

WEST VIRGINIA
FY 08; Funding 07

Development, Operation & Expansion of Community-based & Prevention-focused Programs	Services Provided to Families by Local Programs	Unmet Needs Identified by the Inventory
<ul style="list-style-type: none"> ▪ Since June 2005, the Bureau for Children and Families (BCF) in the WV Department of Health and Human Resources (DHHR) has been the CBCAP lead agency. ▪ WV supports an array of community-based prevention programs and blends CBCAP dollars, Children's Trust Fund dollars, and state appropriations to fund four programmatic areas: Family Leadership First, Starting Points Centers (SPCs), In Home Family Education (IHFE), and Partners in Prevention (PIP). ▪ CBCAP resources are used as part of a local-level integrated strategy to promote systemic change and innovative service delivery. Community level collaboration includes Prevent Child Abuse West Virginia (PCA-WV), West Virginia Early Intervention Coordinating Council, West Virginia PIECES (Partners Implementing an Early Care and Education System), and Partners in Community Outreach (PICO). ▪ At the state level, DHHR works with statewide groups to establish prevention-focused family resource and support networks. Key partners include Prevent Child Abuse WV, WV Healthy Kids and Families Coalition, the PIECES Advisory Council, the WV Alliance for Sustainable Families, and the WIC Outreach Partners Collaborative. 	<ul style="list-style-type: none"> ▪ Each of the sixteen (16) SPCs is unique in the specific services offered to reflect the diversity of communities and needs. All centers use a basic set of core services to provide a framework for their community. Core services include: <ul style="list-style-type: none"> • Family intake and assessment. • Family resource coordination (case management). • Health and nutrition. • Developmental screening and referral. • Parent education. • Preschool education (Head Start, child care, Pre-k). • Home-based outreach. • Referral and follow-up services. ▪ Partners in Prevention Mini Grants to community and faith-based organizations: <ul style="list-style-type: none"> • Parenting education classes, groups, and related activities. • After school programs, summer projects and program, and youth empowerment projects. • Family support activities, public awareness, outreach and education ▪ The thirteen In Home Family Education Programs are based on one of three research based models - <i>Parents as Teachers</i>, <i>Healthy Families America</i>, or the <i>Maternal and Infant Health Outreach Workers</i> program. ▪ Family leadership skill development through Family Leadership First 	<ul style="list-style-type: none"> ▪ Local Starting Points Centers do community outreach with regard to their services and receive input through focus groups and informal surveys. This information is used to build advisory councils and committees to build awareness of Starting Points Center services and to tailor services to community needs. ▪ The In Home Family Education Programs identified and met their communities' needs in a variety of ways. Programs offer assistance to families and communities based upon their particular program's curricula and standards. ▪ Public awareness materials developed by Prevent Child Abuse West Virginia (PCAWV) were used in the Partners In Prevention network of 33 Partners in Prevention community teams. This network increased from 25 teams last year due to increased funding from the Children's Trust Fund. ▪ Family Leadership First supports West Virginia Family Links in eleven counties. Six counties were added in fiscal year 2008. The goal of WV Family Links is to provide access to families to talk to other families experiencing similar issues in raising their children. WV Family Links also provided training and resource lists to local communities.
Description of Number of Families Served	Outreach to Special Populations	Parent Leadership
For October 2007 through September 2008	<ul style="list-style-type: none"> ▪ Children with disabilities and their families invited to 	<ul style="list-style-type: none"> ▪ Family Leadership First (FLF) is a parent-

<ul style="list-style-type: none"> ▪ <i>Starting Points</i> served: <ul style="list-style-type: none"> ♦ 5,744 individuals ♦ 3,079 families ♦ 221 children with disabilities ♦ 121 parents with disabilities ▪ <i>In-Home Family Education</i> served 694 families in 6,231 home visits ▪ All of the <i>Partners in Prevention</i> grantees combined served 14,016 children and 7,572 families with direct services. In total: <ul style="list-style-type: none"> ♦ 30,174 children, parents, staff, and concerned citizens received direct services or training regarding child abuse prevention. ♦ 239 separate media spots were generated through newspaper, radio and television. ♦ 70,818 copies of educational materials were distributed ▪ <i>Family Leadership First's WV Family Links</i> Project served 82 participants in seven regional workshops. ▪ Family Leadership First's annual conference, <i>West Virginia Families Learning Together</i>, had 91 adults, 44 teens, and 21 children age 12 and under participate. 	<p>participate in all Starting Points-sponsored or initiated activities. Specific services for families with children with disabilities included:</p> <ul style="list-style-type: none"> • Working with community agencies to provide developmental screenings to young children. • Working collaboratively with local Boards of Education to provide "Understanding Special Education" workshops in their communities. • Providing inclusive preschool education services, sponsored collaboratively with either the local Board of Education or Head Start agency. • Children with disabilities and their families participating in playgroups and/or attending child care offered through Starting Points Centers. • Families of children with disabilities participating in workshops offered through Starting Points Centers. <ul style="list-style-type: none"> ▪ Diverse representation of families involved in the design, operation, and evaluation of Starting Points Centers. ▪ All IHFE Programs receive culturally competent training. ▪ Family Leadership First promoted and implemented outreach to special populations through development and implementation of their work plan. Five focus areas: <ul style="list-style-type: none"> • Parents: through regional workshops promoting WV Family Links and family leadership development. • People with Disabilities: by providing workshops on Medicaid waivers, accessing benefits, developmental disabilities, Social Security and Social Supplemental Income, and recruiting members for the Developmental Disabilities Planning Council. • Racial and Ethnic Minorities: by recruiting families/youth from minority and ethnic communities and providing training on ending racism and promoting diversity. • Homeless: by involving the Family Leadership First Board and Family Links teams with homeless services, providers and recipients to explore how best to work together. • At-Risk Youth: by sponsoring youth gatherings in the summer, involving youth in planning the youth track for the WV Family Leadership Conference and promoting local youth activities hosted by Family Links teams. 	<p>organized and parent-governed initiative to promote principles of family support and family-centered practice within public agencies. This initiative develops family leadership skills and promotes family involvement in decision-making and planning that affect the well-being of children and families in publicly funded processes such as:</p> <ul style="list-style-type: none"> • Multi-Disciplinary Team planning (MDTs). • Individual Educational Plans (IEPs). • Local School Improvement Councils (LSICs). <ul style="list-style-type: none"> ▪ The grant made to Family Leadership First for FY08 continued to support five priority areas: <ul style="list-style-type: none"> • Family participation in local decision making. • Developing knowledge, skills, and peer support • Networking among families and ability to advocate for needs • Family-focused public policy • Family-centered practice in local agencies. ▪ Parent Leadership and Involvement in Starting Point Centers is demonstrated by: <ul style="list-style-type: none"> • a requirement that each Center have a local Advisory Council with representation and involvement from consumers/parents, providers, and community members. Local Advisory Councils fully participated in decision-making regarding mission, implementation, and evaluation of Centers. • Families who participate on self-assessment and peer review teams using quality indicators for Starting Points Centers • families who are involved in the grant renewal process for funding. ▪ In IHFE Programs, former recipients of services often become service providers. Parents often organize and lead group socialization activities. ▪ PIP teams were sponsored by local agencies which often have parent involvement through advisory councils and boards of directors. Team leaders themselves are often parents.
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Training and Technical Assistance	Child Abuse Prevention Month Activities	Innovative Funding Mechanisms
<ul style="list-style-type: none"> ▪ Starting Points Centers: The Department provides technical assistance to Centers through visits, phone calls, and writing. At quarterly Starting Points meetings, grant reporting requirements, program monitoring, and continuous quality improvement information and training were disseminated. ▪ In Home Family Education Programs: Programs received training and technical assistance from their program affiliations. The Department also provided technical assistance through visits, phone calls, and writing. Partners in Community Outreach (PICO), the coalition of the three research-based in home family education programs currently operating in WV, collaborated with DHHR to establish “core competencies” for staff providing in home family education. All state-funded in home family education programs will eventually be required to register with this system. ▪ Family Leadership First: DHHR provided technical assistance through attendance at Board meetings, phone calls, and writing. Family Leadership First trained teams from seven counties on techniques of working with families and on local, regional and state issues affecting children and families. Teams were trained on team building, overcoming challenges, grass roots advocacy, and legislative action. Team members then provided training in their local communities. ▪ Partners in Prevention: DHHR provided technical assistance through Team Leader Meetings, phone calls, and writing. Department staff also participated on Team Leader steering committee to help shape training ideas. PIP conducted 5 days of training last year on topics including Finding Leaders Within, Community Dialogue Model Overview, Cultural Diversity, and program sharing and network building exercises. 	<ul style="list-style-type: none"> ▪ The West Virginia DHHR collaborated with Prevent Child Abuse WV and the WV Children’s Trust Fund to make the public aware of child abuse and neglect prevention activities. Strategies used were media spots, distribution of materials, and direct services and training. Resources provided to community Partners in Prevention included a variety of print materials and pinwheels. In 2008, the following were distributed to local partners: <ul style="list-style-type: none"> • 277 “It’s Your Turn” posters • 1,216 “Building Family Friendly Communities” fact sheets • 5,846 pinwheels • 4,854 pinwheel cards (Helpful tips attached to pinwheels) • 113 federal resource packets (with parent information sheets suitable for copying) ▪ WV participated in Children’s Memorial Flag Day in April which focused on awareness of child abuse prevention month by holding ceremonies and raising a flag in each county. 	<ul style="list-style-type: none"> ▪ For fiscal year 2008, West Virginia leveraged \$1,146,029 state dollars and \$350,000 other funds. Part of this increased commitment to prevention programs included an additional \$250,000 appropriation from the state legislature towards in home family education. This represents a total investment in prevention programming of about \$1.7 million. ▪ The Partners in Prevention approach promoted leveraging of private foundation support through collaboration to support child abuse and neglect prevention in communities across the state. ▪ The WV Children’s Trust Fund engages in several innovative funding strategies including marketing of heirloom birth certificates and online giving,

<p>Linkages with Other Systems (Child Welfare, PSSF, Early Childhood, etc.)</p>	<p>A. PART Data Efficiency Measure that Supports EBP and EIP Practices</p>	<p>B. Demonstration of High Level of Satisfaction Among Families</p>
<ul style="list-style-type: none"> ▪ During FY 2008, DHHR was prepared for and completed the Statewide Self Assessment in preparation for the CFSR. The CBCAP Lead during fiscal year 08 was also the CAPTA Lead and the CJA Lead. This wearing of multiple hats allowed coordination and involvement in the CFSR. Coordination and collaboration also occurred between divisions within the agency as well as community partners. Program Specialists from the Division of Children and Adult Services worked closely with and collaborated with Program Specialists in the Division of Early Care and Education to coordinate CBCAP grant activities. ▪ The Division of Family Assistance and Starting Point grantees collaborated through the Healthy Families Initiative. Starting Points grantees linked to Healthy Families Initiatives within the counties the Healthy Families Initiatives are operating. The Initiative focuses on positive parenting, financial literacy, and relationship education. In early 2009, 13 counties will offer services through the Healthy Families Initiative. 	<ul style="list-style-type: none"> ▪ <i>Partners in Prevention Grants:</i> <ul style="list-style-type: none"> • Of the 33 Team WV PIP grants awarded, 20 were for outreach and not rated. Among the remaining 13 grants, Levels of Evidence Based Practice were undetermined in 7 programs, four were rated as Promising, and two were Emerging/Evidence Informed. Documentation included: Parents as Teachers, Nurturing Parents and others. • Of the 11 Good Beginnings Mini Grants, 3 were funded for outreach only and not rated. Levels of Evidence Based Practice were undetermined in four programs, and three were rated as Emerging/Evidence Informed. Documentation included the Search Institute website, MIHOW, and Second Step cited on the Promising Practice Network. • Of the five innovation grants, two were for outreach only and not rated. Levels of Evidence Based Practice were undetermined for one grant and rated as Emerging/Evidence Informed for two programs, citing Strengthening Families and 21st Century Learning Centers as documentation. ▪ <i>Starting Points:</i> Of the 16 funded Starting Points Centers grants, five were rated as Promising, citing Parents as Teachers for documentation. The Levels of Evidence Based Practice in the remaining funded programs were undetermined. ▪ <i>In Home Family Education Grants:</i> Of the 10 funded IHFE grants, seven were rated as Promising, citing Healthy Families America or Parents as Teachers as documentation. The remaining three grants were rated as Emerging/Evidence Informed, citing MIHOW for documentation. 	<ul style="list-style-type: none"> ▪ Family satisfaction data were provided for one of the PIP grantees: In an after school program, 100% of the parents who completed program surveys rated their overall satisfaction with the program as "very satisfied." Other questions asked that received a score of "10" from 100% of the parents completing the survey included satisfaction with staff communication and satisfaction with activities offered their children.
<p>C. Results of Peer Review</p>	<p>D. Evaluation Data on Funded Programs, the Lead Agency & the Network</p>	<p>Other Elements:</p>
<ul style="list-style-type: none"> ▪ SPCs conducted peer reviews on each center's program during FY 08 using the Starting Points Quality Indicators. These indicators have been provided and 	<ul style="list-style-type: none"> ▪ Starting Points: Although all Centers must address some of the core services, the centers and programs look very different. In order to maintain a framework of programmatic focus, services, and accountability, the 	<ul style="list-style-type: none"> ▪ The Partners in Prevention public awareness campaign is entitled Good Beginnings Last a Lifetime. This campaign originated in West Virginia and has been adopted by several other

<p>discussed in prior annual reports and continue to be used by the centers as the primary tool to carry out a formal peer review process. The purpose of the peer review is to promote quality and accountability.</p>	<p>Starting Points Centers used a Theory of Change designed to be suitable for each center. Quarterly reports were submitted by SPCs and used for program analysis. The Family Support Program Outcome Survey tool was introduced and recommended for use.</p> <ul style="list-style-type: none"> ▪ In Home Family Education: A survey of parents receiving IHFE services from eleven programs operating in fourteen counties was conducted. Families receiving services were enrolled at the time of the survey in one of three home visiting programs – Parents as Teachers, Healthy Families America, or the Maternal and Infant Health Outreach Worker program. 396 parents or caregivers (56.9% of all families receiving services) completed the survey. Findings: <ul style="list-style-type: none"> • In-home family education programs are effective in achieving outcomes related to improved health and well-being of young children. • Home visitors are able to establish strong and supportive relationships with the families they serve that lead to enhanced parenting skills and knowledge over the time they are involved with the programs. • Parents receiving IHFE increase their ability to meet their own needs and tend to rely less on the home visitor as they participate in the program over time. • Protective factors to reduce the incidence of child maltreatment appear to be increased in parents through the services provided by the IHFE programs. • Participation in program activities outside the home appears to have a significant positive impact on acquisition of the Social Connections protective factor. ▪ Quarterly reports were submitted by the IHFE Programs which were used to analyze the programs. ▪ Family Leadership First: During this last year, the Department established performance measures to better carry FLF forward. Family Leadership First completed parent evaluations of their annual conference. ▪ Partners in Prevention: Partners in Prevention submitted quarterly reports and a final annual report. Semi-annual program reports were submitted by PIP Teams and Innovation grantees to Prevent Child Abuse WV through its umbrella organization TEAM for WV Children. Final Program reports were submitted by Good Beginnings grantees to TEAM for WV Children. The information was compiled and reported to the Department. Evaluations were also utilized and 	<p>states through the Prevent Child Abuse America and National Alliance of Children's Trust & Prevention Funds networks. West Virginia has also been recognized as a national leader in efforts to utilize reframed messages for child abuse prevention.</p>
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	<p>completed at Team Leader meetings semi-annually. Evaluation results of two programs were provided:</p> <ul style="list-style-type: none"> • Retrospective surveys conducted with participants of the five Stewards of Children presentations, a child sexual abuse prevention program, indicated that the average level of understanding of sexual abuse issues was 3.24 before the training and 3.95 after the training. • In a funded after-school program, through surveys of area teachers, more than 90% of youth attending the program on a regular basis maintained or improved their grades. In addition, surveys were conducted among the youth being served and reflected that 94% felt as if the people who worked in the program cared about them and that they could trust them. 88% always felt safe while at the after-school program and received homework assistance when they needed it. 76% always felt that the workers tried to help them get along better with other people. 	
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State Allowable Claims: \$ 0

Population-Based Allocations: \$200,000

Leveraged-Funds-Based Allocations: \$ 0

Final State Allocations: \$200,000

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