#### May 2020 PLC:

## Highlighting the 2018 CBCAP State Summary of Exemplary Practices: Building Effective Collaboration

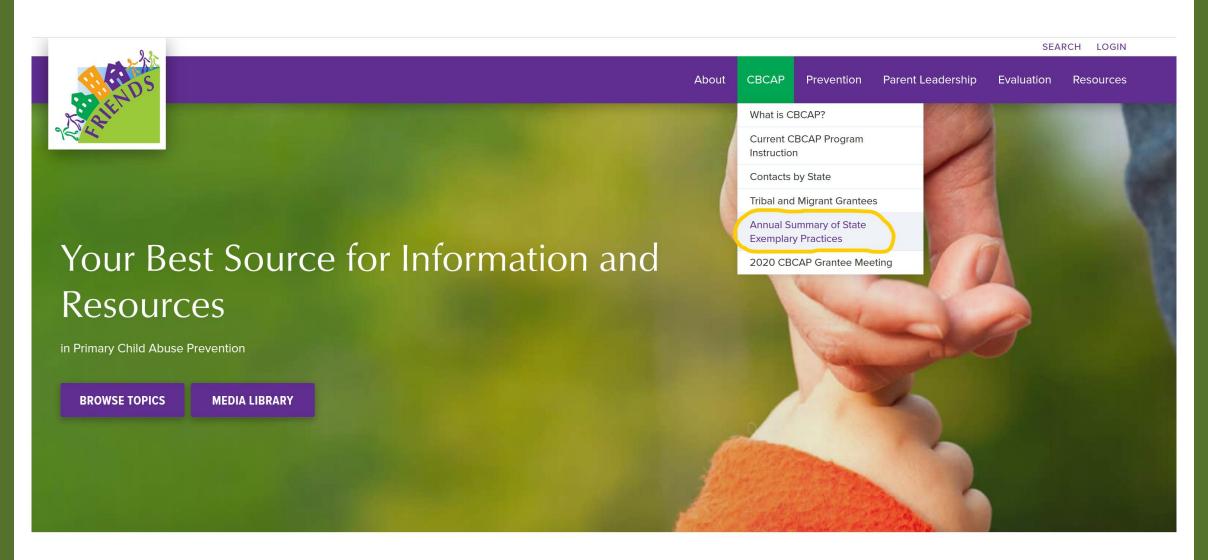
May 13, 2020





CBCAP Peer Learning Call

May 13, 2020



https://friendsnrc.org/cbcap/annual-summary-state-exemplary-practices/



The Community-Based Child Abuse Prevention (CBCAP) program provides federal funding to all 50 States, Washington D.C. and Puerto Rico. The funds are for the implementation of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.



The information shared below provides both a snapshot of services implemented throughout the country and specific state examples of work on community-based comprehensive approaches, successful outcome evaluations, and inspiring success stories.

CLICK HERE TO LEARN ABOUT CORE SERVICES PROVIDED AND CBCAP FUNDING AMOUNTS IN EACH STATE

# CBCAP NATIONAL DATA 2018 Community-Based Child Abuse Prevention Annual Report Data

The Community-Based Child Abuse Prevention Program (CBCAP) created by Title II of the Child Abuse Prevention and Treatment Act (CAPTA) provided \$39.4 million to 50 State Lead Agencies, Washington D.C. and Puerto Rico. Below is a snapshot of the agencies, services and





#### **Alabama**

**Core Services:** Parent education and support, home visiting, respite, fatherhood, public awareness and training, and school-based programs.

Population Based Allocations: \$354,112

**Leveraged Claim Award:** \$42,832

Final 2018 Award: \$396,944

#### Alaska

**Core Services:** Strengthening Families Framework, Nurturing Parenting, Active Parenting Now, Parents as Teachers, Circles of Security, and SELF (Safety, Emotion, Loss of Future).

Population Based Allocations: \$200,000

Leveraged Claim Award: \$21,942

Final 2018 Award: \$221,942

#### Arizona

**Core Services:** Safe Sleep Program, Healthy Families Arizona home visiting program, Regional Child Abuse Prevention Councils, Teen Parent University, Prevention Advisory Collaborative.

**Population Based Allocations:** \$526,732 **Leveraged Claim Award:** \$113,394

Final 2018 Award: \$640,126



2018 Community-Based Child Abuse Prevention **Annual Report Data** 

The Community-Based Child Abuse Prevention Program (CBCAP) created by Title II of the



#### Numbers Served

Individuals: 2,213,282

Children: 400,303 Families: 281,773

#### **Public Awareness**

Individuals reached via public awareness

31,107,425

#### **CBCAP State Lead Agency Type**



Child Welfare







State Health



#### **Effective Collaborations**



Substance Use





#### **Special Populations Served**







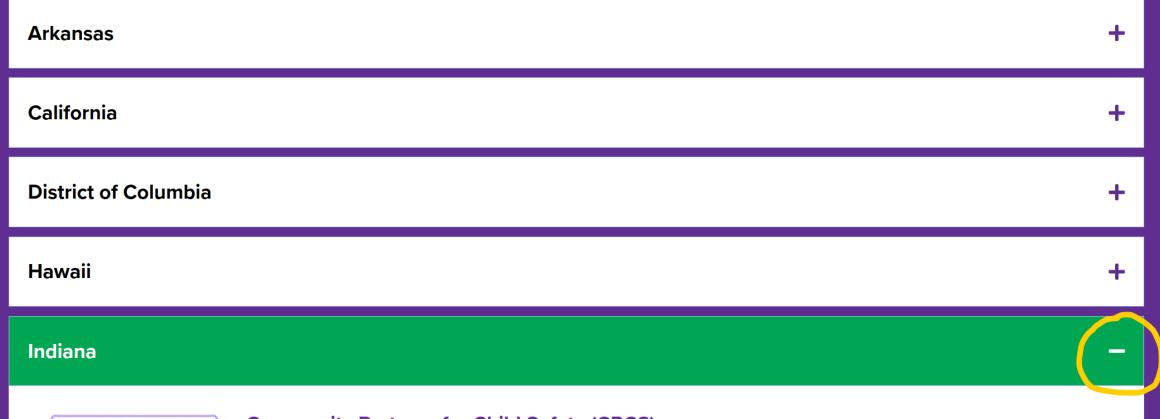
#### **Community-Based Comprehensive Approaches**

Eight states share how they are working to build community-based child abuse prevention initiatives that are engaging multiple partners in collaboration and going beyond programs to wrap services around families.

Arkansas	+
California	+
District of Columbia	+
Hawaii	+
Indiana	+
lowa	+
South Carolina	+
Wyoming	+

#### **Community-Based Comprehensive Approaches**

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#### **Community Partners for Child Safety (CPCS)**

In 2005 Indiana established a statewide secondary prevention initiative to prevent child abuse and neglect in addition to the long-standing home visiting program Healthy Families Indiana which has a specific target population. The initiative is Community Partners for Child Safety (CPCS) and is the main recipient of the CBCAP funds.

This service continuum builds community support for families, identified through self-referral or other community agency referrals, to connect families to resources needed to strengthen the family unit and prevent child abuse and neglect. To date,

#### **Outcome Evaluation**

Eight states share evaluation findings for their CBCAP funded programs. Click the links below to learn more about services and activities each state-funded and to view their outcome evaluation results.

Alabama	+
Colorado	+
Louisiana	+
Montana	+
Nebraska	+
Washington	+
West Virginia	+
Wisconsin	+

#### **Inspiring Success Stories**

Six states share stories of resiliency and hope. And how participants in their CBCAP programs are overcoming challenges and building protective factors. Click the links below to see their stories.

Hawaii	+
Maryland	+
Montana	+
South Dakota	+
Tennessee	+
Utah	+





# Community Partners for Child Safety Program

#### **Hannah Robinson**

DCS Prevention Manager and Indiana CBCAP State
Lead

#### **Community Partners for Child Safety (CPCS)**

- Community Partners for Child Safety (CPCS) provides child abuse and neglect prevention services in every region (18) in the state of Indiana.
- CPCS collaborates with other community resources within each region to create a coordinated prevention network.
- Families access prevention services through self-referral or referral from another community agency.
- Participation in services is voluntary.
- CPCS also provides Community Liaisons for direct services to connect families to resources to strengthen the family unit and prevent child abuse and neglect.



#### **Community Partners for Child Safety (CPCS)**

- Contracted CPCS agencies work with the DCS Regional Service Councils to identify needs within the region and the community resources available.
- These resources could include, but are not limited to: local DCS offices, hospitals, faith-based organizations, schools, First Steps, Head Start, and Healthy Families Indiana.
- In general, each region and community defines its own needs and resources as updated through the DCS Biennial Regional Services Strategic Plans or other needs assessment strategies.



## Who is Eligible for CPCS?

- Children and families that do not currently have an open, on-going child welfare case with the Indiana Department of Child Services (DCS).
- Families that have been referred by a community resource or who self-referred due to a determination that, with timely, effective, and appropriate prevention support services, family functioning can be improved and child abuse and neglect prevented.
- Families that do **not** meet the criteria for Healthy Families Indiana participation, or if the local Healthy Families Indiana site is at capacity.
- Older youth, who are participating in Collaborative Care and have children not involved in a DCS case, may be eligible for CPCS services.



## **CPCS Roles for Service Delivery**

- Project Manager
- Community Liaison
- Parent Partner



## **Project Manager**

- Develop partnerships with community agencies
- Oversee the implementation of services
- Ensure the fidelity of evidence based practices used by the agency



## **Community Liaison**

- Assess families entering the program
- Provide direct, home-based services
- Refer families to community resources
- Provide on-call crisis intervention



#### **Parent Partner**

- Lead peer group meetings
- Act as a spokesperson for the program/agency
- Mentor other families in CPCS
- Participate in governance of the program
- Facilitate community family activities



## **CPCS Service Components**

- Assessment
- Evidence Based Practices
- Direct Service
- Community
- Subcontracting



#### Assessment

CPCS Provider Agencies use assessment tools to determine the families needs. Tools used include:

- North Carolina Family Assessment Scale (NCFAS)
- Protective Factors Survey
- Substance use screening



#### **Evidence Based Practices**

• CPCS agencies must use a practice model that rests along a continuum of evidence informed to evidence based when providing direct services for families, and 50% of all direct services provided must be rated as an evidence based practice (supported or well supported).



#### **Direct Service**

- All services are voluntary.
- Community Liaisons must meet the evidence based model requirements to provide EBP services to the family.
- With the assistance of the Community Liaisons, families must develop a family service plan:
  - Families must identify at least one (1), but no more than three (3) goals;
  - Plan must be solution focused;
  - A family meeting may be developed in which all persons chosen by the family should attend to plan and develop the goal(s) and service plan.
- Ten (10) days after achieving all goals, new goals should be added for the family or the family should be discharged.
- Staff must be available on call for crisis intervention and referral, if needed.
- Short term counseling may be provided.



## **Community**

- Participate in the local DCS Regional Services Council meetings.
- CPCS agencies collaborate with other local agencies to develop a network of community resources that will support families.
- Participate in community events and outreach to build new relationships and support local prevention efforts such as
  - Developing contacts and partnering with local community agencies, including schools, police and fire departments, hospitals, local government, existing providers that offer child and family services, other prevention providers;
  - Establishing a presence within the community;
- Create opportunities to build a volunteer pool, specifically parents served by the CPCS program(s) previously.
- Develop opportunities for additional funding and financial support.

## Subcontracting

- A percentage of funding (not more than 30% of the Region's allocation) may be utilized for other prevention services.
  - This funding will be allocated to be subcontracted for services that meet the prevention priority needs identified by the Regional Services Council.
- CPCS agencies issue Requests for Proposals to identify services that meet regional prevention priority needs. The CPCS agency will select provider(s) to meet the stated need based on the RFP process and with approval from the Regional Services Council.
- CPCS agencies provide quarterly reports on outcomes to the Regional Services Council.



## **Program Goals**

- Goal #1 Prevent families from entering the DCS child abuse and neglect system by improving family functioning.
- Goal #2 Ensure family and community satisfaction with services



#### Goal #1

- 90% of referred families will receive information about Community Partners within five (5) business days of referral.
- 90% of families accepting services will have a minimum of short term service that consists of at least one referral to a community partner and/or community resource.
- 50% of referrals to CPCS will engage in Direct Services
- 95% of the families participating in Direct Services will have a service plan that identifies at least one (1) but not more than three (3) goals.
- 90% of families with eight (8) or more face-to-face contacts will have a second assessment of family functioning with the North Carolina Family Assessment Scale General (NCFAS) due at the 8<sup>th</sup> face-to-face contact
- 75% of families with eight (8) or more face-to-face contacts will demonstrate improvement in family functioning as measured by the NCFAS.
- 90% of families will accomplish at least one goal as identified in the family service plan.
- 95% of families with eight (8) or more face-to-face contacts will not have a substantiated child abuse or neglect assessment within twelve (12) months after discharge from CPCS services.



#### Goal #2

- DCS Regional Services Council will rate services as satisfactory.
- 90% of families who have participated in prevention activities will rate the services as "satisfactory" or above using an annual client satisfaction survey. Providers are to survey a minimum of 12 clients or 20% of clients served (whichever results in a larger number) randomly selected from each county served. Clients should be contacted to complete the survey within 2 months of ending services.



## How many families are served?

Please indicate numbers for each population served:	# served
Number of children with disabilities	2,848
Number of parents with disabilities	17,12
Total number children who received preventative direct services	32,265
Total number of parents/caregivers who received preventative direct services	23,750
Total number families who received preventative direct services	16,904



#### Where do referrals come from?

Referral Type	Number of Referrals	Percentage
Blanks	227	1.21%
Adult Probation	26	0.14%
Community Agency	2,485	13.21%
Department of Child Services	9,489	50.43%
Faith Based Organization	85	0.45%
Family / Neighbor	217	1.15%
Healthy Families	30	0.16%
Juvenile Probation	26	0.14%
Legal System	273	1.45%
Medical System	595	3.16%
Mental Health Center	81	0.43%
Other CPCS Region	43	0.23%
School	1,083	5.76%
Self	4,155	22.08%
Total	18,815	100.00%



#### **Needs identified**

Rent/Utilities	3690	40.79%
Child Behavior	2588	28.61%
Job Training/Employment	2650	29.29%
Subsidized Housing	2669	29.50%
Child Care Assistance	2249	24.86%
Counseling	2219	24.53%
School Issues	1921	21.24%
Emergency Food	1862	20.58%
Information on Budgeting	2306	25.49%
Transportation	1854	20.50%
Medical Service	1456	16.10%
Information on Food	1790	19.79%
Disabilities	1314	14.53%
Shelter	1291	14.27%
Information on Medicaid	1524	16.85%
Adult Education	1136	12.56%
Feeling Hopeless	1078	11.92%
WIC	840	9.29%
Infant Car Seat	838	9.26%
Household Organization/Cleaning	1128	12.47%



# EBPs and Promising Practices used by CPCS

- Motivational Interviewing
- Parents as Teachers
- Strengthening Families
- 1-2-3 Magic
- Nurturing Parent
- Period of Purple Crying
- S\_T\_E\_P Program
- Common Sense Parenting
- Active Parenting



## **Questions?**

• Hannah Robinson, <u>Hannah Robinson@dcs.in.gov</u>



## Children's Bureau Updates

May 13, 2020

I am writing to acknowledge the incredible work you are doing under conditions of unparalleled difficulty, and to offer my sincere thanks for your ongoing efforts to help meet the needs of some of our country's most vulnerable families and children during this crisis and every day. I appreciate that many of you are dealing with significant challenges in your personal lives as you seek to balance responsibilities and adjust the way we do our work during these challenging times. I am also mindful that some of you have been affected directly by the virus in your personal and family lives. Please know our thoughts in the Children's Bureau are with you, your families and friends.

--Jerry Milner, Associate Commissioner, Children's Bureau



#### Resources

- Children's Bureau
  - https://www.acf.hhs.gov/cb/resource/covid-19-resources
- Children Welfare Information Gate
  - https://www.childwelfare.gov/topics/management/disasterpreparedness/
- Office of the Assistant Secretary for Planning and Evaluation
  - https://aspe.hhs.gov/virtual-case-management-human-services-programs
- National Child Welfare Workforce Institute
  - https://ncwwi.org/



#### **Application Deadline Reminder**

2020 CBCAP Formula Grant Applications are due June, 5 2020

via email to <a href="mailto:CBCAP@acf.hhs.gov">CBCAP@acf.hhs.gov</a>

With a cc to you're the Regional Office Program Manager assigned to your state

(see attachment 8 of the Program Instruction)

