LETTER FROM THE DIRECTOR

Janice Suzanne Smith, Executive Director Kansas Children’s Cabinet and Trust Fund

The best time to stop child abuse is before it starts.

Most people would agree that child abuse prevention is important to the future of Kansas, yet if asked to describe how that translates into practice, they might be unsure. How do we identify and help our most vulnerable families? How do we make a change across generations? What interventions are proven to be successful and have lasting effects? Although these questions are challenging and complex, outstanding programs across Kansas are working every day toward finding answers.

The Community-Based Child Abuse Prevention (CBCAP) federal grant program makes it possible for all 50 states and territories to address issues of child abuse and neglect, and the Kansas Children’s Cabinet and Trust Fund (the Cabinet) is honored to be the Lead Agency for CBCAP in our state. Illustrated on the pages ahead are six community-based programs and the statewide program that partner with Kansas parents to help create safe and stable environments for children. Whether teaching parenting classes, conducting home visits, or navigating local resources, providers are on the front line every day, face-to-face with families. They are connecting with at-risk populations, helping them to strengthen skills, and empowering them to actively lead their communities.

As you read about the innovative and remarkable CBCAP efforts, please remember that the C stands for Community. Prevention is not just a task for social service professionals, nor is it only relevant in certain counties or neighborhoods. It is the responsibility of every Kansan to protect our young people and to know that when our children are resilient and cared for, we all live better.

Janice
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Letter from the Director</td>
<td>2</td>
</tr>
<tr>
<td>Section 1</td>
<td>The Importance of Prevention</td>
<td>4</td>
</tr>
<tr>
<td>Section 2</td>
<td>History of CBCAP</td>
<td>7</td>
</tr>
<tr>
<td>Section 3</td>
<td>Funding</td>
<td>17</td>
</tr>
<tr>
<td>Section 4</td>
<td>Blueprint for Early Childhood</td>
<td>20</td>
</tr>
<tr>
<td>Section 5</td>
<td>2016 Individual CBCAP Grantee Profiles</td>
<td>23</td>
</tr>
<tr>
<td>Elizabeth Layton Center</td>
<td>Circle of Security</td>
<td>24</td>
</tr>
<tr>
<td>The Family Conservancy</td>
<td>Healthy Parents, Healthy Kids Program</td>
<td>28</td>
</tr>
<tr>
<td>The Family Resource Center</td>
<td>Response Advocate</td>
<td>32</td>
</tr>
<tr>
<td>Kansas Children's Service League</td>
<td>Drug Endangered Child</td>
<td>36</td>
</tr>
<tr>
<td>Kansas Children's Service League</td>
<td>Wichita Crisis Nursery</td>
<td>40</td>
</tr>
<tr>
<td>Pony Express Partnership for Children</td>
<td>Family Support Project</td>
<td>44</td>
</tr>
<tr>
<td>Section 6</td>
<td>Statewide CBCAP Grantee Profile</td>
<td>48</td>
</tr>
<tr>
<td>Circle of Parents Support Group</td>
<td></td>
<td>51</td>
</tr>
<tr>
<td>1-800-CHILDREN Parent Helpline</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>Child Abuse Prevention Month</td>
<td></td>
<td>53</td>
</tr>
<tr>
<td>Ongoing Professional Training</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>The Period of Purple Crying</td>
<td></td>
<td>55</td>
</tr>
<tr>
<td>Healthy Families America</td>
<td></td>
<td>56</td>
</tr>
<tr>
<td>Parent Leadership Conference</td>
<td></td>
<td>57</td>
</tr>
<tr>
<td>Governor's Conference for the Prevention of Child Abuse</td>
<td></td>
<td>58</td>
</tr>
<tr>
<td>Section 7</td>
<td>Common Measures Initiative</td>
<td>59</td>
</tr>
<tr>
<td>Conclusion</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>Appendix</td>
<td>2016 CBCAP Request for Proposals</td>
<td>68</td>
</tr>
</tbody>
</table>
SAFE AND NURTURING RELATIONSHIPS MATTER

Preventing early maltreatment sets a course for healthy brain development

SECTION 1

Early experiences affect the development of brain architecture, which provides the foundation for all future learning, behavior, and health. Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood.

Center on the Developing Child, Harvard University, 2016
To build a better Kansas, we must focus on the very beginning. A truly comprehensive effort to improve family life means committing to preventing problems before they begin, rather than waiting to intervene after maltreatment has occurred.

A life that starts with stress in infancy or early childhood is already at risk for difficulty in school, emotional struggles, and increased health problems in adulthood. Researchers and family support professionals know that early-life experiences can shape health across an entire lifetime and potentially across generations. Our future health and well-being as individuals and as a society are undeniably linked to how successfully we support and facilitate the wellbeing of today’s children.
The 1998 Adverse Childhood Experiences (ACEs) study provided a foundational understanding of this link between what happens during a child’s early years and the health risks that child faces as an adult. The ACEs study underscores the importance of supporting, educating, and linking families to available resources in order to protect us all against the risks of child maltreatment.

CBCAP programs use evidence-based methods to foster healthy relationships, reinforce families’ hope and resilience, and increase child abuse awareness statewide. By continuously empowering families and building community support systems, programs fuel progress toward breaking the cycle of the ACEs transfer from one generation to the next.

Although problems rooted in early childhood can, to an extent, be addressed later in life, such remediation is costly in both economic and human terms. It is far better to help families achieve strong starts with stable environments and supportive, engaged communities.
Each year, $42 million are distributed through CBCAP to fund state lead agencies, designated by the governor, to implement programs and activities to prevent child abuse and neglect. The state lead agency is responsible for awarding CBCAP funds to organizations who develop and implement innovative strategies and programs to prevent child abuse and neglect. In Kansas, the Cabinet is the designated lead agency that manages CBCAP-funded programs.
METHODOLGY

This year’s debut of the Kansas Prevention Investments Annual Report (KPI-AR) provided an opportune moment to look back at the origins and development of CBCAP in Kansas and the role of the Cabinet.

To do so, researchers at the University of Kansas Center for Public Partnerships and Research (CPPR) conducted in-depth semi-structured interviews with key informants who had established expertise and experience with Children’s Initiatives Fund and CBCAP. Findings are presented on the following pages.

Prior to conducting interviews, researchers completed a literature review to determine historical events and persons involved in the development of CBCAP in Kansas. This information provided the basis for a list of potential interviewees, comprising contributors past and present who would present a variety of perspectives on the formation, implementation, and evolution of CBCAP and the Cabinet.

Invitations to participate in the study were sent to four people, all of whom agreed to participate. They were:

• Jackie Counts, Director of the Center for Public Partnerships and Research (CPPR)
• Jim Redmon, the Executive Director of the Children’s Cabinet between 2003 and 2013
• Vicky Roper, Director of Education and Awareness at Kansas Children’s Service League
• Stephanie Wallio, a Graduate Research Assistant at the Institute for Educational Research and Public Service, who worked with Counts on the implementation and evaluation of CBCAP in Kansas

Interviews centered on the subject’s involvement with CBCAP and the Cabinet. Questions focused on the evolution of Kansas CBCAP; adoption of an early childhood focus linked to prevention; CBCAP program evaluation; significant challenges, contributions, and accomplishments; and the future of CBCAP. Researchers reviewed notes and recordings and identified major concepts, based on both recurring interview themes and pre-determined areas of interest, such as creation of the Cabinet and evolution of early childhood and abuse prevention as a focus. Once these concepts were determined, researchers drew quotes and ideas from the interviews to elucidate major themes and create a cohesive narrative. Researchers were careful to select quotes that were representative of the ideas expressed by interviewees.
FEDERAL CBCAP

The federal government established the CBCAP funding stream as part of The Child Abuse Prevention and Treatment Act (CAPTA) legislation in 1984. In 1996, amendments to CAPTA gave States both a mandate and an opportunity to create networks for ensuring children’s safety and support activities designed to prevent child maltreatment by providing primary and secondary prevention services to children and families. Federal CBCAP funds were given to each state with the directive to fund evidence-based and evidence-informed programs and practices to increase the chance that such programs would produce their desired result (Brodowski, Counts, Gillam, et al. 2013) Kansas used this directive as an opportunity to inform administrative and programmatic decision-making.

The reauthorization of CBCAP in 2003 and 2010, through Title II CAPTA, placed a stronger emphasis on particular areas of focus, so that CBCAP programs serve an increasingly diverse group of children and families. The changes include a commitment to reaching the following special populations and areas of need:

- Parents and/or children with disabilities
- Racial and ethnic minorities
- Members of underserved or underrepresented groups
- Fathers
- Homeless families and those at risk of homelessness
- Unaccompanied homeless youth
- Adult former victims of child abuse and neglect or domestic violence
- Substance abuse treatment services
- Domestic violence services

THE CABINET AND CBCAP

Over the years, statewide collaborations, innovative evaluation ideas, and new ways of looking at prevention have shaped CBCAP in Kansas. The result is a strong network of local and statewide supports that work together toward true prevention: stopping abuse before it occurs. The evolution of CBCAP within Kansas has seen a collection of small programs that have joined together and grown into a network of comprehensive, coordinated services, resources, and activities that work toward strengthening and supporting families. While creating forward movement in their state, Kansas advocates were also contributing to a national shift. Kansas’s innovative efforts to integrate prevention and early childhood, as well as new evaluation techniques and tools, shaped not only the state, but also the way these challenges were viewed and solved on a national level.

In the early 1990s, there were major efforts to promote systems reform in children and family services and juvenile
The Cabinet began to refine and clarify its mission and asserted that the future of Kansas lies with healthy kids and strong families. It stood to reason that healthy kids were abuse-and maltreatment-free.

justice approaches in Kansas. The culmination of these reform efforts strongly influenced the future of Kansas children and families towards a long-range view. By 1999, the Legislature established the Kansas Children's Cabinet and Trust Fund to coordinate a comprehensive delivery system of services to improve the lives of children and families in Kansas. Kansas was the first state to designate money from the Tobacco Master Settlement to a trust fund dedicated to helping children and families. The Kansas Children’s Cabinet and Trust Fund became the fiscal agent of the Kansas Department for Social and Rehabilitation Services (now the Department for Children and Families, or DCF). In 2016, the fiscal agent of the Cabinet transitioned to the Kansas State Department of Education. With the Cabinet’s guidance and through the blending of public and private funds, Kansas continues to explore methods for supporting and encouraging collaborative planning efforts in the areas of early childhood, prevention, and child welfare.

Around the same time that the Cabinet came into being, the national conversation about child development was changing. New research turned the spotlight on early childhood, stressing the importance of the first years of life for healthy cognitive, social, and emotional growth. The Cabinet made clear the connection between early childhood and the prevention of child maltreatment. As Jim Redmon stated, “the vast majority of child abuse and neglect happens in the first five years of life. Prevention and early childhood integrated so clearly into everything else we [The Cabinet] were doing with early childhood.” Reaching children and families early, building their skills before abuse occurs is true prevention.

KANSAS CBCAP

The innovative nature of the Cabinet carried through to the grantees and local communities. The Cabinet continued to be on the cutting edge of what the most recent changes in the policy, prevention and the early childhood work reflected nationally. Kansas moved toward evidence-based and evidence-informed programs and was one of the first in the nation to set up a Request for Proposals (RFP) that strategically moved CBCAP grantees in this direction to receive funding. This level of insight and long-term commitment to the future built upon the strong foundation of the programs developed in Kansas over the years.
Another place Kansas stood out was in promoting the idea that prevention really begins in the first few years of life. Prior to this time, much of the prevention work had been focused on school readiness but, as Jackie Counts put it, “school readiness and a focus on preschool years is too late.” The Cabinet began to meet with business leaders and legislators to enforce the importance of early childhood interventions. Science was also on their side, as Stephanie Wallio explained: “brain development was gaining more attention and this linked early childhood to prevention.”

In 2006, a group of Kansas leaders dedicated to early childhood and child abuse prevention participated in the PREVENT Institute funded by the Center for Disease Control and Prevention (CDC), at the University of North Carolina-Chapel Hill. From this Institute bloomed the idea of the Kansas Strengthening Families Plan (KSFP), which became part of the umbrella Kansas Early Childhood Comprehensive Systems Plan. As part of this collaboration, over 80 stakeholders, including program directors, state and public officials engaged in the process of developing objectives and strategies for the KSFP.

Together, these individuals created a framework for Kansas supporting families in reducing child abuse and neglect across the State. KSFP was a strategic approach toward a common goal of reducing child abuse and neglect. Counts, one of the organizers of the KSFP, explained, “Strengthening Families created a forum and a way to talk about the collective sum of all these disconnected CBCAP grantees. We began to focus on a coordinated and strategic early childhood system, which included the prevention of child maltreatment.”

With the Kansas Strengthening Families’ framework came a focus on building the protective factors of families and an exploration of service gaps. In 2007, the Cabinet took on the lofty goal of a statewide needs assessment to identify gaps in the child abuse and neglect prevention system. The resulting environmental scan identified existing agencies in Kansas who provided primary and secondary services to prevent child abuse and neglect, a powerful tool to help guide services and funding to those communities with the most need. The scan of services was compared to a map of child abuse rates in the State. The result indicated that abuse rates were higher in counties where there were fewer primary and secondary prevention services.

Although the link between early childhood and prevention is now more common, in 2008, this new focus set Kansas apart.

According to Redmon, “Nationally, we were one of the few states at that point that was thinking a lot about how to integrate CBCAP and early childhood…it was a very unique approach to prevention work.” So unique in fact, that Kansas was asked to speak at national events because other states were not connecting prevention efforts into early childhood programming.
Challenge Accepted: New Ways of evaluating
Historically, the field of child abuse prevention has struggled to find tools that effectively measure impact. Two of CBCAP’s most unique values are its ability to fund a wide range of programming and its focus on prevention. While important strengths, these two qualities create unique challenges in the quest to evaluate the outcomes of programs. To address these challenges, new ways of evaluating programs were developed.

The Kansas Peer Review Model
The Cabinet partnered with the Institute for Educational Research and Public Service at the University of Kansas (now CPPR) to develop an evaluative system that would be rigorous, realistic, and meaningful to diverse programs, many with very limited resources. The result was the innovative Child Abuse Neglect and Prevention Peer Review Model.

The Kansas Peer Review Model was developed as an evaluation and quality improvement tool for programs funded by CBCAP grants. While continuous quality improvement is standard in early childhood today, it was not at the time. The Peer Review Model was implemented by Kansas CBCAP grantees in 2006. Wallio helped develop and implement the Peer Review Model described it as “an innovative way to respond to new requirements.” To begin the Peer Review process, each CBCAP program was paired with another who had a similar project description, size, and location. Once paired, each program completed a self-assessment, collected consumer surveys, and created a “peer review team” that consisted of three to five representatives from their agency and two representatives from their peer agency. This Peer Review Team worked together to identify program strengths as well as develop individualized strategies for continuous quality improvement.

As an evaluation method for CBCAP programs, the peer review model worked well. Agencies could examine staff and consumer feedback to inform and improve service delivery. Additionally, it allowed programs to offer feedback to each other, and created opportunities for collaboration. Counts described it as “an exchange between organizations where you would really look at each other and be able to have dialogue, share lessons learned, and talk through challenges.” As Vicky Roper described, “the best way to extend our reach is through collaborative efforts or partnerships.” It became clear, however, that collaboration, good intentions, and assumptions that programs were making a difference was not enough to ensure that vulnerable families were getting needed services.

Increasing Evidence Base in Kansas CBCAP
By 2004, federal agencies were encouraged to move toward evidence-based and evidence-informed programs and practices. CBCAP was one of the early federal grant programs to include a performance measure requiring that grant funds be increasingly allocated toward evidence-based/evidence-informed programs (Brodowski, Counts, Gillam, et al. 2013). As mentioned earlier, Kansas was one of the first in the nation to use a Request for Proposals that strategically included the assessment of evidence as review criteria to receive funding.
The ability for programs to show that they were using proven methods was important, but proved difficult in many areas of Kansas. Often, CBCAP programs were new to understanding what evidence-based programs were and needed to build their capacity to implement them. At the same time, programs faced increasing pressures to be accountable and stretch resources.

Kansas needed to find ways to support both rural and urban communities while meeting funding requirements. To this end, the Cabinet worked with individual programs to strengthen their evidence base and build capacity for implementing with fidelity. At the same time, programs began documenting what was working well to reduce risk factors and increase protective factors for prevention of child abuse and neglect. Programs wanted to share their story and demonstrate clear impact.

With these challenges came a mind-shift and movement toward more rigorous and meaningful program evaluation. Building upon lessons learned from the Kansas Peer Review Model, the Cabinet helped shift the conversation away from ways of measuring the non-occurrence of abuse toward an increase in family protective factors and supports—the traits that will help families avoid engaging in neglectful and abusive behaviors.

One powerful tool developed during this time was the Protective Factors Survey (PFS), the first valid and reliable tool to measure multiple protective factors for prevention of abuse and neglect.

This new tool gave programs a way to measure prevention by demonstrating how their work strengthened families. Kansas was a leader in developing, field testing, and implementing the tool statewide. Today, over 48 states and multiple English-speaking nations use the PFS.

At the same time as significant efforts were being made in Kansas to implement CBCAP programs with an established evidence base, the Cabinet also served as an incubator for innovative programs. Today, the Cabinet continues to encourage community collaboration for providing services to the most vulnerable populations. Communities are invited to form partnerships that creatively address the unique needs of their population. Rigorous evaluation methods are required to move innovative ideas into evidence-informed practices.
Demonstrating that programs used evidence-based practices was an important step in ensuring that CBCAP Kansas provided high quality services. Redmon explained that “Having an evidence base was important for thinking about...what's truly going to make an impact on kids and families in the state.”

THE BLUEPRINT

Navigating the complexities of promoting evidence-based and evidence-informed programs and practices for CBCAP continues to evolve. In 2013, a new guiding principle, The Blueprint for Early Childhood, was created under the leadership of Janice Suzanne Smith, the Cabinet's Executive Director. The Blueprint is the Cabinet's strategic framework to optimize child and family well-being. Its vision is solution-focused, articulates roles, encourages non-traditional partnerships, and establishes a system of shared measurement. It acts, as Counts describes, as “the mothership and roadmap for the Cabinet’s entire portfolio.”

The Blueprint is a culmination of years of statewide partnerships and collaboration that has taught us that prevention cannot focus on only one aspect of a child or family's health and development.

It is not up to one group or program but for many to work together to create a comprehensive safety net. “Our strengths really are the networks that have been formed at the state and community levels to do this work” said Roper of her work with CBCAP.

CBCAP programs are now required to align services with the Cabinet’s Blueprint for Early Childhood to receive funding. 2015 marked the entry of CBCAP into the Cabinet’s Common Measures Initiative, a shared measurement system developed under the direction of the Kansas Children’s Cabinet which is designed to evaluate the unique goals of early childhood programs. CBCAP programs have now transitioned into the first full year of participation after the field test.

IMPACT IN KANSAS

While the need to reach children early is clear, it is difficult to do in a state such as Kansas with a diverse array of urban, rural and suburban communities. Each of these communities has very different needs and face increasingly diverse challenges. This is one truly unique aspect of CBCAP. While it fits into a network of proven prevention areas, each program is tailored to meet the unique needs of a specific community, allowing individual communities to, as Roper suggests, “utilize
best practices to continually meet the needs in their communities within their populations.” While much of the funding is focused on individual projects, CBCAP also supports a vast network of statewide awareness and educational activities, creating access for all Kansans.

In addition to this allowance for innovation, Redmon describes CBCAP as “one of the few funding streams that can fund primary prevention so clearly.” While the CBCAP federal allocation to Kansas is relatively modest (ranging from $600,000 to $800,000) per year, the investment pays large dividends. The financial costs of a child entering the child welfare system are high for both the victims and society. According to the Center for Disease Control and Prevention, the total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment is approximately $210,012 for each victim. This number is comparable to other costly health conditions, such as stroke and type 2 diabetes (Center for Disease Control and Prevention, 2016). The financial costs associated with child abuse are high, and additional to many other types of negative effects on survivors, including poorer health outcomes, social and emotional difficulties, and decreased economic productivity, all of which impact the nation’s health care, education, criminal justice and welfare systems.

The benefits of effective prevention programs outweigh the economic burden of child maltreatment. Research on costs associated with Adverse Childhood Experiences (ACEs) takes many forms and has helped to quantify the lifetime costs of early trauma. Kansas CBCAP programs are truly serving the most at-risk children and families. This finding suggests that if the costs of other ACEs were included, the estimations of life-long health costs would substantially increase. With CBCAP, however, Roper said, “we know what works, and we can keep many of these families together without losing children to the child welfare system.” Prevention and early childhood intervention is good for children and good for society.

It is imperative that Kansas CBCAP programs work toward breaking the intergenerational transfer of trauma and stopping abuse and maltreatment.

CBCAP lives the message, ‘it takes a village.’ As Redmon described, “half of prevention is keeping kids from going into child welfare. The other half is making sure they are healthy and well.”
CBCAP's statewide efforts reach every county in Kansas while programs deliver targeted services that dig deep into the needs of a variety of communities. Kansas CBCAP programs and services work together to prevent children from experiencing the trauma of abuse and maltreatment.

Although CBCAP programs receive only a small amount of funding, they have proven to be increasingly effective each day by bringing Kansas closer to a safe place for all children. Eventually CBCAP hopes to put itself out of business because, as Counts says, “we don’t need to have child abuse in this world.”
The CBCAP Request for Proposals requires grantees to include specific types of services in their program implementation plans. The charts on the following pages show the distribution of CBCAP funding among grantees and the percentage of funding that is allocated according to the program service type.
ALLOCATION BY PROGRAM

Kansas Children’s Service League – Statewide Primary Prevention $272,221
Wichita Crisis Nursery $158,426
Healthy Parents, Healthy Kids $60,000
Drug Endangered Child $177,874
Response Advocate $87,532
Circle of Security $35,910
Family Support Project $57,500
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff training or professional development</td>
<td>$48,556</td>
</tr>
<tr>
<td>Resource and referral</td>
<td>$106,251</td>
</tr>
<tr>
<td>Planned/crisis respite</td>
<td>$161,426</td>
</tr>
<tr>
<td>Parent support groups</td>
<td>$76,777</td>
</tr>
<tr>
<td>Parent education</td>
<td>$144,585</td>
</tr>
<tr>
<td>Homeless/transitional housing</td>
<td>$29,127</td>
</tr>
<tr>
<td>Home visiting</td>
<td>$182,512</td>
</tr>
<tr>
<td>Child education</td>
<td>$17,005</td>
</tr>
<tr>
<td>Advocacy and awareness</td>
<td>$83,224</td>
</tr>
</tbody>
</table>
The Blueprint for Early Childhood, developed by the Kansas Children’s Cabinet and Trust Fund (Cabinet), is a strategic framework designed to optimize child and family well-being. The Blueprint was designed with prevention in mind, aligning the Cabinet’s investment portfolio and guiding service providers across Kansas to reach children and families while there is still time to establish healthy patterns of growth.
CBCAP AND THE BLUEPRINT BUILDING BLOCKS

CBCAP programs are unified in their mission to follow the Blueprint and better the lives of Kansas families. Programs are guided by measurable outcomes in one or more of these building block areas which work together to build all elements necessary for a healthy development.

- Parent support groups
- Parent Education around positive behavior support
- Home visiting to support safe, stable and nurturing relationships
- Case management
- Parent Cafes
- Parent Helpline
- Conscious Fathering classes

Strong families that are free of abuse and neglect create an environment of emotional and physical safety in which healthy development can thrive.

Healthy emotional, physical and cognitive development create a foundation for success in lifelong learning.
THE ROLE OF PUBLIC-PRIVATE PARTNERSHIPS

Public-private partnerships are emphasized across the Blueprint. CBCAP applicants must submit a plan for public-private collaboration and must obtain a 10% cash match to demonstrate financial sustainability.

COMMON MEASURES

The impact of CBCAP programs is measured through a set of tools designed to evaluate the unique goals of early childhood programs. These are referred to as the Common Measures:

- The Ages and Stages Questionnaire (ASQ)
- The Ages and Stages Questionnaire: Social/Emotional (ASQ:SE-2)
- The Protective Factors Survey (PFS)
- Home Observation for Measure of the Environment (HOME)
- Keys to Interactive Parenting Scale (KIPS)
CBCAP programs are tailored to address regional issues, using data that accounts for current gaps in services, established past successes, and needs shown to be particular to an area or population. Six programs in Kansas were awarded grants from the 2016 Request for Proposals process.
Circle of Security is a genuine community collaboration involving the county health department, primary care physicians, public schools, and Infant-Toddler Part C Early Intervention agencies. In-center and in-home sessions of Circle of Security intervention are provided, establishing healthier attachments, improved child behavior, increased nurturing from parents, and less stressful home life for all members of the family.

“Not only are there developmental gains for children, but parents are empowered by knowledge and insight into their own parenting tactics.”

—Circle of Security Application
CIRCLE OF SECURITY

STRATEGIES

Parent Education

Parent/child interaction support

Home visiting

Staff training and professional development

TARGET POPULATION

Children ages birth to 5 and their families who are living in poverty

CHALLENGES

- Franklin and Miami counties have just one hospital with a labor and delivery unit (which only delivers low-risk pregnancies).
- Neither Franklin nor Miami county have a pediatrician to treat area children, making it increasingly difficult to connect at-risk children to services/resources.
- In Miami county, of the 11 child care centers licensed by the Kansas Department of Health and Environment, none accepts Department for Children and Families subsidies.
- Miami and Franklin counties are faced with the following challenges: 1) increasing childhood poverty 2) high rates of children placed into child protective services, and 3) lack of available early childhood services.
- The 2014 Department of Children and Families’ Child in Need of Care Intake Report reports that 2.75% of children 18 and under living in Franklin County are removed from their homes and placed into child protective services, compared to the state rate of 2.25%.

SOLUTIONS

- Attachment-based intervention using observation/reflection.
- 8-10 home visits or individual class sessions for at-risk families with children birth-24 months.
- Parent education that is very sensitive to trauma and adverse child research.
CIRCLE OF SECURITY

Focused on healthy attachment for at-risk families through individual and group therapy, and home visiting

COLLABORATION

An Elizabeth Layton Center clinician is available to meet with families at the local Health Department and create a “warm hand-off referral”

Community partners conduct screening assessments to identify potential referrals

Program partners with Early Head Start to complete assessments and review referrals

SPECIAL POPULATION OUTREACH

- Majority of program consumers have a disability
- Provides services to a family at the homeless shelter
- Encourages both parents to participate in service delivery
- Works with numerous community organizations, both public and private, that serve various groups in order to maximize the number of families participating

EVIDENCE-BASE

Promising: The Circle of Security curriculum is an intervention with model fidelity and has at least one peer reviewed study with a control or comparison group.
Families can often overcome difficult starts to develop stronger, more positive relationships with their children, but need guidance for building skills and seeking support.

Moving from discussion of child needs to the emotional process of parental reflection on negative behaviors, Circle of Security programming helps parents evaluate stressful situations and respond in ways that encourage stronger attachment.

<table>
<thead>
<tr>
<th>Numbers Served</th>
<th>Families</th>
<th>Caregivers</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages Unknown</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Ages 12-18</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Ages 5-11</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 2-4</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Ages 0-1</td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

**Total Funding**

- CBCAP: $28,728
- ECBG: $7,182
- Total Funding: $38,945
The Healthy Parents, Healthy Kids Program includes Incredible Years program (parent training); Conscious Fathering Classes (preparing men for the challenges of fatherhood); and Child of Mine program (prenatal and infant care education). All programs are designed to work together to collectively address the five protective factors outlined in the Strengthening Families research.

“This class puts me at peace. I have strategies and tips for turning the negative parenting behaviors I used with my first children, into positive behaviors that I've learned in class.”

~Program Participant
HEALTHY PARENTS, HEALTHY KIDS PROGRAM

STRATEGIES

Parent Support groups
Adult support services
Homeless/Transitional housing
Advocacy and Awareness
Resource and Referral
Fatherhood program

TARGET POPULATION

High-risk families at Juniper Gardens and St. Margaret’s Public Housing complexes

CHALLENGES

• The populations in each of the housing developments are experiencing an increase in refugees from several Asian and African countries.
• The majority of residents are single mothers who have usually received limited prenatal care.
• Residents of both Juniper Gardens and St. Margaret’s public housing developments are below the poverty level.
• According to the KC Health Matters Community Dashboard, Wyandotte County ranks 98th out of 105 counties for healthy behaviors (2014) This is an improvement from 2012 when it was ranked 102nd.
• Of the public housing residents who attended prenatal education classes at Juniper Gardens and St. Margaret’s in 2014, most had received no prenatal medical care during previous pregnancies and had never breastfed their infants.

SOLUTIONS

• Three Components:
  • Incredible Years - 18 week parenting curriculum
  • Conscious Fathering - 9 father-focused sessions
  • Child of Mine – 8 prenatal education sessions
• A strong partnership with the Kansas City, KS Housing Authority allows the Family Conservancy to provide individualized outreach and on-site services to two public housing complexes. Program satisfaction is high and most referrals are word of mouth.
HEALTHY PARENTS, HEALTHY KIDS PROGRAM

Multi-component parenting education effort offered to the residents of two public housing complexes

COLLABORATION

Provides referrals to Early Head Start, Head Start, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) services, and outpatient Mental Health programming

Makes referrals to other Family Conservancy programs. Staff strive to provide a warm hand-off for clients

Offers special events in partnership with various community groups including K-State Research and Extension and Unity in the Community

SPECIAL POPULATION OUTREACH

Offers service referrals onsite to The Family Conservancy counseling department for adults that were victims of child abuse, neglect, or domestic violence. Some classes also use the Lemonade for Life curriculum to navigate ACEs for those referrals

Specifically targets families living in subsidized housing

EVIDENCE-BASE

Well-Supported: *The Incredible Years* is an “exemplary” program rated by the Office of Juvenile Justice and Delinquency Prevention’s Model Program guide and “proven” by the Promising Practices Network. Demonstrates at least two group studies with sustained effect and multiple site replication.
HEALTHY PARENTS, HEALTHY KIDS PROGRAM

Healthy Parents, Healthy Kids Program assists a diverse population of parents who were, in many cases, raised in poverty themselves, and may have experienced discrimination and violence.

The program empowers parents by offering support, making connections, and instilling fundamental skills that directly impact their own health and development, as well as their child's.

![Wyandotte County Map]

**NUMBERS SERVED**

- **Families:** 112
- **Caregivers:** 131
- **Children:** 219
  - Ages 12-18: 27
  - Ages 5-11: 31
  - Ages 2-4: 77
  - Ages 0-1: 84

**Funding Breakdown:**
- CBCAP: $70,000
- ECBG: $12,000
- Total Funding: $94,591
The Response Advocate program employs case managers, working side-by-side with local law enforcement, to assist families identified as at-risk for child maltreatment. A Response Advocate accompanies law enforcement when they are called to a family’s home for suspicion of abuse or neglect. Families receive home visiting, goal setting assistance, and referrals to other community resources, including courses on preventing child abuse and neglect, basic child development, and Sudden Infant Death Syndrome.

"We would have been homeless if it wasn't for your program."

"I'm a better mother because of your services."

~Program Participants
RESPONSE ADVOCATE

STRATEGIES

Partners with law enforcement to:

- Accompany police on calls to homes with suspected abuse and neglect
- Train police on approaches for strengthening families and preventing child abuse and neglect

Offers case management and referrals

Provides home visits/parent education

TARGET POPULATION

Children ages birth to 5 and their families

CHALLENGES

- Income in Crawford County is 29% below the state average ($35,365 for Pittsburg versus $50,140 for Kansas).
- The median home value in Pittsburg is $82,308 compared to $130,000 at the state level.
- In 2014, the police force in Pittsburg operated 36% of its shifts at the minimum staffing level established by the department: one supervisor and three officers.
- The homeless shelter in Pittsburg had to close its doors in 2015.
- County-wide indicators from 2014 Kids Count Data:
  - 11% of the population is under 18
  - 29% of children live under the poverty level
  - 61% are on the free/reduced lunch program, with 66% qualifying in the Pittsburg school district
  - 31% of women who give birth have not received adequate prenatal care
- The Police Department simply does not have the time or resources to adequately address the many needs of our community.

SOLUTIONS

- Offer resources, support, referrals, and follow-up for families at high risk before their children are removed.
- Partner with law enforcement to provide families in crisis with the support they need to maintain custody of their children.
RESPONSE ADVOCATE

Support for law enforcement when called to a family’s home for suspicion of abuse or neglect

COLLABORATION

Response Advocates are housed in the Pittsburgh Police Department and meet quarterly with the Chief of Police to discuss strategy

Law enforcement officers meet with Response Advocates at least monthly and monitor the program weekly

Staff serve on a homeless coalition board and on the Homeless Solutions Advisory Board

SPECIAL POPULATION OUTREACH

- Partners with local mental health centers to solicit referrals from high risk families
- Partners with local health, educational, and service entities to hold an annual informational fair which engages families of diverse ethnic backgrounds
- Works closely with a day shelter in the community and Crawford County Mental Health to ensure outreach to homeless populations and for those with physical and/or mental disabilities
- Partners with the Safe House, a domestic violence organization, for awareness activities during child abuse prevention month

EVIDENCE-BASE

Well-Supported: Response Advocate uses Strengthening Families, a Substance Abuse and Mental Health Services Administration model program and rated as ‘exemplary’ by the Office of Juvenile Justice and Delinquency Prevention Model Programs Guide. Demonstrates at least two group studies with sustained effect and multiple site replication.
RESPONSE ADVOCATE

With the support of the Response Advocate, families can begin participation in mental health services, work to maintain custody of their children, and ultimately avoid the need for future intervention from law enforcement.

The Response Advocate for the Family Resource Center fills a vital need for a social service presence when law enforcement is called to a family’s home.
The Drug Endangered Child in Topeka supports mothers in overcoming substance abuse and making lasting change in their family’s functioning. The program includes early identification of substance-using parents and intensive (weekly) support to families facing multiple challenges.

“June 9th last year, I gave birth to the beautiful baby boy that is here with me today, and he was born drug-free, healthy, and perfect. My rent and utilities are paid on time every month and we have all the necessities. I believe that the help I have received from [Drug Endangered Child] and my desire to stay clean have made all of this possible.”

~Program Participant
**DRUG ENDANGERED CHILD**

### STRATEGIES

- Intensive, comprehensive home visiting and case management
- Substance abuse treatment assistance
- Parent education and child development training
- Medical home assistance
- Resource and Referral

### TARGET POPULATION

Children pre-natal/birth to age 5 with a parent who is currently using or has recently used substances, and their families

### CHALLENGES

- There are no other programs of this kind serving the 0-5 age range, and no inpatient options exist in Shawnee County for mothers and children seeking this type of help.
- According to the Department for Children and Families over the past state fiscal year, there were 5,774 reports of alleged child abuse or neglect for children residing in Shawnee County. Of those reports, 3,074 were assigned for investigation.
- Shawnee County has one of the highest rates of children in "out of home placement," and substance-using parents was a primary reason (26% since 2014) for children being placed in DCF custody.

### SOLUTIONS

In order to reach parents as early as possible, assessment specialists from the Drug Endangered Child program work with the intake center at two hospitals and one Obstetrics/Gynecology office to screen new moms while they are still in the hospital. Using a strengths-based model, the program is able to support families in accessing treatment services, encouraging sobriety, and safety of the children. While supporting parents in their treatment, the program also provides home visiting services to enhance parent-child interaction and overall family functioning, and offers connections to postpartum and pediatric care.
Comprehensive support for mothers struggling with substance abuse

COLLABORATION

Was part of the Kansas Alliance for Drug Endangered Children training offered to over 100 community partners learning the effects of parental/caregiver substance use on children

Refer families to community mental health centers for children and adults

Refer families to Women, Infants, and Children (WIC) program, immunization clinics, and for newborn health visits

SPECIAL POPULATION OUTREACH

Prioritizes residents in areas with a high concentration of poverty and correlative factors that render children and families at greater risk

Sent over 10,000 tip cards in English and Spanish to Obstetrics/Gynecology offices, health agencies, and community treatment centers across the state addressing the effects of substances on pregnant women and unborn children

Formed a partnership with the Topeka Rescue Mission (a homeless shelter) and the Topeka Housing Authority to increase outreach

EVIDENCE-BASE

Emerging and Evidence-Informed: The Drug Endangered Child program uses Partners for a Healthy Baby curriculum, a nationally recognized and evidence-informed program that has been peer reviewed.
The Drug Endangered Child program provides the necessary support and guidance for a parent to fully overcome substance abuse and make lasting change in their family’s functioning.

Participants receive comprehensive support, including substance abuse treatment and resources such as transportation and child care.
The Wichita Crisis Nursery project strengthens families by promoting safe, stable, and nurturing relationships and environments to ensure strong starts. The Wichita Crisis Nursery is a respite care program that provides quality child care for families facing an emergency that may jeopardize the safety and well-being of a child. Case managers assist families in accessing a wide range of resources to identify a family’s needs, including medical and mental health referrals, and parent education.

“Many of the families we help live in chaos day after day. It is our job to give hope, support, and confidence where there is none.”

~Dona Booe
WICHITA CRISIS NURSERY

STRATEGIES

Quality child care with licensed providers
Overnight respite care in licensed homes
Parent training and support
Connection to community providers

TARGET POPULATION

Children ages birth to 5, single parents at risk for homelessness and families in crisis

CHALLENGES

• A 2013 community needs assessment found that parents lack a safe place to leave their children between the start of their employment and when their subsidized child care begins.
• According to the Kids Count Data Center, Wichita had a 50% increase in child poverty from 2005-2011, the fourth highest increase among U.S. cities during the six year period.
• 30% of children 0-5 in Wichita are living in poverty.
• From 2010-2016, Sedgwick County experienced a 28% increase in child abuse and neglect reports.

SOLUTIONS

• Daytime and overnight respite child care
• Temporary care services include:
  • Nutritious food
  • Nurturance, consistency and a stimulating daily routine
  • Developmentally appropriate children’s programming
  • Advocacy, resources, and referrals to help resolve emergencies or crisis
• Referral and case management services
WICHITA CRISIS NURSERY

A respite care program that provides quality child care for families facing an emergency

COLLABORATION

Presentations to family court judges annually, reminding them that they can refer families to the Wichita Crisis Nursery and keep children out of court hearings

Distributes information at the Inter-Faith Ministries educational fair for social service agencies, YMCA Early Childhood Centers, and The Opportunity Project

Refers to agencies for screening and placement of children with disabilities in appropriate child care environments

SPECIAL POPULATION OUTREACH

Provides information at two food banks in a zip code with a high minority population and to the neighborhood city halls in Wichita serving a high Hispanic and African-American population

Responds to many referrals from the homeless shelters and works closely with the domestic violence shelters

Reaches out to former foster care youth, single parents, and military parents through flyers and social media

Fathers are encouraged to be part of the processes whether the parents are together or separated

EVIDENCE-BASE

Emerging and Evidence-Informed: The Wichita Crisis Nursery uses Relief Nursery, Inc., an evidence-informed and peer reviewed model.
WICHITA CRISIS NURSERY

The Wichita Crisis Nursery provides short-term respite for families in need, often in emergency situations. Many of the families served are single mothers at risk for homelessness.

Access to quality care may be the deciding factor in keeping a medical appointment, completing a class, or getting/keeping a job. Respite is also key to helping relieve stress that might be placing a family at greater risk of abuse or neglect.

TOTAL FUNDING $174,269

CBCAP: $126,741
ECBG: $31,685

$15,843

NUMBERS SERVED

Families
Caregivers
Children
171

Age Unknown
Ages 12-18
Ages 5-11
Ages 2-4
Ages 0-1

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Families</th>
<th>Caregivers</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Unknown</td>
<td>65</td>
<td>75</td>
<td>6</td>
</tr>
<tr>
<td>Ages 12-18</td>
<td>0</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Ages 5-11</td>
<td>0</td>
<td>75</td>
<td>65</td>
</tr>
<tr>
<td>Ages 2-4</td>
<td>0</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Ages 0-1</td>
<td>0</td>
<td>75</td>
<td>65</td>
</tr>
</tbody>
</table>
The Family Support Project addresses the needs of those experiencing, or at risk for, homelessness. The Family Support Project addresses the most basic provision of shelter before tackling other areas of need. Once housing or rental assistance is secured, families begin intensive case management and services.

“I really appreciate all your help in getting my family and I a house. You've been there helping out whenever needed for the past year. From finding us a safe and healthy house for our family to helping us with money management. We have gotten help with diapers, toilet paper, soap, baby clothes and food. Thank you not only for being there, but giving us exactly what we needed at the time. I can now say that after thinking out loud, I feel ready to handle bills, and other issues head on.”

~Program Participant
FAMILY SUPPORT PROJECT

STRATEGIES

Parent Education
Homelessness/transitional housing
Home visiting
Resource and Referral
Love and Logic

TARGET POPULATION

Children ages birth to 5 who are homeless or at risk for homelessness

CHALLENGES

• Marshall County is a rural county of 10,000, mostly focused on agriculture.
• Of the 178 families seen by the Pony Express Partnership for Children in 2014, 60% were homeless or at risk for homelessness and 52% were unemployed.
• When families are living in poverty and preoccupied with how to provide for basic needs, the risk for abuse rises.
• 46% of elementary aged children in Marshall County receive free and reduced lunch.

SOLUTIONS

• Rental assistance on a step-down scale, as well as case management and intensive family support
• Intensive family support services using the Housing First Model (immediate rental and housing assistance before any other step)
• Children are provided a safe and stable place to sleep, grow, and learn that they may have otherwise not experienced.
• Of the 18 adults receiving rental assistance, 10 obtained employment, or obtained better employment.
• One parent completed his General Education Diploma, one resumed working on her college classes online, one parent completed a Certified Med Aide certification, and we connected one mom with a Retired and Senior Volunteer Program volunteer who is helping her learn to read.
FAMILY SUPPORT PROJECT

Supporting those experiencing, or at-risk of homelessness with help finding housing and intensive case management

COLLABORATION

Referrals from the local mental health agency, county health department, schools, hospital, and fellow partners including Northeast Kansas Community Action Program, Parents as Teachers (PAT), Head Start, Early Head Start, Infant Toddler Services, and the GED program

Maintains continued partnerships with Northeast Kansas Community Action Program and PAT to offer Love and Logic six times each year

Participated in the Kansas Initiative for Developmental Ongoing Screening (KIDOS) Summit in Topeka

SPECIAL POPULATION OUTREACH

- Provides services for families at risk of homelessness and works closely with a variety of community organizations to advertise the rental assistance program
- Several families served receive Supplemental Security Income or Social Security Disability Income
- Encourages fathers to attend home visits and Love and Logic parenting classes
- Collaborates with the local mental health agency for mutual referrals

EVIDENCE-BASE

Emerging and Evidence-Informed: The Family Support Project uses the Housing First model, a peer reviewed and evidence-informed model.
The Family Support Project intervenes at a time when families are most in need—when having a roof overhead is uncertain.

It is clear that intense stress places parents at greater risk for child maltreatment, so relieving the burden of unsafe or insecure housing immediately is key. Through this program families are placed in a better position to learn, improve, and strengthen their future.
Changing cultural norms and perceptions of child abuse/neglect requires a comprehensive system that addresses the needs of Kansas families. Through eight programs, ranging from direct parent support to widespread distribution of educational materials, the Kansas Children’s Service League (KCSL) seeks lasting change around the knowledge, attitudes, and practices of Kansas parents and families. KCSL provides services that include Child Abuse Prevention Month, parent support groups, a Parent Helpline, a Parent Leadership Conference, the Period of PURPLE Crying curriculum, and training for professionals.
85% of Kansas Counties are rural communities without a lot of resources for families

US Dept. of Agriculture, Economic Research Service definition from the Office of Management and Budget Rural Counties

There are 5,283 homeless children (ages 0-12) in Kansas, 15ᵗʰ in the nation.

National Center on Family Homelessness

In the July 2014 Child Trends Research Brief, 34% (n=246,183) of Kansas children ages birth to 17 years had experienced 1 or 2 ACEs and 12% (n=86,888) had experienced 3 or more. This has an impact on their lifetime health, education outcomes, and workforce productivity.

SOLUTIONS

• Stop child maltreatment before it occurs by reducing risk factors and increasing protective factors.

• Reaching counties with few resources: In counties where there are few community-based child abuse prevention programs, statewide services such as the Parent Helpline and Child Abuse Prevention Materials exist to provide family support.

• Connecting families with existing services: Examples include the Parent Helpline and the Circle of Parents support groups, Fatherhood and Parent cafes. Families calling the Parent Helpline can learn what local services are available and how to connect with them. Support group and parent cafe leaders are trained to become familiar with a wide variety of resources so they can connect families to them as needed.

• Raising Awareness: Prevent Child Abuse Kansas has 1,752 followers on Twitter and 8,268 on Facebook and distributes newsletters quarterly to Period of PURPLE Crying partners and bi-annually to all partners reaching approximately 2,500 individuals.
KCSL receives $272,221 for statewide service delivery, including $217,777 CBCAP and $54,444 ECBG funding

8 STATEWIDE PROGRAMS

- Circle of Parents Support Groups
- Parent Helpline (1-800-CHILDREN)
- Child Abuse Prevention Month
- Ongoing Professional Training
- Period of PURPLE Crying
- Healthy Families Home Visiting
- Parent Leadership Conference
- The Governor’s Conference for the Prevention of Child Abuse

NUMBERS SERVED

- 39,084 parents/caregivers received preventative direct services
- 586 individuals attended the Governor’s Conference for the Prevention of Child Abuse & Neglect
- 692 professionals were provided training on ACEs, child abuse and neglect, Safe, stable, and nurturing relationships (SSNRs), Strengthening Families and Abusive Head Trauma. Of the 608 who completed surveys, 93.3% (567) indicated increased knowledge
- 855 individuals attended five separate webinars on “Strengthening Families”
- 864 inquiries were made to the Parent Helpline. Of the 842 individuals surveyed, 99% (839) reported receiving the support and/or information they sought
- 444 parents attended support groups for the first time
- 200 parents attended the Parent Leadership Conference

KCSL STATEWIDE GRANTEE
This program is a self-help model for caregivers who are experiencing stress in raising their children and would like the support of other parents who are also looking to improve their parenting skills. The groups are led by a trained volunteer and aim to increase knowledge and skills in the five protective factors identified by the Center for the Study of Social Policy’s Strengthening Families model: Parental Resilience, Parenting and Child Development, Social-Emotional Competence of Children, Social Connections, and Concrete Support in Times of Need.

The National Circle of Parents Program’s mutual self-help support groups have been recognized at the national level as being “key” in strengthening families and preventing child abuse and neglect.

Parents are offered valuable information through guest speakers discussing healthy parenting skills, domestic violence, fatherhood, and other topics helpful for creating healthy, loving, and safe family environments.

PROGRAM GOALS

- To strengthen families
- Support parent involvement and leadership
- Promote safe, stable and nurturing relationships
- Allow families to experience a sense of self-worth and self-purpose
- Provide practical solutions to family issues and concerns
- Assist families in connecting with resource agencies
The Helpline is ready to support parents and youth through many situations. It offers a voice on the other end to listen to frustrations, talk through problems or answer questions about the challenges of parenting. This free, anonymous hotline is open to assist families 24 hours a day, seven days a week and is available in 200 languages. Trained staff counsel callers and provide resources and referrals for family needs.

- The Helpline can also connect through email.
- Parent tip cards are available online for more support.
- Information and materials are distributed through social media and are available for parents looking for information on the internet.
- Volunteers and staff are trained to provide resources and referral information for basic needs (including shelters), parenting resources, and services to children.

COMMON CALLS TO THE HELPLINE

- Parenting questions
- Developmental milestones (infant crying, toilet training, tantrums, etc.)
- Kinship
- Bullying
- Referrals to community resources
April is recognized nationally as Child Abuse Prevention Month. As the Prevent Child Abuse America chapter for Kansas, KCSL provides a variety of training and technical assistance to partners across the state, in addition to coordinating a statewide campaign and planning statewide activities. Prevention Month is a large nationwide campaign occurring every April that includes:

- Public awareness events such as pinwheel planting and wear blue day in support to bring awareness to child abuse prevention programs.
- Professional training for service providers and distribution of educational materials including a web-based toolkit, webinars, and newsletters.
- Letters to the editor and social media postings
- Community and business proclamations to help end Child Abuse.
- Educational talking point and flier templates for community programs.
- Parenting tips and activity ideas.

Materials are available in English and Spanish to educate families on how to prevent abuse and help families become aware of services available in their communities for support.
Continuous training for professional service providers is offered both in-person and remotely on a variety of topics, including ACEs, Recognizing Abuse and Neglect, and Abusive Head Trauma.

Topics cover many aspects of child abuse and neglect prevention so that parents and professionals in Kansas will be better equipped to prevent abuse before it happens. Training supports professionals working in the field so they can provide consistent information and resources to families across the state of Kansas.

1,175 SERVED ANNUALLY

Individuals receiving training include:
- Professionals at early learning centers,
- K-12 educators
- Boys and Girls Clubs
- Camp Staff
- Home visitors
- County health departments
- Juvenile detention centers
- CASA volunteers
This program offers a curriculum on coping with the stress of infant crying and is provided to parents of newborns in 64 of the 66 birthing hospitals in the state. The program is designed to help parents of new babies understand the developmental stage of normal increased crying and the dangers of shaking a baby.

The curriculum includes a DVD in 11 languages, written materials, and web-based applications. Families are also provided local resources, the Parent Helpline number, and a link to resources on the National Center on Shaken Baby Syndrome website.

The Period of Purple Crying is an evidence-based primary prevention program, created by the National Center on Shaken Baby Syndrome.

The program is designed and approved by pediatricians, public health nurses, child development experts and parents, and highlights positive father-child interaction.

Messaging, materials, and reinforcement are delivered through community and faith-based organizations working with high risk families.
Healthy Families America is a Maternal, Infant, and Early Childhood Home Visiting (MIECHV) evidence-based program for families with newborn children. It is a relationship-based program guided by the belief that early, nurturing relationships lay the groundwork for lifelong, healthy development. Services are designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.

Healthy Families America offers:
• Screenings and assessments to determine families at risk for child maltreatment or other adverse childhood experiences
• Home visiting services
• Routine screening for child development and maternal depression

Services are designed to promote positive parent-child relationships and healthy attachment. Services are strength-based, family-centered, culturally-sensitive and reflective.
Kansas Children’s Service League, in conjunction with 10 additional statewide partners and parent leaders, sponsors a Parent Leadership Conference each year. The conference focuses on teaching parent advocacy skills, family strengthening and engagement activities, and the importance of education. The conference is parent-led and parent-driven. Many parents are former victims of child abuse/domestic violence.

The conference serves up to 200 participants and is free of charge. Child care is included (birth-12yrs) as well as meals, hotel room, and mileage reimbursement.

Workshop topics include advocacy, family communication, fatherhood, special education and positive discipline strategies. The conference provides real-time translation as well as sessions delivered in Spanish. Written materials are also available in Spanish. In previous years, one-third of attendees were Spanish speaking.

The Governor’s Conference for the Prevention of Child Abuse is an annual educational and networking event featuring experts in the field of prevention and offering training on the latest research, practices, and trends for Kansas professionals.

Each year the conference provides a number of all-day institute sessions and workshops, plus two keynote presenters. The annual conference brings cutting edge trends and knowledge to the state of Kansas. By providing professionals within the field of child abuse prevention the most up to date programs and research, the conference works to strengthen families of those served.

Eighteen partnering agencies participate on the Governor’s Conference for the Prevention of Child Abuse and Neglect Committee, including government agencies, other CBCAP Agencies, and Kansas Child Welfare Contractors.
At the crux of the Blueprint for Early Childhood is a system of shared measurement. CBCAP grantees participate in a Common Measures Initiative, with measures selected by the Wichita State University Center for Applied Research and Evaluation. These common measures provide information on short-term and intermediate outcomes to tell the story of early childhood investments in Kansas. Grantees use DAISEY, an integrated data system created and managed by the University of Kansas Center for Public Partnerships and Research, to track, evaluate, and report common measures.
All CBCAP programs use one or more of the following measures most appropriate for their type of service delivery:

- **Ages & Stages Questionnaire (ASQ-3)**
- **Ages & Stages Questionnaire: Social Emotional (ASQ:SE-2)**
- **Home Observation for Measure of the Environment (HOME)**
- **Keys to Interactive Parenting Scale (KIPS)**
- **Protective Factors Survey (PFS)**
KCCTF contracted with the University of Kansas Center for Public Partnerships and Research (CPPR) to conduct an evaluation of Kansas CBCAP grantees. Using data collected through the CMI, the evaluation asked the following research questions:

- Are families engaged in CBCAP programming at risk of child abuse and/or maltreatment?
- Do families engaged in CBCAP programming show improvement in their home and family environment?
- Do Kansas families who are engaged in CBCAP programming show improvement in protective factors?
- Are CBCAP programs promoting access to developmental and social emotional screenings?
- Are children in CBCAP programs on track developmentally?
- What parenting behaviors do families engaged in CBCAP services display? Do these behaviors change over time?

The sample for the report consisted of all the children and caretakers engaged in CBCAP services at some point during FY2016.
### Key Findings

**Common Measures Initiative**

- Almost 1/3 of families served are homeless or at risk for homelessness (32%)
- Almost 65% are single parents (65%)
- 30% do not have a high school diploma (30%)
- 57% are unemployed (57%)
- Over 92% of children receive Medicaid (92%)

**Kansas CBCAP is Serving Exceptionally Vulnerable Families**

- 32% of families served are homeless or at risk for homelessness.
- 65% of families served are single parents.
- 30% of families served do not have a high school diploma.
- 57% of families served are unemployed.
- 92% of children served receive Medicaid.
CAREGIVERS REPORTING HIGH LEVELS OF SOCIAL SUPPORT INCREASED FROM 70% TO 84%
FAMILY FUNCTIONING INCREASED FROM 55% TO 65%

58.5% OF CAREGIVERS WERE FOUND TO BE PROVIDING SUPPORTIVE HOME ENVIRONMENTS

CAREGIVERS WHO DISPLAYED HIGH-QUALITY PARENTING INCREASED FROM 11% TO 45%

- FAMILY FUNCTIONING & RESILIENCY
  - Pre-Test: 55.0%
  - Post-Test: 65.4%
- SOCIAL SUPPORT
  - Pre-Test: 70.1%
  - Post-Test: 84.1%
- CONCRETE SUPPORT
  - Pre-Test: 62.2%
  - Post-Test: 63.2%
- NURTURING & ATTACHMENT
  - Pre-Test: 89.7%
  - Post-Test: 89.4%
COMMON MEASURES INITIATIVE

KEY FINDINGS

THE MAJORITY OF CHILDREN IN CBCAP PROGRAMMING RECEIVE AT LEAST ONE DEVELOPMENTAL SCREENING.

This suggests that CBCAP is improving access to developmental screenings, particularly for children who are medically underserved.

MORE THAN 80% OF CHILDREN SCREENED WERE ON-TRACK FOR THEIR OVERALL DEVELOPMENT.

This is roughly comparable to estimates for a nationally-representative sample of children.

CBCAP PROGRAMS REPORTED THAT THE ARRAY OF ASQ DEVELOPMENTAL SCREENINGS ARE HELPFUL IN THE FOLLOWING WAYS:

- Gives both parents and providers an overall picture of a child’s development
- Assists in determining the need for further referrals
- Shapes goals-setting discussions with families
- Helps parents understand typical child development
- Practitioners can utilize screening information to suggest strategies the parent can use to help foster their child’s development, and
- Increases the likelihood of identifying children who can benefit from more intensive services.

<table>
<thead>
<tr>
<th>Category</th>
<th>On Track</th>
<th>Monitoring Needed</th>
<th>Referral Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>83.6%</td>
<td>11.8%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>80.8%</td>
<td>10.1%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>86.4%</td>
<td>8.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>81.2%</td>
<td>11.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Personal Social</td>
<td>86.4%</td>
<td>6.6%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>
CBCAP MAKES A DIFFERENCE

CBCAP grantees support community-based services that reduce the likelihood of child abuse and neglect, encourage coordination of activities and resources across areas and agencies, and foster understanding, appreciation, and knowledge of diverse or underserved at-risk populations.

CONCLUSION
The landmark Adverse Childhood Experiences Study has demonstrated that adverse childhood experiences, including abuse and maltreatment, are strikingly common. What’s more, these experiences are strongly associated with a range of negative health outcomes and behaviors, including substance abuse, severe obesity, heart disease, and depression.

Now more than ever, experts in social services, health, education, criminal justice, and the business community recognize the critical importance of prevention for population health and well-being, and to avoid costly health and social outcomes.
Kansas CBCAP stands at the forefront of work to reverse ACEs trends by providing primary and secondary prevention services to families in the form each community most needs it.

In Kansas City, that’s providing a series of evidence-based parenting programs to residents of public housing complexes. In Pittsburg, it’s sending out a case manager who works side-by-side with law enforcement to help families at risk for childhood maltreatment. Wichita has a crisis nursery, Topeka offers case management to mothers with substance abuse issues, at-risk families with young children get in-depth education in attachment and nurturing in Franklin County, and Marshall County provides intensive family support services to families at risk of homelessness. Statewide, Kansas Children’s Service League employs a variety of strategies to change attitudes and norms around child abuse and maltreatment.

Through participation in the Common Measures Initiative, these programs have been able to demonstrate results of these community-based efforts to prevent child abuse and maltreatment. We know that programs are successfully targeting some of the most vulnerable families in the state. We know that caregivers are improving their parenting skills, families are functioning better and have greater levels of social support, and children’s home environments are supportive of their needs to learn and grow.
The 2016 CBCAP request for proposals (RFP) outlined the vision for the program, which seeks to support innovative services that both reduce the likelihood of child abuse and neglect and help families provide safe, stable, and nurturing environments. Applicants could request a community-based grant to support local direct services or a statewide grant designed for larger efforts aimed at professional development, parent education, and public awareness.
Grantees must provide multi-generational prevention services for at-risk families with children ages birth to 18, with a focus on birth to five. Guided by the Blueprint for Early Childhood, programs must meet at least three of five specific outcomes (outlined on the following page). Priority was given to those grounded in public-private partnerships and designed to reach underserved populations. To encourage funding diversification, the Cabinet also required all applicants work toward a 10% cash match.

**ELIGIBLE APPLICANTS**

- Locally controlled, community-based entities that provide direct services to at-risk populations
- County and city governments and Unified School Districts
- Non-profit agencies/organizations, including faith-based and community organizations, with expertise in serving at-risk birth to age 5 populations and their families or with expertise in serving low-income neighborhoods

**AT-RISK CRITERIA**

- Children whose family income qualifies them for participation in the federal free or reduced lunch program
- Children whose primary language is not English
- Children without access to a consistent source of health care
- Families residing in communities with limited resources such as quality child care, health facilities, parks, and playgrounds
- Families who have a child at risk for developmental delays or with a known developmental delay
- Parents who have less than a high school education
- Military families
- Teen parents
Programs must meet at least three of the five outcomes listed below. They must also measure outcomes using a combination of the following tools: PFS, HOME, KIPS, ASQ-3, ASQ:SE-2.

OUTCOMES FROM THE BLUEPRINT

Healthy Development: Early identification
• Percentage of children who are screened for developmentally-appropriate communication skills, general cognitive skills, and social/emotional skills

Strong Families: SSNRs
• Percentage of parents who know how to manage child behavior in a nurturing and effective manner
• Percentage of family or primary caregivers who indicate a positive level of family functioning, concrete support, social support, and nurturing and attachment
• Percentage of parents who demonstrate improved parent/child interactions

Strong Families: Parent Support
• Percentage of parents who demonstrate an increase in knowledge of parenting skills