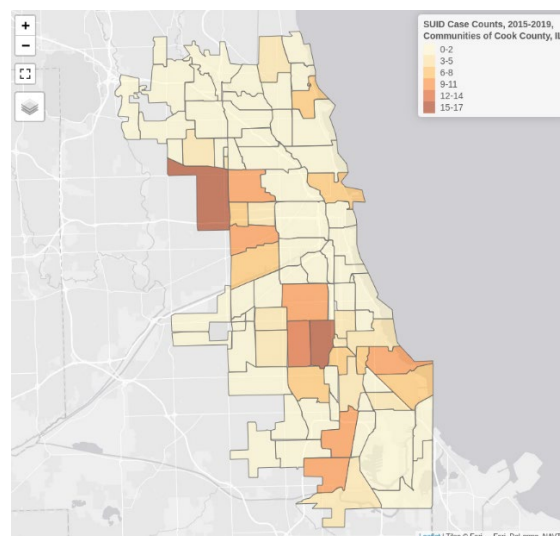
The following maps display the incidence of child abuse/neglect cases [reported to Illinois Department of Children & Family Services](#). Incidence is broken down to the census tract level for Cook, Peoria, and Vermillion counties from 2016-2021.

Briefly, we tallied the number of cases for each census tract and then divided it by the census-estimated population. We filtered out all cases whose addresses were reported at healthcare or childcare facilities as we were more interested in primary addresses for cases. Because incidence is aggregated into census tracts, privacy remains preserved since information about single addresses is obscured.

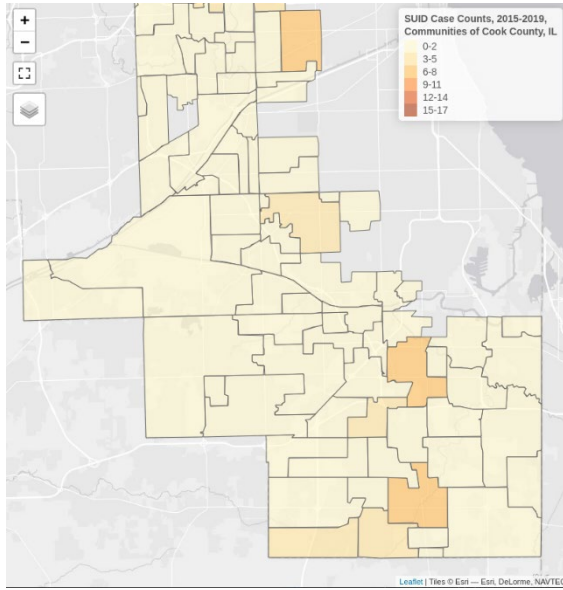


Cook County

We created maps showing the count of SUID cases color-coded over each census tract. We subjectively noted clusters of deaths on the Westside of Chicago in neighborhoods like Garfield Park, Humboldt Park, and North Lawndale; on the Southside in neighborhoods like Englewood, Pullman, and Woodlawn; and in Southern suburbs like Chicago Heights, Harvey, Hazel Crest, Olympia Fields, and Park Forest.



South Suburban



SUID Map Overview

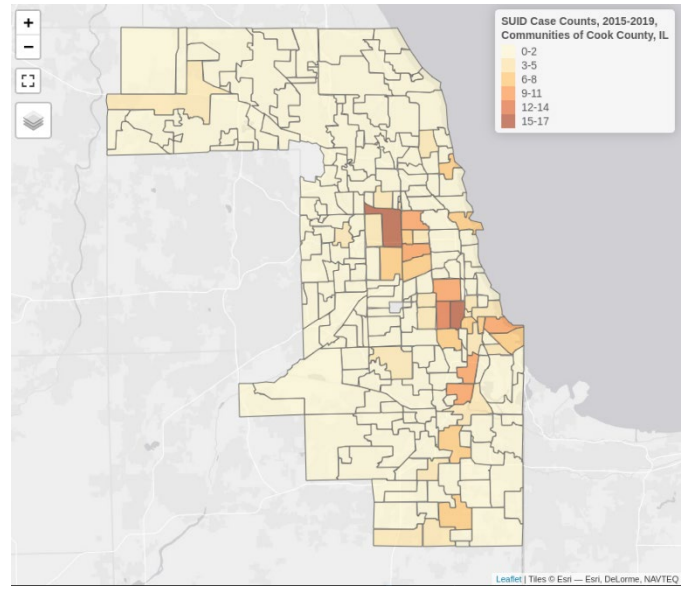


Table By SUID Present

	No SUID, n = 102 ¹	SUID Present, n = 97 ¹
Age		
Median Age (years)	40 (36, 43)	37 (34, 40)
Sex		
Sex Ratio (males per 100 females)	96 (91, 101)	91 (84, 97)
Race/Ethnicity		
Non-Hispanic White, Alone (%)	60 (31, 76)	17 (4, 49)
Non-Hispanic Black, Alone (%)	3 (2, 10)	32 (6, 79)
Asian, Any (%)	5 (2, 11)	2 (1, 6)
American Indian and Alaska Native, Any (%)	1 (0, 1)	1 (0, 1)
Hispanic, Any (%)	14 (7, 33)	14 (4, 28)
Modeling Variables		
Total Population	14,426 (8,446, 26,577)	23,810 (13,811, 47,181)
Total People Living Below Poverty	1,252 (578, 2,692)	4,354 (1,873, 8,421)
Total Crowded Households	116 (38, 330)	284 (116, 639)

¹ Median (IQR)

We hope that other jurisdictions recognize the potential value of existing medical examiner databases and how, with geographic mapping services, the databases can be used to generate risk estimates. (GIS, short for Geographic Information Systems, provides geographic information based on maps or databases. Most states and counties provide free online GIS maps, via which people could search for a variety of data about the selected area.) The context in which such informatics and analytics activities would be of the greatest benefit is in jurisdictions that do not have the resources to characterize episodes through manual reviews routinely.

Sustainability

Our plans to sustain the goals of this initiative are to continue our automated upload of the medical examiner's database and automated processing and geocoding addresses so that episodes can be linked to census tracts for mapping. This service will be available to guide community organizations and public health departments who want to evaluate or intervene in SUID.

Sustaining the medical examiner database work has low incremental costs and we repurpose the database for other critical evaluations, e.g., mortality among people experiencing homelessness or opioid-related mortality among individuals involved with our carceral system.

We will disseminate our findings through peer-reviewed publication, which includes geographic measures of race and socioeconomic status. We now have several years of data on our automated determination of SUID rates by census tract. We can use these rates to track progress with interventions in subsequent years, and we can see if the gap narrows for census tracts that have predominantly non-Hispanic black populations.

Learn more: [Project CHILD Sustainability Plan](#)

SAFE SLEEP

To draw attention to unsafe sleep practices, the environment was staged with a pack-and-play that was cluttered with clothing, bedding, and other objects. The CPTA team had previously been asked to add a plastic bag to the pack-and-play to replicate a situation from a child fatality case reviewed by one of the nine Child Death Review Teams (CDRTs) in Illinois. In addition to the pack-and-play concerns, the team strategically placed the baby (a very life-like simulation doll) on a soft couch to draw attention to other risk factors for unsafe sleep. Though the training was conducted on Zoom, the teams were able to “investigate” the environment using the “proxy” who walked through the home with a camera enabling the participants to see the home and its contents. Team members could ask for a close examination of particular items to determine what questions they might need to ask to gather additional evidence.

FEEDBACK and LESSONS LEARNED

After the Peoria training concluded the UIS CPTA team debriefed with the Project CHILD team and stakeholders to discuss the lessons learned and planning for the two additional MDT trainings. The decision was made to delay scheduling the next two trainings until they could safely be conducted on-site. Evaluations indicated that there was a preference for conducting simulation training in person, allowing the teams to physically enter the residential simulation lab and work collaboratively on their investigation. In the interim, the OVC TA team came to campus in September 2022 and had the opportunity to tour the sim lab and discuss the feedback from the Peoria team’s training. Though we had hoped to conduct the training on campus, we worked with Cook County to determine how to best utilize the remaining budget funds. The decision was made to maximize the funding to support the project coordinator’s position and maintain the hybrid training model for the two final simulation trainings. These trainings were held on May 9 and May 15, 2023.

Hoyleton Rapid Response Team Training

For the past twelve years, Hoyleton Youth and Family Services has been the fiscal agent for the Southern Illinois Child Death Investigation Task Force (CDITF). CDITF is a multidisciplinary team (MDT) investigating serious injuries and child



fatalities. As a result of our work with CDITF, Hoyleton was invited, along with the University of Illinois Springfield, as one of the first partners to Project CHILD. Hoyleton's role in Project CHILD was to guide an MDT response to child fatalities for the target regions in Central Illinois. Hoyleton utilized the insight gained from years of leading CDITF to identify and coordinate training for the MDT response. During the early partner meetings, community providers shared that the Peoria region had an MDT established, thus Hoyleton’s focus shifted slightly. It was determined it would be best for Hoyleton to coordinate training that would rather enhance the MDT model than try to establish an MDT.

In collaboration with Pediatric Resource Center in Peoria, Project CHILD, and Hoyleton, a two-day training, "Advanced Medical Aspects of Child Maltreatment" was offered in June 2022. There were 40 attendees at the training from around the Central Illinois Region. The first day was dedicated to the medical aspects of child abuse and neglect while the second was dedicated to the investigative and prosecution aspects of child maltreatment cases. The audience comprised a mix of investigators from the Department of Children and Family Services, local and state law enforcement, and medical personnel. Post-training survey results indicate that attendees strongly agreed that the presenters were knowledgeable, the information shared was useful, and attendees would apply what they have learned to their respective fields. Participants noted that the following topics would be also useful for training: How to prepare the line of questioning for serious injury/death cases, malnutrition in regards to obesity, medications, and psychotropic medications, coordinated training with MDTs as a whole, child safety in the home when the environment is in a high gang active area, severe neglect cases, and child sexual abuse.

PEDIATRIC RESOURCE CENTER AND PROJECT CHILD
PRESENT

ADVANCED MEDICAL ASPECTS OF CHILD MALTREATMENT

June 9, 2022 and June 10, 2022

9:00 A.M. - 4:30 P.M.

(Sign-in from 8:30 a.m. - 9:00 a.m.)

Holiday Inn & Suites Peoria at Grand Prairie, 7801 N Orange Prairie Rd, Peoria, IL 61615

DAY 1- Brought to you by Pediatric Resource Center

- **"Advanced Medical Issues Surrounding Child Physical Abuse"**
Channing Petrak, MD, Pediatric Resource Center, University of Illinois College of Medicine-Peoria
- **"Advanced Issues in Medical Care of Victims of Child Sexual Abuse"**
Channing Petrak, MD, Pediatric Resource Center, University of Illinois College of Medicine-Peoria
- **"The Forensic Pathology of Child Abuse and Neglect"**
Mary Case, MD, Forensic Pathologist

DAY 2- Brought to you by Project Child

- **"Case Study: The Death of Emily Hampshire: A multi-disciplinary team's battle for justice and the community struggle to understand a mother's actions."**
Kathleen Nolan, Senior Attorney, Zero Abuse Project and Mike O'Neill, Lieutenant, Alton, IL Police Department
- **"Court Process, Investigation and Evidence"**
Bernadette Schrempf, J.D., Chief of the Children's Justice Division for St. Clair County State's Attorney's Office
- **"Investigative and Forensic Methodologies"**
Brian Killacky, Detective, Chicago Police Department

Registration QR Code



DCFS employees please register with the Office of Training at 1.877.800.3393 or register online. DCFS employees will receive 6.5 clock hours for each day in attendance.

Non-DCFS employees should RSVP at <https://projectchild.org/DCFS-ChildCare>

PENDING MCLE Credit Hours to legal professionals- 5.50 Credit Hours for each day in attendance

Please call the Pediatric Resource Center at 309.694.9995 for additional information.

This conference is being presented to you free-of-charge thanks to funding from the Children's Justice Grant of DCFS and Project Child



See the Advanced Medical Aspects of Child Maltreatment Survey Results.

In April 2023, a three-day training, "Advanced Crime Scene and Death Investigations" was coordinated by Hoyleton and Project CHILD. The audience included investigators from DCFS, Illinois State Police, coroners, and local law enforcement. The training was promoted through the mobile training unit for law enforcement and coroners around the state, so the training had more law enforcement in the audience than DCFS investigators. There were 55 attendees from across the state that attended. The topics included crime scene awareness for first responders, pattern injury interpretation, sequencing, and sourcing, anti-mortem vs. post-mortem artifacts, advanced child death investigations, stress identification, intervention, and resolution. The majority of the post-training survey results were marked as excellent or well-satisfied.

CP CRIME SCENE SEMINARS

Advanced Crime Scene & Death Investigations (Project CHILD)

Higher demands, expectations, and responsibilities have been placed on crime scene investigations. Technological advancement requires the combination of existing skill enhancement, new skill acquisition, and trending informational resources. This 3 Day (24 hour) Advanced CP & D.I. course allows deeply into providing attendees information, techniques, and protocols for a variety of scenes requiring enhanced documentation. Course begins with the foundation, rationale, components, and application of the Processing Model. This leads into reviewing recognition and integration of potential evidence during initial response, assessment, and processing of dynamic scenes. In-depth discussions and techniques of event evaluation, sequencing, and documentation will follow. Best practice and specific techniques for scene management, de-escalation, and demobilization will be covered. Stress indicators, intervention, and resolution tactics, relevant to crime scene investigations, will be addressed. Relevant case studies for all program presentations will be shared and discussed. Technical review, peer review, problem-solving techniques, resource options, and conflict resolution are integrated throughout the course program.

Topics to be covered:

- Crime scene awareness for First Responders
- Negotiation of restricted situations to achieve successful incident resolution
- Crime scene processing methodology including investigative component integration
- Pattern injury interpretation, sequencing, and sourcing
- Comprehensive incident documentation including event specific scene mandates
- Scene markers to post-mortem artifacts and natural processes
- Advanced death investigation including child deaths and body recovery sites
- Preparation, response, investigation, and interview tactics for substandard/unethical/child-related scenes
- Large-scale crime scene management, de-escalation, and demobilization
- Stress identification, intervention, and resolution

The instructor for this class, and St. Louis County Police Detective Clay Peeler (Ret), S.I.C., P.D., Sgt. Dale Schmitt, St. Louis County Medical Examiner's Office Chief Investigator Terry Ledbetter (Ret), and S.I.C., P.D. Chief Mary T. Barton (Ret), Det. Peeler is a 30 year veteran, including 24 years with St. Louis County Police Department (20 years in Crime Scene Investigation). He has been a P.T.I. since 1987, an adjunct instructor at regional training venues since 1990, and is a Board Certified Senior Crime Scene Analyst (B.C.S.S.A.). Sgt. Schmitt has 23 years in law enforcement, including 15 years as a detective, P.T.I., and instructor in the Crime Scene Unit. In addition to being a Board Certified Crime Scene Investigator (B.C.C.S.I.), he is also the liaison for the Bureau of Criminal Identification with the Greater St. Louis Major Case Squad. C.I. Ledbetter has been a commissioned police officer and S.I.C. for over 40 years. He is a Board Certified Death Investigator (B.C.D.I.), having worked for both St. Louis City and County Medical Examiner Offices for over 30 years. Chief Barton is a 41 year veteran with investigative, operating, and command experience in all Divisions of the Department. She holds Master Degrees, is a graduate of the F.B.I.-N.A., S.M.P., and has completed numerous NIMS-SCS certification courses. In addition to having been an investigator, deputy commander, Chief Report Officer, and Board member of the Greater St. Louis Major Case Squad, she is a member of the ILLIA.

Sessions: 3 Day-24 hour training
Dates: April 25-27, 2023
Time: 8:00 a.m. - 5:00 p.m.

WHO SHOULD ATTEND: Personnel linked with the response, investigation, and management of major crime scenes or death related incidents.

Registration Link: <https://www.surveymonkey.com/r/7JQSG7Q>

ADVANCED CRIME SCENE & DEATH INVESTIGATIONS

Presented by CP Crime Scene Seminars

Detective Clay Peeler

Colonel Mary T. Barton

Terrance Ledbetter

Session: 3 day-24 hour training
Dates: April 25-27, 2023
Time: 8:00 a.m. - 5:00 p.m.
Location: Holiday Inn & Suites Peoria at Grand Prairie

Registration : <https://www.surveymonkey.com/r/7JQSG7Q>
Course certification provided by MTU 7

Funded by Project CHILD

In Partnership with University of Illinois Springfield, Cook County Health and Hoyleton Youth & Family Services

A few direct quotes from the training included:

- “I could see this course extended to a full 40-hour class, easily. Great presenters. Great presentation material.”
- “(DCFS) Best training I’ve been through - kept my attention throughout seamlessly.”
- “(DCFS) Recommend more [material describing] neglect deaths like medical deaths where neglect could be proven or charged - if you have examples of those. We get those A LOT.”

Although our organization’s service area is typically further south in Illinois than the Project CHILD target area, the connections and partnerships formed through the project over the past few years will support ongoing efforts to address child maltreatment within the state. Partners such as the Child Advocacy Centers and Illinois State Police have sites and networks throughout the state thus any learnings from this project and future projects can be easily shared. Hoyleton is committed to continuing to serve as a conduit for the training of multi-disciplinary team investigations within the state. Our relationship with the Mobile Training Units for law enforcement, Child Advocacy Centers, and DCFS will support that effort.

One challenge that we experienced during the project that may continue is when partners that are not interested in collaboration are key to the MDT model. Successful MDTs can foster trust, collaboration, and efficiency during investigations. Although MDTs are encouraged in various fields, this does not mean all partners find value in the model. In regard to child death investigations and maltreatment, this is even more critical given the specialized population. Continuing to provide education, awareness, and exposure to the MDT model and successful case investigations and prosecutions as a result of the model will help partner buy-in.

Hoyleton Youth & Family Services appreciates the opportunity to participate in Project CHILD and support the key initiative. Together as partners, we will continue to do our part in reducing child maltreatment in the state of Illinois for all children.

EverThrive Illinois Overview

EverThrive Illinois was asked to participate because of our history of maternal and infant mortality prevention work. We have experience providing impacted communities with evidence-based information to make the best health decision for their families. We attended the quarterly Stakeholders Project CHILD meetings and contributed to creating a strategic plan. We also provided consultation hours to aid in gathering data and identifying gaps in supporting childbearing people and their infants. We made available previously developed resources such as the [Healthy Choices, and Healthy Futures Toolkit](#).





We were also a part of the Project CHILD parent education training module development team providing resources and feedback throughout the process. Moving forward we will continue to promote this toolkit as a part of our ongoing education and engagement efforts with parents of infants and young children throughout Illinois. We are also working to incorporate this training as a resource for the universal newborn support services in Chicago.

Chicago Children's Advocacy Center



Chicago Children's Advocacy Center became involved with Project CHILD due to our partnership with Cook County Health & Hospital Systems at the time of the implementation. We have expertise in working with multi-disciplinary teams (MDTs), including medical providers, to investigate child abuse and have a vested interest in strengthening families and preventing maltreatment. We also have a long-standing partnership with the Chicago Police Department and DCFS, who have co-located teams in our building, and partner with numerous community-based organizations throughout Chicago. Our role in Project CHILD was to assist with consultation around MDT work and the training aspect with Dr. Betsy Goulet.

COVID gave us additional challenges given that the training was originally designed to be hands-on and experiential.

We have benefited greatly from being a part of this project, in particular the education curriculum for parents, and plan to continue partnering with Be Strong Families in the future.

Be Strong Families/Safety for Children 0-5



Welcome Message

“Parenting is the most fulfilling yet challenging journey you will ever find yourself on. When you feel you have mastered figuring out what your child needs, they have moved on to the next stage. Please wait for me, kid! I thought being a pediatrician would make being a parent easier; was I wrong?”

My greatest lesson as a parent is that we all need help sometimes. I can share the science behind keeping kids safe. Be Strong Families will share with you ‘why’ keeping them safe also keeps your family strong. Be Strong Families will engage you in the conversation!”

~ Dr. Marjorie Fujara



Overview

For the last three years, Be Strong Families (BSF) has collaborated with the Project CHILD initiative to assist in promoting Safe Sleep. The initiative was focused primarily on the areas of Vermilion, Peoria, and Cook County.

Be Strong Families was invited to participate in this effort by Dr. Marjorie Fujara who was an advocate of building strong families and was familiar with our work on Equity in Parent Engagement. To this initiative, we brought the voice of parents. At the end of our first year together, President, CEO, and Founding Partner of Be Strong Families, Kathryn Goetz, reached out to Dr. Fujara with the suggestion to create a Basic Child Safety Curriculum for Parents led by Be Strong Families.

This curriculum became the focus of the Education Sub-committee. In the beginning, our group consisted of nine to 10 members: two to three community partners, two initiative partners, three Be Strong Families staff, and two BSF-connected parent leaders. By the close of this effort, there was one initiative partner, one community partner, two Be Strong Families staff, and one parent leader. These changes to the group were due to death, retirement, role transitions, and increased workload. All parent representatives were compensated for their time. Be Strong Families brought Protective Factors, Vitality Domains, and Parent Cafes to the focus of the curriculum. The Journey to Vitality Café is based on the realization that a strong family is a healthy family, and it covers six life domains. The curriculum is intended to bring awareness to and provide parents with multiple basic ways to keep their children safe.

Lessons Learned

Political and Economic Equity are both very important when working with parents. There should never be a Parent focused effort without the inclusion of parent voices from the onset of the project. The Parent's voice adds value to any project worth having when parents are the target audience. Be flexible – life happens, sometimes groups start off large and strong, and sometimes they end small and strong. Moving from written to digital curriculum takes time.

Opportunities for Growth

We learned that it is not easy to engage younger parents in the creation of a curriculum. At the onset, several members of the sub-group attempted to recruit young parents (ages 18-21). We used personal invites, emails, phone calls, and text messages to about 10-15 young parents. Our efforts were unsuccessful. This curriculum consisted of three stages. The outreach stage was not as impactful as we'd hoped, primarily due to the delay of funds for the curriculum to be digitized. This impacted our outreach and ability to share the info with the targeted areas in a timely manner.

Sustainability

The link to the curriculum will have a place on the Be Strong Families website accessible to parents.

Curriculum Links

TikTok was a vision of Dr. Fujara to help create a curriculum that was relatable and engaging to the young adult audience.

- [Car Seat Safety](#)
- [Reducing Stress During Mealtimes](#)
- [Burn Safety](#)
- [Water Safety-Toilets](#)
- [Keeping Calm with Toddlers](#)
- [YouTube-Unwind With Me](#)

Lessons Learned

- Injury is still the leading cause of death for children and teens in the United States.
- Strengthening Families has developed a proven safety framework from the five Protective Factors for keeping children safe.
- Each year, there are about 3,400 sudden unexpected infant deaths (SUID) in the United States.
- Babies who sleep on their backs are much less likely to die suddenly and unexpectedly than babies who sleep on their stomachs or sides.
- Crying for 2-3 hours each day in the first three months is considered normal.
- Burns are preventable.
- It is important to have a plan when there are children in your home.
- Use “touch supervision” in or near water, always stay within an arm’s length of your child.
- Drowning is the leading cause of injury death for U.S. children ages 1-4 years.
- Drowning is a major public health issue that can be prevented.
- Parents need to talk to their young children about inappropriate touching.
- Sexual abuse can occur anywhere, and by anyone.
- All safety factors discussed in this course have preventable strategies for keeping children safe.

Public Awareness Campaigns



[IDHS: Infant Safe Sleep \(state.il.us\)](https://www.idhs.gov/infant-safe-sleep)

Project CHILD was able to collaborate in partnership with BigMouth, Illinois Safe Sleep Support, a cross-agency campaign for families in Illinois to learn about the safest ways for their babies to sleep, get answers to their sleep safety questions, and get access to items they need to keep their babies safe. This three-pronged approach includes:

- Uniformed branding and messaging
- Access to safe sleep supports and resources
- Education and awareness on safe sleep best practices

In 2021, the Illinois Perinatal Quality Collaborative launched their statewide obstetric quality improvement initiative, Birth Equity, to engage hospital teams to implement strategies to address maternal health disparities and promote birth equity.