

POSITION IN STATE GOVERNMENT

The CBCAP lead agency, Community Collaboration for Children (CCC), is within the Prevention Branch of the Department for Community Based Services (DCBS) of the Cabinet for Health and Family Services. The Cabinet is also home to child welfare services, Medicaid, and the Department of Public Health. CBCAP is integrally related to these branches of state government. The state is divided into 17 state-funded regional networks that bring together public and private organizations that serve the same populations and share child abuse prevention goals. A Community Stakeholders Advisory Group (CSAG) contributes public, private, and parent input into decision making through the CFSR.

KEY ACTIVITIES AND ACHIEVEMENTS

- **Core Services:** During FY 2009, seventeen regional Community Collaboration for Children (CCC) coordinators convened local child abuse prevention networks. They also managed contracts to community-based public and private non-profit agencies that provided an array of child abuse prevention services:
 - In-home services (IHS) involving intensive short-term intervention to families referred from the child welfare system, education system, health departments, or other agencies or self-referred, but determined to be “low-risk”
 - Family team meeting facilitation (interagency family-specific meetings to problem solve and resolve family issues)
 - Building community partnerships (funded in one area to strengthen local community involvement in child protection)
 - Parenting classes (basic child development, consistency, modeling, and positive discipline)

Activities of these contracts were based on needs assessment aligned with CFSR goals of safety, permanency, and child well-being. A logic model for each contract was required by an RFP. In addition, statewide quarterly meetings brought stakeholders together for training about data reporting, fatherhood activities, CFSR updates, language proficiency presentations, personal stories from parents, and relationship building presentations. In addition, each regional network sponsored child maltreatment prevention public awareness activities during April Child Abuse Prevention Month and throughout the year.

- **Policy achievements:** The state developed a method (PP-MET) for tracking primary prevention initiatives and characteristics of participants. Findings showed that participants included parents and children under 18. Fathers attended 70% of the parent education initiatives. The CCC regions developed a process to address concerns of parents and approve activities/projects that group participants suggested. In addition, community based agencies and parents themselves were invited to request Family Team Meetings and were given equal consideration with families referred by child welfare.
- **Outreach to Special Populations/Cultural Competence:** One Parents as Teachers (PAT) program served three and four year old children with disabilities. Another Parents as Teachers (PAT) program served children in a very rural area. Two hundred sixty-three children and 118 adults with disabilities received in-home services. Cultural diversity was identified by regional CCCs as a primary training need.



- Parent involvement/leadership:** Parents served on the statewide CSAG. All CCC regional networks were required to have at least three parent members who received stipends to cover the costs of participating. The CCC program employed a parent consultant who was trained in the Circle of Parents Leadership training program. Parent leadership throughout the state followed a plan developed in that training. CCC contracted with specialized parent group facilitators to lead parent groups in the regions. Topics covered included family support, nutrition, WIC, discipline, and relationship building. A Parent Core Team consisting of the parent consultant, parent group officers and facilitators met regularly to review training evaluations as a basis for new training agendas. In addition, the regional CCC coordinators held quarterly state-wide meetings for parents to update them on CHFS issues and to offer training.
- Evaluation:** CCC contracted with the University of Louisville (UL) for an independent evaluation of CBCAP activities. UL reported on family characteristics and service use. They also reported the status of clients at intake, on-going, and at the end of services using a modified version of the NC Family Assessment Scale (NCFAS-G). NCFAS-G assesses family environment, interactions, safety, parental capabilities, and child well-being as well as social community life, self-sufficiency, and family health. Outcome data was compared to outcomes from previous years. In a separate evaluation process, pre- and post- tests of primary prevention events showed that 45.5% of parent-attendees increased their parenting skills, and 53% of attendees had increased awareness of child maltreatment. Finally, surveys of satisfaction completed by home visitors regarding their training showed that 96% were satisfied or highly satisfied.
- Support Training, Technical Assistance, and Evaluation Assistance:** The CHFS Training Branch, working with the regional CCC coordinators, developed and delivered training for all CCC providers. This training covered family assessment, communication skills, motivational interviewing, documentation of family team meetings and in-home services. In addition, CCC regional coordinators provided technical assistance and guided local training. Training opportunities for parents and other stakeholders were also offered at quarterly statewide meetings.

Participants receiving direct services	# individuals	18,626	# families	1,054
	# children with disabilities		# parents with disabilities	224
Reach	# local grantees			
Spread	# training sessions on evidence-based and best practices		# professionals participating in training	



ESSENTIAL PARTNERSHIPS

Key partners:

Community Stakeholder Advisory Group: parents, stakeholders, business, and faith-based representatives, CBCAP lead

Core Team: parents, CBCAP lead, CCCs, regional network members

Regional networks: parents, local public and private providers, representatives of business

Building Community Partners: local primary prevention capacity-building network in one area

Prevent Child Abuse Kentucky

Public Sector

- Child welfare
- Differential or alternative response
- Public health/ maternal and child health
- Education and special education
- Early childhood
- Home visiting
- Substance abuse

- Mental health
- Head Start/ Early Head Start
- Fatherhood programs

Private Sector

- Advocacy organizations
- Parent organizations
- Faith community

SYSTEM CHANGE EFFORTS

- **Early Childhood:** PAT is funded in three rural areas. PAT serves three and four year olds, including those with disabilities, in center-based pre-K programs. There is also a weekly PAT home visiting program for 19 infants and toddlers in one area. Informal meetings have been held with HANDS and Head Start/First Step. Cradle School, another program using the PAT curriculum, served 36 parents and 48 children. A statewide early childhood/CBCAP collaborative program is in the planning stages.
- **Child and Family Service Reviews/Program Improvement Plan (CFRS/PIP):** CCC is integrally involved with the CFRS and PIP. In FY 2009 a new PIP was developed, with the input of the advisory group CSAG; CCC developed corresponding annual progress and service reports. These reports targeted enhanced community partnerships. They specified that prevention services will be based on assessment of local community strengths and needs; evaluation of service needs; setting goals that address safety, permanency, and well-being; and funding an array of programs that meet these needs. Parent self-help groups, voluntary groups for parents deemed “low risk” by Child Welfare, comprise an alternative response strategy.
- **Home Visiting:** A home-based model for families “at low risk” is the largest type of direct service funded by CBCAP. One-thousand-one-hundred-thirty-five families received this service. The model provides intensive, short-term intervention, focusing on problem-solving, self-advocacy, and case management of referrals to other agencies. A statewide meeting of DCBS staff worked on plans to develop a more family-centered, holistic home visiting approach.



FUNDING AND FISCAL LEVERAGING

Fiscal Leveraging

Innovative funding mechanisms:

- State education funds flow through the Cabinet for Health and Family Services to serve as leverage for CBCAP funds.
- Birth certificate fees and other state funds also flow through the Cabinet.

State Allowable Claims	70,095,933
Population-based Allocations	338,965
Leveraged-Funds-Based Allocations	2,279,193
Final FY 08 Federal Grant Amount	1,861,006

EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICES

Level per Program Assessment Rating Tool	CBCAP Funding
Programs Lacking Support or Positive Evidence/Undetermined/Harmful	\$251,487
Emerging and Evidence-informed Programs and Practices	\$910,483
Promising Programs and Practices	\$50,000
Supported Programs and Practices	0
Well Supported Programs and Practices	0

TRAINING TOPICS

Administrative and Management Topics

- Collaboration and partnerships for prevention
- Fiscal leveraging
- Evaluation and data management
- Program monitoring and continuous quality improvement
- Grant reporting requirements
- Strategic planning
- Grant reporting requirement

Programmatic and Service Topics

- Cultural competence
- Research on prevention and child maltreatment
- Evidence-based and evidence-informed programs and practices
- Home visiting
- Prevention programs and family support
- Marketing, messaging and public awareness



RESOURCES

- Annual State Profiles: www.friendsnrc.org/
- <http://ag.ky.gov/criminal/victims/cvtf/>
- <http://ag.ky.gov/NR/rdonlyres/1E5784E6-E1BA-43E6-8F03-351922A22184/0/AbuseIndicatorBrochure.pdf>

