CBCAP

COMMUNITY-BASED
CHILD ABUSE PREVENTION

KANSAS CHILDREN'S
CABINET AND TRUST FUND

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Center for Public
Partnerships
and Research

KANSAS PREVENTION INVESTMENTS ANNUAL REPORT

APRIL 11, 2019

LETTER FROM THE DIRECTOR

MELISSA ROOKER, EXECUTIVE DIRECTOR, KANSAS CHILDREN'S CABINET AND TRUST FUND

The Kansas Children's Cabinet and Trust Fund (the Cabinet) serves as the lead agency for the federal Community-Based Child Abuse Prevention (CBCAP) grant program in our state. Guided by the developmental principles outlined in the Blueprint for Early Education, with an emphasis on high standards of assessment and accountability, the Cabinet and its CBCAP partners are always seeking new ways to support Kansas families.

The Cabinet developed the "Blueprint for Early Childhood" to serve as a strategic framework guiding early childhood investments across the state. The Blueprint articulates the Cabinet's broad vision for success organized around three core principles – Early Learning, Healthy Development, and Strong Families. Although the Blueprint specifies clear goals for Strong Families (including parent support, community engagement and safe, stable, nurturing relationships), we know there is no one-size-fits-all solution.

In Kansas, CBCAP grants support six community-based programs and one statewide organization to help parents and caregivers get on their feet. These programs are uniquely situated to target evaluation, education, and intervention to protect children most at risk of abuse and neglect. From safe housing to steady jobs, and from child care to parenting classes, CBCAP initiatives help vulnerable families find stability as they learn to walk through the challenges of daily life.

To get a clearer picture of how CBCAP grantees are helping Kansas families build their strength, the Center for Public Partnerships and Research at the University of Kansas (CPPR) developed an annual evaluation process, the results of which are detailed in this report. The Kansas Prevention Investments Annual Report (KPI-AR) looks at the type of assistance these programs offer to families on the road to long-term stability using federal CBCAP grant funding.

Every family moves at its own pace, and on its own path. CBCAP is about promoting lifelong change by giving Kansas families the strength and flexibility they need to keep moving forward – and removing as many obstacles as we can on the journey to success.

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SECTION 1

WHAT IS CBCAP?

CBCAP is the primary child maltreatment prevention funding source in the state. It is unique among child welfare programs in that it focuses on prevention by strengthening and supporting families before abuse has occurred.

WHAT IS CBCAP?

COMMUNITY-BASED CHILD ABUSE PREVENTION

The Child Abuse Prevention and Treatment Act (CAPTA) of 1974 has played a key role in the prevention of child abuse and neglect. This act has been amended several times over the past 44 years, most recently by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). Community-Based Child Abuse Prevention was established in 1996 under Title II of CAPTA. It is unique among child welfare programs in that it focuses on prevention by strengthening and supporting families before abuse has occurred.

The Cabinet is the designated state lead agency for CBCAP services. In this role, the Cabinet coordinates a comprehensive delivery system of services for children and families across the state. Every three years, the Cabinet's request for proposals (RFP) outlines the vision for programming, which seeks to support innovative and evidence-based services that reduce the likelihood of child abuse and neglect, and help families provide safe, stable, and nurturing environments.

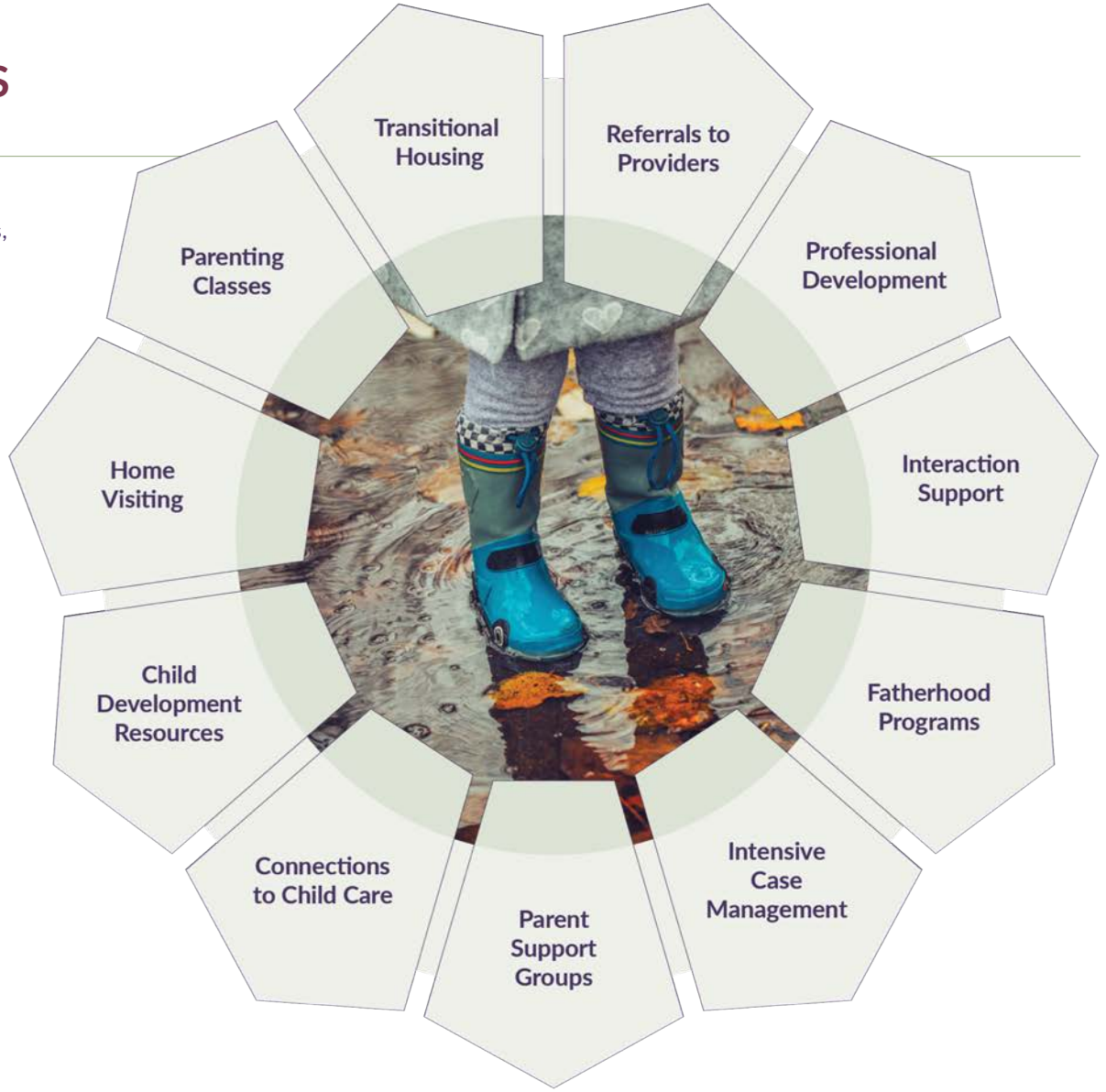
Applicants can request a community-based grant to support local direct services, or a statewide grant designed for larger efforts aimed at professional development, parent education, and public awareness (only one statewide grant is awarded). In FY 2018 $687,889 Federal CBCAP funds were allocated to 6 local and one statewide grantee. In order to maximize these funds, the Cabinet contributes match dollars and each program provides a 10% minimum match to create the full CBCAP amount allocated to each program.

Through their community-based efforts, CBCAP programs are able to reach a diverse group of families and provide services individualized for their communities.

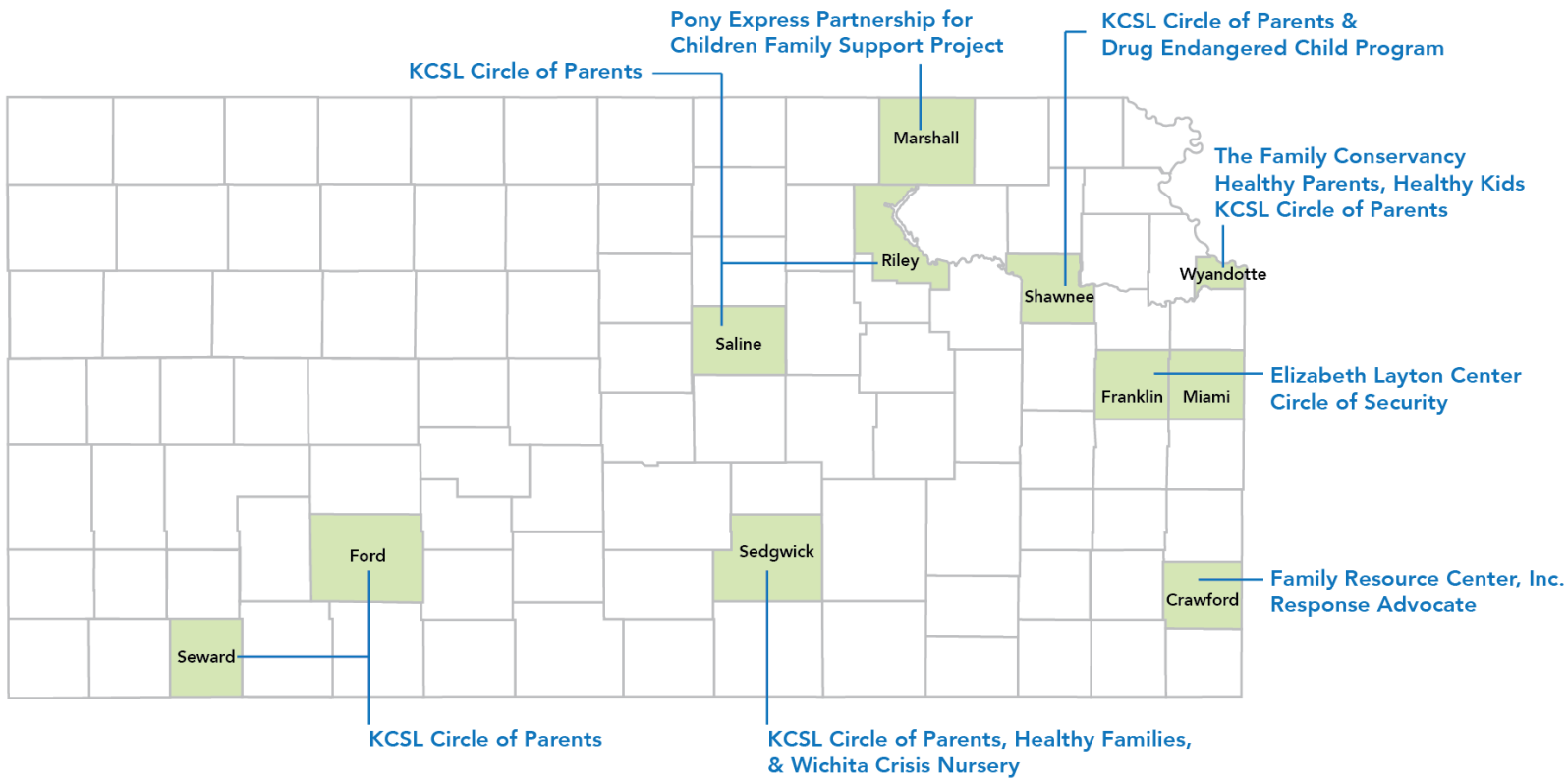
Over the years, statewide collaborations, innovative evaluation ideas, and new ways of looking at prevention have shaped CBCAP in Kansas. The result is a strong network of local and statewide supports that work together toward true prevention: stopping abuse before it occurs.

CBCAP SERVICES

The challenges faced by CBCAP families, including housing and food insecurity, past traumas, and histories of substance use can overwhelm even the most well-supported families. CBCAP programs offer a variety of services based on the unique needs identified by their community. These services include:



CBCAP GRANTEE LOCATIONS



SECTION 2

GRANTEE PROFILES

CBCAP program staff tailor service delivery to meet the particular needs of their communities, taking into account current gaps in services and established past successes

GUIDE TO THE PROGRAM PROFILES

On the pages that follow, each CBCAP grantee has its own profile detailing program activities from the past year, starting with a brief overview of the program.

Federal guidelines encourage CBCAP programs to focus on building collaborative relationships within their communities and develop outreach efforts to reach those populations most at risk for child abuse and neglect. The following profiles highlight the specific ways each program collaborates with community partners and reaches special populations. Findings from the local needs assessment completed by each grantee are used to further describe the unique challenges facing their community, and highlight the solutions offered by each program.

The last page of each profile depicts a breakdown of funding sources used to supplement CBCAP funds, the number of individuals served, and outcomes achieved as measured by the Protective Factors Survey, 2nd Edition (PFS-2).

THE PROTECTIVE FACTORS SURVEY 2ND EDITION (PFS-2)

The Center for Public Partnerships and Research at the University of Kansas developed the PFS-2 in collaboration with the FRIENDS National Center for Community-Based Child Abuse Prevention for use by CBCAP grantees and other practitioners working in the field of child maltreatment prevention. It is a self-report survey completed by parents and caregivers to measure protective factors in five areas: family functioning and resilience, social supports, concrete supports, nurturing and attachment, and caregiver/practitioner relationship.

A score of three or above on the PFS-2 indicates that a family's skills, behaviors, and/or available resources are likely to act as protective factors, decreasing the risk of abuse and neglect.

In FY 18, CBCAP programs participated in the national field test of the revised PFS-2 to help support the development of the final version of the survey instrument. All Kansas CBCAP programs are required to use the PFS-2.

CIRCLE OF SECURITY

ELIZABETH LAYTON CENTER

Circle of Security is a community collaboration involving the Franklin and Miami county health departments, primary care physicians, public schools, and Infant-Toddler Part C Early Intervention agencies. Circle of Security parent groups are provided to establish healthier attachments, improve child behavior, increase nurturing from parents, and encourage a supportive home life for all members of the family.

Serving children and families living in poverty

STRATEGIES

- Parent education
- Parent-child interaction support
- Home visiting
- Staff training and professional development

"After she completed the Circle of Security program, one of our moms reported her children seemed more compliant, less aggressive, and were playing better together. She attributed these changes to the changes she had made in her parenting and using the Circle of Security concepts."

- Betsy Scott-Teigen, Circle of Security provider

CIRCLE OF SECURITY ELIZABETH LAYTON CENTER

COLLABORATION

- Created new partnerships with a local library and the Ottawa Recreation Commission where they plan to begin holding Circle of Security (COS) groups.
- Offered weekly COS groups at the Miami County Health Department.
- Received referrals from local libraries and schools, Early Head Start and Head Start, Ransom Memorial Hospital, Kaw Valley Center, and Willow Domestic Violence Center.
- Invited a home visitor from the health department to attend COS meetings held there, allowing her to continue using the material and reinforcing the parenting skills in her home visits.

SPECIAL POPULATION OUTREACH

- Collaborated with a local homeless shelter to provide transportation to residents who wished to attend COS classes.
- Grew by increasing the number of expecting parents attending COS groups, providing opportunities for parent education before a baby is even born.

EVIDENCE BASE

Promising: The COS curriculum is an intervention with model fidelity and has at least one peer-reviewed study with a control or comparison group.

CHALLENGES

- 15% of children in Franklin County and 9% of children in Miami County are living below the poverty line.
- Families in Franklin and Miami counties face a shortage of available child care, particularly center-based programs for early intervention services and for children identified as having special needs.[1]
- Miami County has no pediatricians and there is only one pediatrician in Franklin County, making it increasingly difficult to connect at-risk children to services/resources.
- Franklin and Miami counties have just one hospital, which only delivers low-risk pregnancies.

SOLUTIONS

- Attachment-based intervention that teaches positive parenting skills using observation and reflection.
- Eight to ten home visits or individual class sessions for at-risk families with children from birth-24 months.
- Parent education that is sensitive and responsive to trauma and informed by research on Adverse Childhood Experiences (ACEs).

CIRCLE OF SECURITY ELIZABETH LAYTON CENTER

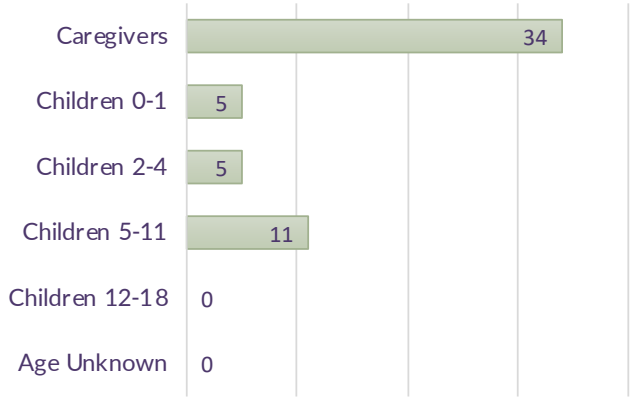
OUTCOMES

The number of families who scored a three or above increased or remained stable between pre- and post-test on the following subscales of the PFS-2 (n = 5*):

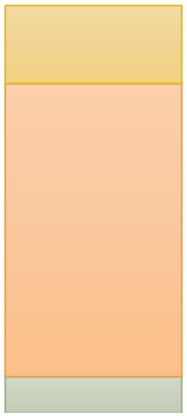
- Family Functioning/Resilience by 25%
- Social Supports by 25%
- Caregiver/Practitioner Relationship remained stable
- Nurturing and Attachment remained stable

**The sample was too small to assess for statistical significance.*

NUMBERS SERVED



TOTAL FUNDING: $39,501



"CBCAP funds give us the ability to provide outreach to the children and families who need our services the most but may not otherwise be reached."

- Betsy Scott-Teigen, Circle of Security provider

HEALTHY PARENTS, HEALTHY KIDS

THE FAMILY CONSERVANCY

The Healthy Parents, Healthy Kids program services include The Incredible Years program (parent training); Conscious Fathering classes (preparing men for the challenges of fatherhood); and Child of Mine (prenatal and infant care education). All programs work together to increase a range of family protective factors.

Serving high-risk families at Juniper Gardens and St. Margaret's Park public housing

STRATEGIES

- Parent support groups
- Adult support services
- Advocacy and awareness
- Resources and referrals
- Fatherhood program

"We want to model for [families] a consistency in our class format, so they can become more consistent at developing their children at home."

- Sabrina Boyd, Healthy Parents, Healthy Kids provider

HEALTHY PARENTS, HEALTHY KIDS THE FAMILY CONSERVANCY

COLLABORATION

- K-State Research and Extension provided families with educational materials and trainings on nutrition, stress management, and gardening.
- The local health department provides trainings and classes for the families served and acts as a referral source.
- Healthy Parents, Healthy Kids provided referrals for families to Early Head Start and Head Start; Maternal, Infant, and Early Childhood Home Visiting (MIECHV) services; outpatient mental health programs; and substance abuse services.

SPECIAL POPULATION OUTREACH

- Created a new class, with the help of an interpreter, specifically for Somali families to enhance their knowledge of child development and build connections within the community.
- Hosted events specifically to recruit the participation and involvement of dads living in the public housing units.
- Provided services to families whose first language was not English (69% of families served had a first language other than English).

EVIDENCE BASE

Well Supported: The Incredible Years has been rated an “effective" program by the Office of Juvenile Justice and Delinquency Prevention's Model Program guide and "proven" by the Promising Practices Network.

CHALLENGES

- St. Margaret's Park has experienced a surge in its refugee population, heightening both cultural and linguistic challenges for staff.
- Juniper Gardens and St. Margaret’s Park public housing residents are living in poverty. All the school-aged children are eligible for free lunch, and the majority of families receive food assistance.
- The majority of families served have inadequate access to prenatal care, and only a small number of families have medical homes for ongoing health care.

SOLUTIONS

- A strong partnership with the Kansas City, KS Housing Authority allows for individualized outreach and on-site services to residents of two public housing complexes.
- Families are offered three programs: The Incredible Years (18-week parenting education curriculum), Conscious Fathering (nine father-focused sessions), and Child of Mine (8 prenatal and infant care education sessions).

HEALTHY PARENTS, HEALTHY KIDS THE FAMILY CONSERVANCY

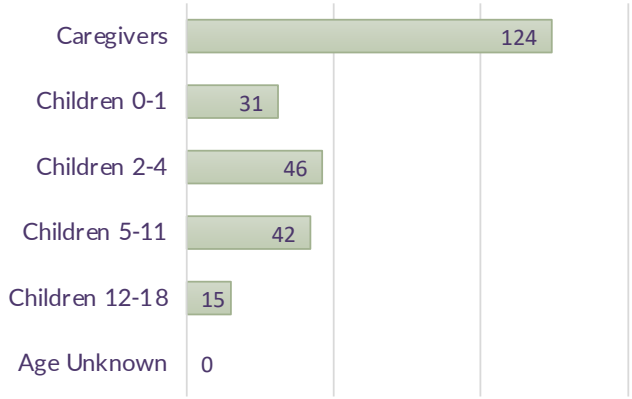
OUTCOMES

The number of families who scored a three or above increased or remained stable between pre- and post-test on the following subscales of the PFS-2 (n = 50):

- Family Functioning/Resilience by 30%*
- Social Supports by 26%*
- Caregiver/Practitioner Relationship by 20%*
- Nurturing and Attachment remained stable

**Results significant at the (p < .01) level*

NUMBERS SERVED



TOTAL FUNDING: $301,049

CBCAP $52,000

ECBG $12,000
TRUST FUND $23,067

MATCH $213,982

"Our Somali interpreter has been very beneficial, and the parents are much more engaged during the class time. The interpreter has even said that she has learned a lot herself."

- Sabrina Boyd, Healthy Parents, Healthy Kids provider

RESPONSE ADVOCATE

THE FAMILY RESOURCE CENTER, INC.

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 visits a family's home when there has been involvement with law enforcement. 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.

Supporting children and families in crisis

STRATEGIES

- Educate police officers
- Accompany police officers on calls
- Offer case management and referrals
- Provide home visits/parent education

"Sometimes…we think we know what the families need and want, but every family is different and individual, and you have to approach it differently each time."

- Ann Elliott, Executive Director, Family Resource Center

RESPONSE ADVOCATE THE FAMILY RESOURCE CENTER, INC.

COLLABORATION

- Received the Outstanding Service Award from the Pittsburg Police Department for their work with children and families, and worked closely with them to discuss strategy, raise funds, and ensure the program continues to meet the needs of the community.
- Partnered with other community agencies to hold a Safe Sleep event, a community car seat event, and a community baby shower.
- Referred families as needed to Early Head Start, Crawford County Mental Health, local substance abuse providers, and the health department.

SPECIAL POPULATION OUTREACH

- Served on several homeless advisory boards and coordinated with a day shelter and rapid re-housing program to ensure outreach to homeless populations.
- Collaborated with CLASS, Mosaic, New Hope, and the Community Developmental Disability Organization (CDDO) of Southeast Kansas to reach populations with intellectual and other developmental disabilities.
- Worked closely with victim advocates at the local domestic violence shelter to reach and serve families affected by domestic violence.

EVIDENCE BASE

Well Supported: Response Advocate uses Strengthening Families, a Substance Abuse and Mental Health Services Administration model program that is rated as 'effective' by the office of Juvenile Justice and Delinquency Prevention Model Programs Guide.

CHALLENGES

- The median household income in Crawford County is $39,521. This is $15,307 less than the Kansas statewide average income. [1]
- In Crawford County, 23% of children live below the poverty line, compared with 14% statewide. [1]
- Drug violations and overall calls for police intervention have increased in Pittsburgh. This decreases the time and follow-up officers can provide to families and increases the need for the Response Advocates.
- Crawford County has higher rates of infant mortality and lower rates of prenatal care than the overall rates in Kansas. [1]

SOLUTIONS

- Partner with law enforcement to identify families in crisis and provide the support they need to maintain custody of their children.
- Provide home visiting and case management.
- Educate police officers on best practices in supporting families in crisis.

RESPONSE ADVOCATE THE FAMILY RESOURCE CENTER, INC.

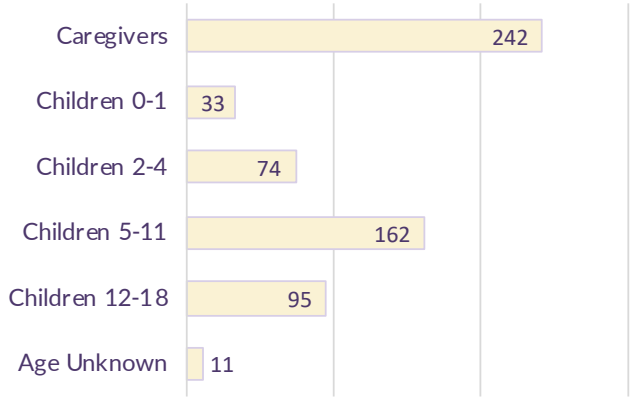
OUTCOMES

The number of families who scored a three or above increased between pre- and post-test on the following subscales of the PFS-2 (n = 69):

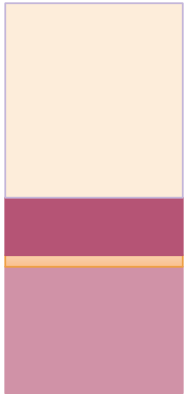
- Family Functioning/Resilience by 51%*
- Social Supports by 64%*
- Caregiver/Practitioner Relationship by 21%*
- Nurturing and Attachment by 16%*

**Results significant at the (p < .01) level*

NUMBERS SERVED



TOTAL FUNDING: $135,476



CBCAP $67,527

ECBG $20,005

TRUST FUND $4,032

MATCH $43,912

"If you work in the field, you know what's available, but as a parent you really don't. And there are a lot of hoops to jump through."

- Ann Elliott, Executive Director, Family Resource Center

DRUG ENDANGERED CHILD

KANSAS CHILDREN'S SERVICE LEAGUE

The Drug Endangered Child program supports mothers working to overcome substance abuse and helps them make lasting changes to how their family functions. The program includes early identification of parents who are abusing substances and offers intensive (weekly) support through case management and home visits.

Serving families of young children with a parent who has a history of substance abuse

STRATEGIES

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

"Sometimes it's us coming in and just being able to listen, and be patient, so you understand the barriers, and why certain tasks are so hard."

- Amber Miller, Supervisor, Drug Endangered Child program

DRUG ENDANGERED CHILD KANSAS CHILDREN'S SERVICE LEAGUE

COLLABORATION

- Served on the Fetal Infant Mortality Review Board in Shawnee County to review cases and recommended changes to the community's service delivery system to reduce infant mortality.
- Coordinated services with all local substance abuse treatment and ensured the progression of client treatment plans.
- Increased outreach to homeless population by working closely with local homeless shelters and the Topeka Housing Authority.
- Provided referrals to Women, Infants, and Children (WIC) program, immunization clinics, and newborn health visits.

SPECIAL POPULATION OUTREACH

- Provided services and outreach specifically to children and parents impacted by addiction.
- Ensured that participants complete the Adverse Childhood Experiences (ACE) questionnaire to help case managers provide better services to those affected by ACEs. More than half of the parents served had four or more ACEs.
- Served a high number of children exposed to substances in utero, putting them at higher risk for developmental delays.
- Served many families who were living with relatives or did not have a place of their own.

EVIDENCE BASE

Emerging and Evidence Informed: The Drug Endangered Child (DEC) program uses the Partners for a Healthy Baby curriculum, a nationally recognized and evidence-informed program.

CHALLENGES

- Shawnee County has no other options for mothers and children seeking this type of help. There are no other programs of this kind serving the zero to five age range.
- Shawnee County has one of the highest rates of children in out-of-home placement.
- Parental substance abuse is the primary reason children in Shawnee County are placed in custody of the Kansas Department for Children and Families.

SOLUTIONS

- Work with hospital intake centers and one obstetrics/gynecology office to screen new moms while still in the hospital, reaching them as early as possible.
- Help families access treatment services and concrete supports in order to build positive social support systems.
- Provide home visiting services to enhance parent-child interaction and overall family functioning.
- Offer connections to postpartum and pediatric care.

DRUG ENDANGERED CHILD KANSAS CHILDREN'S SERVICE LEAGUE

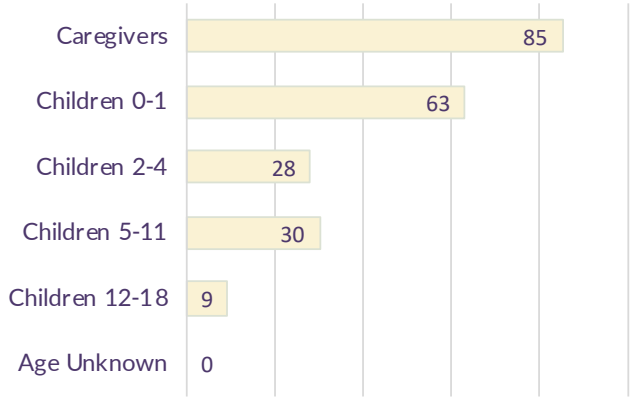
OUTCOMES

The number of families who scored a three or above increased between pre- and post-test on the following subscales of the PFS-2 (n = 31):

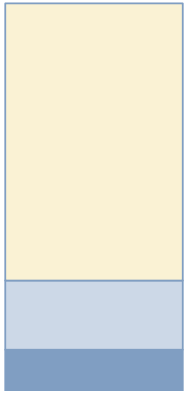
- Family Functioning/Resilience by 52%*
- Social Supports by 38%*
- Caregiver/Practitioner Relationship by 15%**
- Nurturing and Attachment by 11%*

**Results significant at the (p < .01) level*
***Results significant at the (p < .05) level*

NUMBERS SERVED



TOTAL FUNDING: $199,474



"There are crises that occur, there are stressors, there are barriers – [families] cope with that. I think that builds strong families."

- Amber Miller, Supervisor
Drug Endangered Child program

WICHITA CRISIS NURSERY

KANSAS CHILDREN'S SERVICE LEAGUE

The Wichita Crisis Nursery program 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 management is provided to assist families in accessing a wide range of resources to address a family's needs, including medical and mental health referrals, and parent education.

Serving children and families in need of child care and other supports

STRATEGIES

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

"This is a really high-risk group of children and families, and we're there at a critical time in that family's life."

- Vicky Roper, Director, Education and Awareness
Kansas Children's Service League

WICHITA CRISIS NURSERY KANSAS CHILDREN'S SERVICE LEAGUE

COLLABORATION

- Worked closely with homeless programs to help clients transition to stable housing, secure employment, and find safe, licensed child care.
- Provided referrals, as needed, to mental health, substance abuse, public health programs, and family court judges.
- Fostered relationships with Rainbows United and Screen for Success to help ensure appropriate placements for children with special needs.
- Partnered with a home-based child care provider who provides care in the evenings and on Saturdays to help fill a growing need for parents working outside of typical office hours.

SPECIAL POPULATION OUTREACH

- Provided program outreach at a faith-based food bank located in the zip code with the highest poverty levels.
- Worked closely with domestic violence shelters and victim advocates to share referrals and coordinate services.
- Served on the Fatherhood Coalition in Wichita to help promote fatherhood groups and events.
- Recruited women through specific outreach efforts in inpatient and outpatient treatment facilities, single parents, and military parents.

EVIDENCE BASE

Emerging and Evidence Informed: The Wichita Crisis Nursery is modeled after and adheres to the curriculum of Relief Nursery, Inc., an evidence-informed model.

CHALLENGES

- A 2013 community needs assessment found that parents lacked a safe place to leave their children between the start of their employment and when their subsidized child care begins.
- In 2016, Wichita had approximately 12,000 low-income working families with children. [2]
- In 2017, 23% of Wichita children were living in poverty.[3]
- Sedgwick County has only three Early Head Start spaces for every 100 children living below the poverty line, compared with the statewide average of ten spaces.[1]
- Sedgwick County has only 13 Head Start spaces for every 100 children living below the poverty line, compared with the statewide average of 47 spaces.[1]

SOLUTIONS

- Connect families with safe, licensed daytime and respite child care to provide children with nutritious food, nurturance, consistency, and a stimulating routine.
- Provide advocacy, resources, and referrals to help resolve emergencies or crisis situations.
- Create ongoing referral and case management services.

WICHITA CRISIS NURSERY KANSAS CHILDREN'S SERVICE LEAGUE

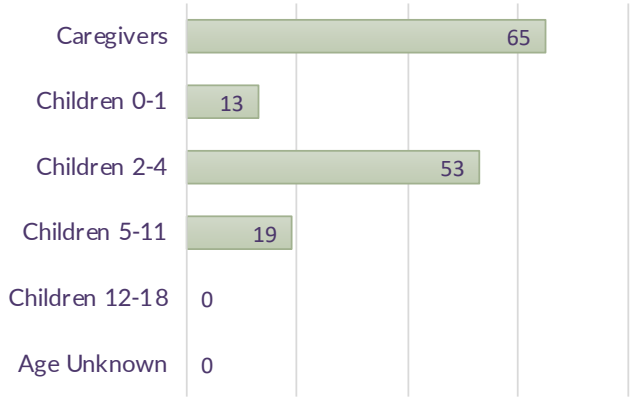
OUTCOMES

The number of families who scored a three or above increased between pre- and post-test on the following subscales of the PFS-2 (n = 38):

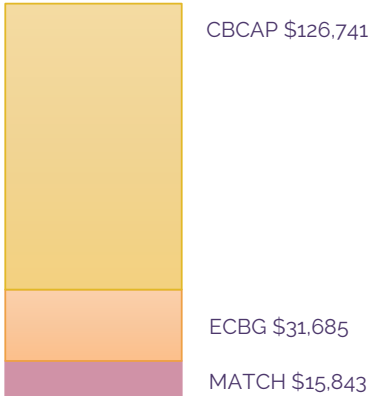
- Family Functioning/Resilience by 35%*
- Social Supports by 21%*
- Caregiver/Practitioner Relationship by 16%**
- Nurturing and Attachment by 4%*

**Results significant at the (p < .01) level*
***Results significant at the (p < .05) level*

NUMBERS SERVED



TOTAL FUNDING: $174,269



"Our case manager has an excellent working relationship with [a new program for homeless families]. Together both programs are working to help clients move to stable housing, secure employment, and safe, well-established, licensed child care."

- Pam Noble, Family Services Manager, Wichita Crisis Nursery

FAMILY SUPPORT PROJECT

PONY EXPRESS PARTNERSHIP FOR CHILDREN

The Family Support Project addresses the needs of families and children who are homeless, 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 are provided with intensive case management services.

Serving families and children who are homeless or at risk for homelessness

STRATEGIES

- Homelessness/transitional housing
- Parent education
- Home visiting
- Resource and referral
- Love and Logic classes

"One family began the program facing eviction and saddled with multiple debts. We sat down and worked out a budget together. The family worked hard to stick to the budget and recently shared with me that they are DEBT FREE! To see the sense of accomplishment and pride they had makes every second of what we do with the CBCAP program worth it."

- April Todd, Executive Director, Pony Express Partnership for Children

FAMILY SUPPORT PROJECT PONY EXPRESS PARTNERSHIP FOR CHILDREN

COLLABORATION

- Fostered a new partnership with K-State Research and Extension to provide a Food Nutrition Program for families served.
- Partnered with Salvation Army and provided school supplies to 270 students across Marshall County.
- Worked with referral partners including the local mental health agency, the county health department, schools, and the hospital.
- Served on the board of directors for Pawnee Mental Health Services, and shared referrals to meet a wider range of needs for families.
- Collaborated with the County Educational Services Cooperative to help families of children with special needs navigate the Individualized Education Program (IEP) process and secure educational advocates when necessary.

SPECIAL POPULATION OUTREACH

- Targeted families who are homeless or at risk of homelessness for program services.
- Coordinated with the Salvation Army and United Way and developed a broad outreach effort to help ensure that all families who need housing solutions are being reached.

EVIDENCE BASE

Emerging and Evidence-Informed: The Family Support Project uses 'Parenting the Love and Logic Way,' an evidence-informed curriculum.

CHALLENGES

- Of elementary aged children in Marshall County, 42% receive free and reduced lunch. [1]
- In 2017, the Family Support Project served 158 children who were homeless or at risk for homelessness.
- Families living in poverty and preoccupied with providing for basic needs are at higher risk for abuse.

SOLUTIONS

- Provide intensive family support services using the Housing First model (immediate rental and housing assistance before any other step).
- Increase self-sufficiency by providing rental assistance on a step-down scale.
- Provide intensive family support and case management through home visits.
- Refer families to community resources.

FAMILY SUPPORT PROJECT PONY EXPRESS PARTNERSHIP FOR CHILDREN

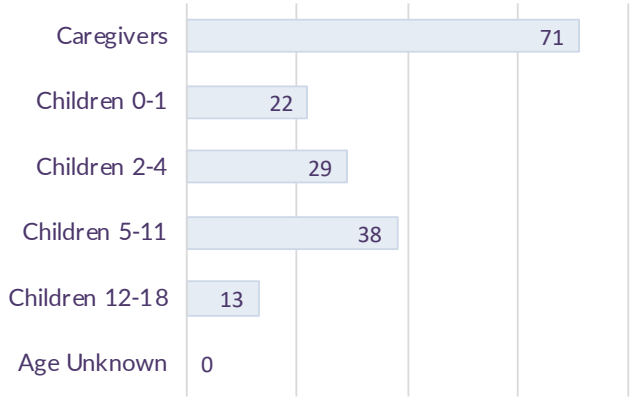
OUTCOMES

The number of families who scored a three or above increased between pre- and post-test on the following subscales of the PFS-2 (n = 7*):

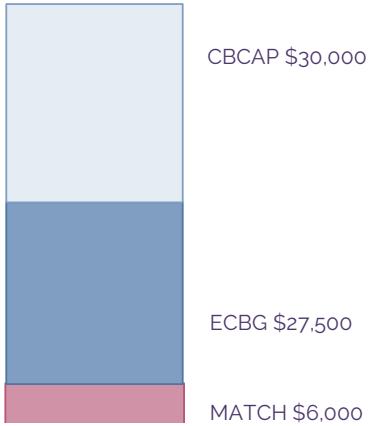
- Family Functioning/Resilience by 35%
- Social Supports remained stable
- Caregiver/Practitioner Relationship remained stable

**The sample was too small to assess for statistical significance.*

NUMBERS SERVED



TOTAL FUNDING: $63,500



"We want [families] to be able to stop and breathe and help them to focus on learning and growing instead of being in crisis mode."

- April Todd, Executive Director
Pony Express Partnership for Children

SECTION 3

STATEWIDE GRANTEE

KANSAS CHILDREN'S SERVICE LEAGUE

STATEWIDE GRANTEE KANSAS CHILDREN'S SERVICE LEAGUE

CHALLENGES

- In Kansas, 85% of counties are rural communities with scarce resources for families. [4]
- In FY 17, Kansas had 67,372 reports of child abuse and neglect, an increase of 20% from 2010 to 2017. [5]
- In Kansas, 52 child fatalities occurred between 2013 and 2017. [6]
- Children under age one are at the highest risk of dying as a result of abuse or neglect. [6]

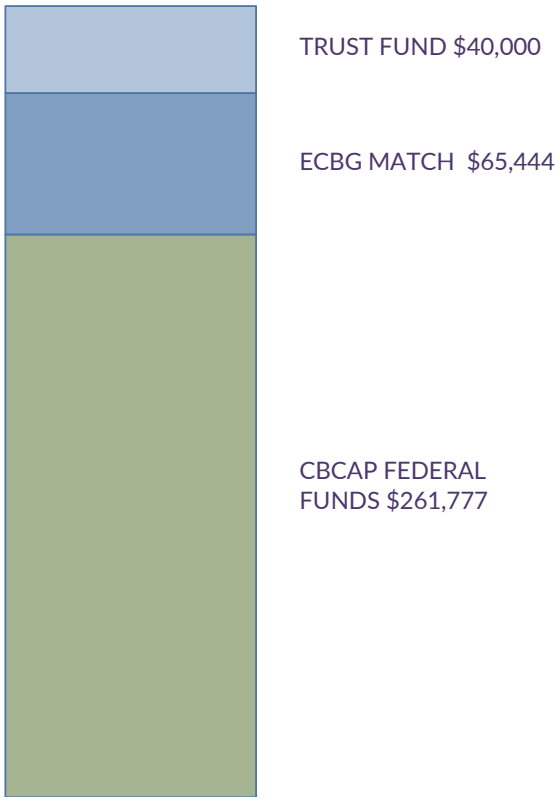
SOLUTIONS

Kansas Children's Service League has created a network of services designed to meet the needs of Kansans across the state. These programs work together to offer the following solutions:

- **Stop child maltreatment before it occurs** by reducing risk factors and increasing protective factors
- **Reach counties with limited resources** by offering statewide services that provide aid and education to families across the state
- **Connect families with existing services** by educating families about the availability of local services and making necessary referrals
- **Raise public awareness of child maltreatment prevention**

The following pages offer descriptions of the eight programs funded under the statewide grant.

TOTAL CBCAP FUNDING: $367,221



STATEWIDE GRANTEE KANSAS CHILDREN'S SERVICE LEAGUE

CIRCLE OF PARENTS SUPPORT GROUPS

Program Goals

- Strengthen families by promoting safe, stable, and nurturing relationships
- Enhance parent involvement and leadership
- Provide practical solutions to family issues and concerns
- Connect families with resources

This program is a self-help model for caregivers who are experiencing stress in raising their children. Through this program, parents connect with other parents who are also looking to improve their parenting skills. Trained volunteers lead the groups, and they 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.

This program offers parents valuable information about healthy parenting skills, domestic violence, fatherhood, and creating healthy and safe family environments.

The Circle of Parents model of mutual self-help support groups is nationally recognized as being key in strengthening families and preventing child abuse and neglect.

344 new and returning parents attended Circle of Parents support groups.

98% of participants found the information and skills covered in the program to be useful.

$64,740 CBCAP Funding

$248,122 Total Program Funding

This program is a support group for parents who are experiencing stress in raising their children. Through participating in this program, parents learn to better understand themselves and their children.

STATEWIDE GRANTEE KANSAS CHILDREN'S SERVICE LEAGUE

1-800-CHILDREN PARENT HELPLINE

Common Calls to the Helpline

- Parenting questions
- Developmental milestones (infant crying, toilet training, tantrums, etc.)
- Kinship
- Bullying
- Referrals to community resources

The Parent Helpline is ready to assist parents and children by listening to frustrations, talking through problems, and answering questions about the challenges of parenting. Trained staff provide information and referrals to help meet basic needs (including shelter), locate parenting resources, and access services for children.

In addition to calling the Helpline directly, callers can reach out by email or through a recently released app. Information and materials are distributed through social media and are available for parents who are looking for information online.

1,245 inquiries were made to the Parent Helpline.

98% of callers reported receiving the support and/or information they sought.

$37,396 CBCAP Funding

$44,493 Total Program Funding

This free, anonymous helpline is open 24 hours a day, seven days a week, and is available in over 200 languages.

STATEWIDE GRANTEE KANSAS CHILDREN'S SERVICE LEAGUE

CHILD ABUSE PREVENTION (CAP) MONTH

As the Kansas Chapter of Prevent Child Abuse America, KCSL organizes trainings and events across the state as part of CAP Month every April.

CAP Month is a large nationwide campaign and includes:

- Events such as 'Wear Blue Day' and pinwheel planting to raise public awareness of child abuse and neglect 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 promote the importance of the prevention of child abuse and neglect
- Parenting tips and family activity ideas

31 communities held CAP Month events.

93% of CAP Month partners reported increased awareness of child abuse and neglect.

53,131 Pinwheels for Prevention were distributed statewide.

$84,030 CBCAP Funding

$95,876 Total Program Funding

Materials are available in English and Spanish and are used to educate the public about abuse prevention and increase awareness of available community support services.

STATEWIDE GRANTEE KANSAS CHILDREN'S SERVICE LEAGUE

TRAUMA-INFORMED TRAINING

Trauma-Informed Training offers professional development and training opportunities on a variety of topics to service providers both in person and remotely. Topics include:

- Adverse Childhood Experiences (ACEs)
- Recognizing Child Abuse and Neglect
- Abusive Head Trauma
- Safe, Stable, and Nurturing Relationships

$18,508 | **CBCAP Funding**

$43,902 | Total Program Funding

Trauma-informed trainings equip service providers and other professionals with skills and knowledge to stop abuse before it occurs. Training helps child maltreatment prevention professionals provide consistent, accurate information and resources to families across the state.

The program offers training to a variety of audiences:

- Professionals at early learning centers
- K-12 educators
- Boys and Girls Clubs
- Camp staff
- Home visitors
- County health departments
- Juvenile detention centers
- CASA volunteers

1,302 | **professionals trained on ACEs, child abuse and neglect, safe, stable, and nurturing relationships, strengthening families, and abusive head trauma.**

97% | **indicated increased knowledge on the topics surveyed.**

In an effort to stop abuse before it occurs, this program offers in-person and remote training to a variety of audiences.

STATEWIDE GRANTEE KANSAS CHILDREN'S SERVICE LEAGUE

THE PERIOD OF PURPLE CRYING

This evidence-based primary prevention program is designed to help parents of new babies understand and safely respond to the normal infant developmental stage of increased crying, and educate about the risk of Shaken Baby Syndrome.

The National Center on Shaken Baby Syndrome created the Period of PURPLE Crying program to advise new parents how to cope with the stress of infant crying. The program includes a booklet and DVD, written materials (available in eleven languages), and web-based applications. These materials provide families with information about local resources, the Parent Helpline number, and a link to resources on the National Center on Shaken Baby Syndrome website.

Of the 64 birthing hospitals in the state, 62 implement the Period of PURPLE Crying. Home visitors work with high risk families to deliver program messaging, materials, and concept reinforcement.

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

3,406 parents returned Period of PURPLE Crying hospital surveys assessing strategies to cope with crying children.

99% reported that they were more likely to put their baby in a safe place and walk away when angered or overwhelmed by crying.

24,970
DVDs distributed to new parents

$85,336 CBCAP Funding

$114,248 Total Program Funding

This evidence informed and strength based approach to assist families employs a triple dose strategy by introducing, reinforcing, and promoting the message of their program.

STATEWIDE GRANTEE KANSAS CHILDREN'S SERVICE LEAGUE

HEALTHY FAMILIES HOME VISITING

Healthy Families is a Maternal, Infant, and Early Childhood Home Visiting (MIECHV) evidence-based program serving pregnant women and families with children ages birth to five years.

$75,711 | **CBCAP Funding**

$3,818,081 | Total Program Funding*

*CBCAP funds only the Sedgwick County Healthy Families Home Visiting program. The total program funding shown here represents statewide program funding for Healthy Families.

This relationship-based home visiting program is guided by the belief that early, nurturing relationships lay the groundwork for lifelong healthy development. This program provides strengths-based, family-centered services designed to promote healthy attachment and positive parent-child relationships.

Program services are designed to be culturally-sensitive and reflective for parents facing challenges such as single parenthood, poverty, a childhood history of abuse and other adverse childhood experiences (ACEs), and current or previous issues related to substance abuse, mental health, and/or domestic violence.

Healthy Families Home Visiting offers:

- Screenings and assessments to identify families at risk for child maltreatment or other ACEs
- Routine screening for child developmental delays and maternal depression

18 | **families served by the Sedgwick County Healthy Families Home Visiting program through CBCAP**

78% | **of families who completed pre and post tests improved their HOME IT scores.**

Healthy Families Home Visiting helps new parents learn ways to connect with their baby, reduce stress, and increase confidence in parenting by providing home visiting from pregnancy until the child is five.

STATEWIDE GRANTEE KANSAS CHILDREN'S SERVICE LEAGUE

GOVERNOR'S CONFERENCE FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

November 1-3, 2017

The Governor's Conference for the Prevention of Child Abuse and Neglect is an annual educational and networking event featuring experts in the field of child maltreatment prevention. The conference offers trainings on the latest research findings, best practices, and noteworthy trends to professionals and service providers in Kansas.

The conference provides a variety of all-day sessions and workshops, and includes two keynote speakers who present cutting-edge trends and knowledge. By providing professionals with the most up-to-date information and research available, the conference works to strengthen the families of those served.

530 individuals attended the Governor's Conference for the Prevention of Child Abuse and Neglect.

99% of attendees reported the information and skills covered were helpful and useful.

$1,500 CBCAP Funding

$108,483 Total Program Funding

Eighteen partner organizations participate on the conference planning committee, including representatives of state agencies, other CBCAP programs, and child welfare contractors.

STATEWIDE GRANTEE KANSAS CHILDREN'S SERVICE LEAGUE

PARENT LEADERSHIP CONFERENCE

October 13-14, 2017

Every year, KCSL sponsors a Parent Leadership Conference that includes a variety of educational workshops offered at no cost to attendees. Parent leaders, many of whom are former victims of child abuse or domestic violence, work together to determine training topics. Up to 200 parents attend workshops that include information on advocating for children's needs, fatherhood, family communication, special education, and positive discipline strategies.

The conference provides free child care for children ages birth to twelve years, as well as meals, lodging, and mileage reimbursement. Typically, one-third of attendees are Spanish speakers, and the conference provides real-time Spanish translation, along with sessions and materials available in Spanish.

213 parents attended the Parent Leadership Conference.

92% of those surveyed reported increased knowledge of the value of parent involvement.

$27,000 Total Program Funding

The Parent Leadership Conference was not funded with CBCAP funds in FY 18. It did receive CBCAP funds in FY 17 and the program continues to work closely with other CBCAP statewide initiatives.

Key partner agencies include Kansas Head Start Association, Kansas Parent Information Resource Center, Families Together, and The Opportunity Project.

SECTION 4

CBCAP COMMON MEASURES INITIATIVE

CBCAP grantees participate in a Common Measures Initiative to provide information on short-term outcomes that tell the story of early childhood investments in Kansas. Grantees use the DAISEY integrated data system to track, evaluate, and report common measures.

COMMON MEASURES INITIATIVE

Quantitative data collection is organized across programs through a shared measurement system known as the Common Measures Initiative (CMI).

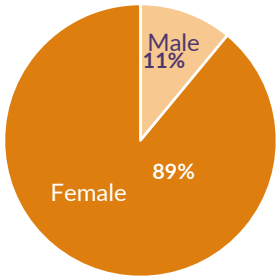
These common measures, selected by the Wichita State University Center for Applied Research and Evaluation, provide data on short-term outcomes related to the promotion of health and safety for children and families. As programs collect data, it is entered into a shared database: Data Application and Integration Solutions for the Early Years (DAISEY), which enables the Cabinet and grantees to monitor child, family, and program progress.

The measurement tools at right were used for data collection, as applicable, by CBCAP programs.

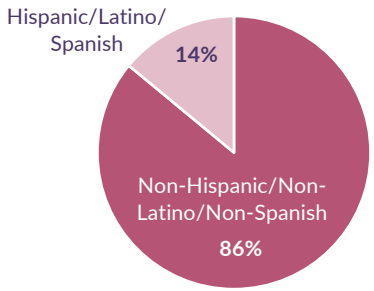
Home Observation for Measure of the Environment Infant-Toddler (HOME IT) and Early Childhood (HOME EC)	Observational assessment of both the physical environment and the interaction between a child and their parents/caregivers in their own home. The HOME is required for Cabinet-funded programs engaging in home visiting services.
The Protective Factors Survey, 2nd Edition (PFS-2)	A self-report measure of five protective factors: Family Functioning/ Resilience, Social Supports, Concrete Supports, Nurturing and Attachment, and Caregiver/Practitioner Relationship.
Ages & Stages Questionnaire (ASQ-3)	A developmental screening tool for ages one month to five and a half years. At regular intervals, parents report on their child's abilities in five areas: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social.
Ages & Stages Questionnaire: Social Emotional (ASQ:SE-2)	A screening tool for social-emotional development. Parents report on behaviors in seven areas: Adaptation, Affect, Autonomy, Compliance, Communication, Interaction with People, and Self-Regulation.
Keys to Interactive Parenting Scale (KIPS)	Observational assessment completed by service providers of parent-child interactions with children two months to six years. Assesses twelve key facets of parenting.

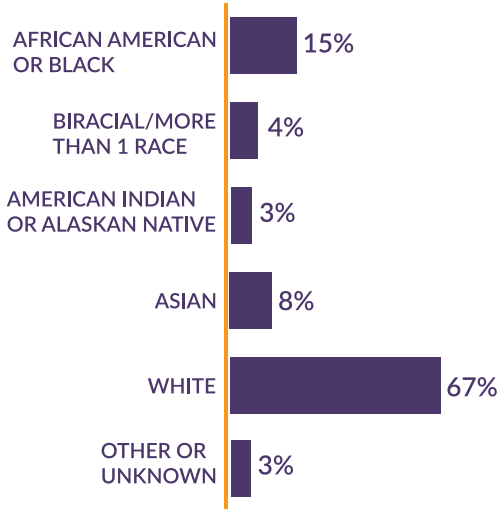
CMI DEMOGRAPHICS

401 Caregivers



EDUCATION	
High School Diploma	31%
Less than HS Diploma	33%
Some College or Higher	27%
Technical Training or Associates Degree	9%





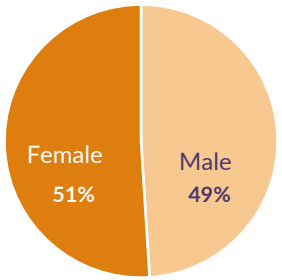
ANNUAL INCOME	
Less than $10,000	64%
$10,000-$19,999	18%
$20,000-$29,999	12%
$30,000-$39,999	3%
Above $40,000	3%

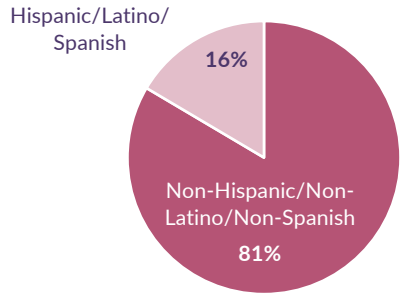
HOUSING STATUS	
Stable Housing	63%
Temporary Housing	16%
Homeless	12%
Unknown	9%

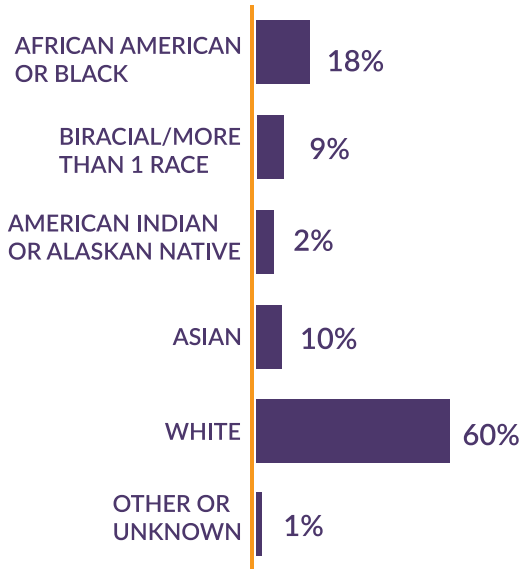
EMPLOYMENT	
Employed Full-Time	21%
Employed Part-Time	12%
Not Employed	65%
Unknown	2%

CMI DEMOGRAPHICS

393 Children







CHILD PARTICIPATING IN PART B SERVICES?	
No	98%
Yes	2%

CHILD PARTICIPATING IN PART C SERVICES?	
No	92%
Yes	8%

INSURANCE	
Medicaid	90%
No Insurance	7%
Private or Other	3%

CMI ASSESSMENTS

UNIQUE CHILD, PARENT, AND CHILD-PARENT PAIRS ASSESSED WITH EACH MEASURE BY CBCAP PROGRAM

PROGRAM	HOME IT	HOME EC	PFS-2	KIPS	ASQ-3	ASQ: SE-2	TOTAL PER PROGRAM*
Circle of Security	-	-	6	14	5	3	26
Family Support Project	-	-	14	2	12	12	40
Healthy Parents, Heathy Kids	-	-	36	49	28	23	134
Drug Endangered Child	39	12	70	50	58	59	288
KCSL Statewide	14	-	97	22	14	14	161
Wichita Crisis Nursery	27	20	38	-	56	56	197
Response Advocate	47	44	69	30	106	105	401
Totals	127	76	330	167	279	272	1,247

**Individual children were often screened using more than one measurement tool, making the actual sample size smaller than the total number of screenings collected.*

CMI RESEARCH QUESTIONS

Data collected through the Common Measures Initiative were used to answer the following research questions:

1. Are families engaged in CBCAP programming at risk of child abuse and/or maltreatment?
2. Do families who are engaged in CBCAP programming show improvement in protective factors?
3. Do families engaged in CBCAP programming show improvement in their home and family environment?
4. What parenting behaviors do families engaged in CBCAP services display? Do these behaviors change over time?
5. Are CBCAP programs promoting access to developmental and social-emotional screenings and making appropriate referrals?

RESEARCH QUESTION 1

Are families engaged in CBCAP programming at risk of child abuse and/or maltreatment?

DEMOGRAPHICS and PFS-2

Demographics were collected from each CMI participant to gather information on a variety of factors that place families at increased risk of child abuse and neglect.

The following information represents parents' responses to demographic questions and items on the Concrete Supports subscale of the PFS-2, collected at post-test.

The Centers for Disease Control and Prevention (CDC) suggests that certain caregiver characteristics – such as low level of education, single parenthood, and low SES - are associated with a higher risk that children living in the household will suffer abuse and neglect. Children younger than four years old, or with a disability, are at an increased risk of experiencing abuse and neglect. [7]

When parents struggle to provide concrete supports such as safe and consistent child care, food, and healthcare for their child, they face high levels of stress. Both poverty and parenting stress have been shown to contribute to child abuse and neglect. [7]

Results indicate that the majority of CBCAP families face a variety of risk factors and struggle to provide families with concrete supports such as food and other needed supplies.

86%	of children served by CBCAP were four years old or younger.
82%	of families served by CBCAP earn less than $20,000 a year.
64%	of caregivers served by CBCAP have a high school diploma or less.
68%	of caregivers are divorced, widowed, or have never been married.
73%	had trouble affording needs each month.
46%	had their food run out before they had money to buy more.
59%	were unable to pay for three or more of the following in the previous month: rent/mortgage, utilities, food, child care, medical, personal hygiene, transportation.

Kansas CBCAP is serving exceptionally vulnerable families.

RESEARCH QUESTION 2

Do Kansas families engaged in CBCAP programming show improvement in protective factors?

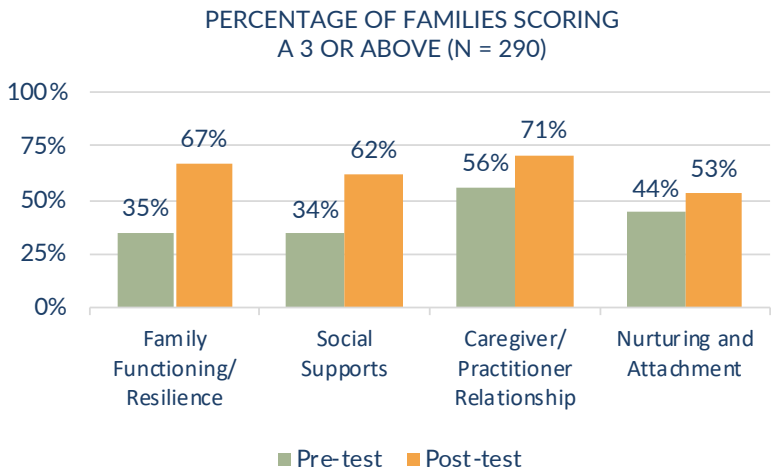
PFS-2

Child maltreatment prevention programs assist families in developing skills, knowledge, and behaviors in ways that will protect against the likelihood of abuse and neglect. The PFS-2 was designed to meet the evaluation needs of prevention programs by measuring change in multiple protective factors.

A score of three or above indicates that a family's skills, behavior, and/or available resources are likely to act as protective factors, decreasing their risk of abuse and neglect.

**There are likely unobserved differences between families in this sample and those who withdrew participation before post-test data could be collected.*

The following graph demonstrates the change in percentage of parents and caregivers scoring a three or above on each subscale of the PFS-2 from pre- to post-test. The increase indicated between pre- and post-test was statistically significant ($p < .01$) for each of the four subscales.



Families receiving services through CBCAP increased the protective factors known to decrease risk of child abuse and neglect.

RESEARCH QUESTION 3

Do Kansas families engaged in CBCAP programming show improvement in their home and family environment?

HOME IT

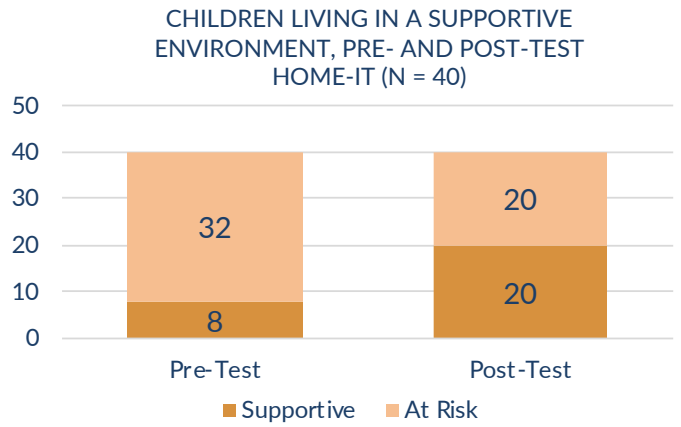
A nurturing and stimulating home environment is critical for helping children reach their potential. The HOME Infant-Toddler (HOME IT) provides information about the amount and quality of stimulation and support at home for children age two or younger. The HOME IT examines the following areas:

- Responsivity
- Acceptance
- Organization
- Learning materials
- Involvement
- Variety in daily stimulation

Based on overall scores, family environments were identified as either "at risk" (lacking adequate support and stimulation) or "supportive" (adequate for optimal child development).

**There are likely unobserved differences between families in this sample and those who withdrew participation before post-test data could be collected.*

The following chart represents how families' home environments changed over the course of their involvement in CBCAP programming.



At the pre-test observation, 32 families (80%) fell into the "at risk" category and 8 (20%) fell within the "supportive" category. When observed at post-test, 20 families (50%) were in the "supportive" category. Twelve families showed improvement in their environment by moving from "at risk" to "supportive," a statistically significant change ($p < .01$).

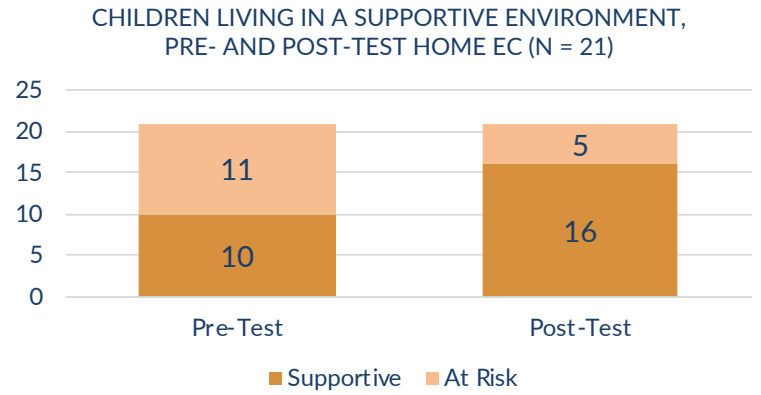
RESEARCH QUESTION 3 (cont'd)

HOME EC

Like the HOME IT, the HOME EC measures levels of support and stimulation in a child's home environment. The HOME EC measures eight subscale areas for children ages three to six years of age:

- Learning Materials
- Language Stimulation
- Physical Environment
- Responsivity of Parent to Child
- Academic Stimulation
- Modeling (parents' demonstration of desirable behaviors)
- Variety in Daily Stimulation
- Enrichment and Acceptance

The following chart represents how families' home environments changed over the course of their involvement in CBCAP programming.



At the pre-test observation, eleven families (52%) fell into the "at risk" category, while ten families (48%) fell within the "supportive" category. When observed at post-test, six additional families had moved from "at risk" to "supportive." The change between pre- and post test indicated improvement, it did not reach statistical significance (p = .057).

Families in CBCAP programming showed improvement in their home and family environments.

RESEARCH QUESTION 4

What parenting behaviors do families engaged in CBCAP services display? Do these behaviors change over time?

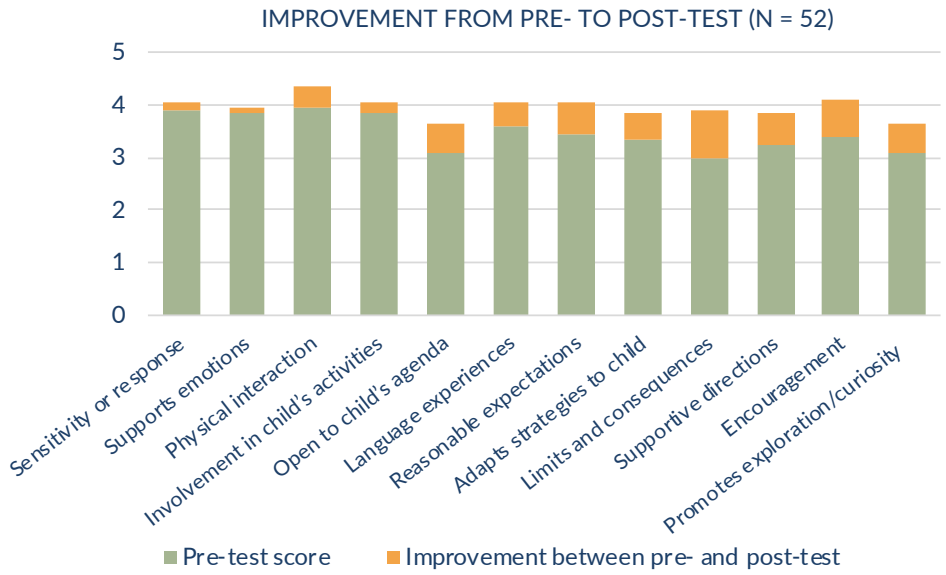
KIPS

The relationship between a parent and a child plays a significant role in all areas of a child's development. The Keys to Interacting Parenting Scale (KIPS) assesses the quality of parent-child interactions across twelve key parenting behaviors.

On each subscale, the parent-child pair is given a score from one to five, with one indicating the lowest quality of interactions and five indicating the highest quality of interactions.

**There are likely unobserved differences between families in this sample and those who withdrew participation before post-test data could be collected.*

Over the course of CBCAP services, families assessed with KIPS showed improved scores on each of the following subscales. The following chart represents the change in scores between pre- and post-test:



RESEARCH QUESTION 4 (cont'd)

KIPS

Individual scores for each of the twelve observed parenting behaviors are used to calculate an overall average score, which falls into one of three categories of parenting quality:

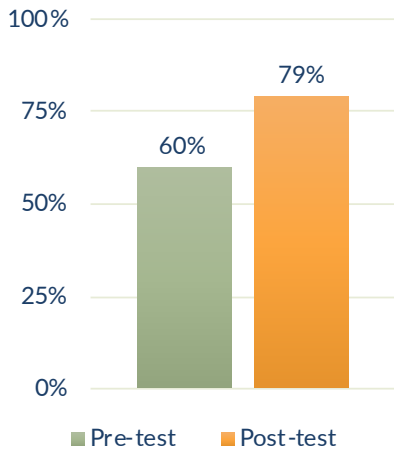
- Low Quality
- Moderate Quality
- High Quality

Over the course of CBCAP services, the percentage of families engaging in high quality interactions increased while the percentage of parents in the low quality category decreased.*

**These changes did not reach statistical significance.*

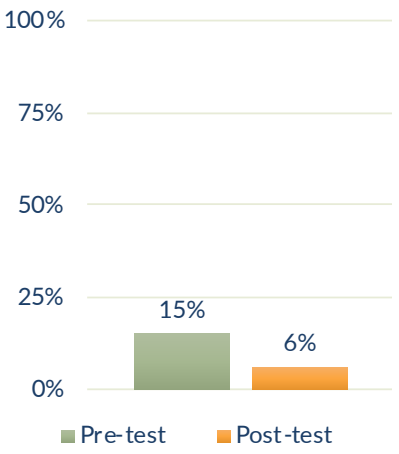
The percentage of parents in the High Quality category increased by 19%.

HIGH QUALITY INTERACTIONS



The percentage of parents in the Low Quality category decreased by 9%.

LOW QUALITY INTERACTIONS



Parenting behaviors increased in quality for families engaged in CBCAP programs.

RESEARCH QUESTION 5

Are CBCAP programs promoting access to developmental and social-emotional screenings and making appropriate referrals?

ASQ-3 and ASQ:SE-2

Early detection of developmental delays increases the chance a child will progress without the need for specialized education services. Developmental screenings such as the ASQ-3 and ASQ:SE-2 help parents and providers identify developmental delays and acquire necessary supports at an early age.

- The ASQ-3 tracks the child's development in the following areas: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social Skills.
- The ASQ:SE-2 screens for delays in social-emotional development in the following areas: Adaptive Functioning, Affect, Autonomy, Compliance, Interaction with People, Self-Regulation, and Social-Communication.

Every CBCAP program provided developmental screenings using the ASQ-3 and ASQ:SE-2. A majority of the children under age five were screened at least once by each tool.

ASQ-3

279	children (79%) under the age of five were screened using the ASQ-3.*
78	children were screened multiple times.
60	referrals were made to outside services.

ASQ:SE-2

272	children (76%) under the age of five were screened using the ASQ-SE:2.*
61	children were screened multiple times.
36	referrals were made to outside services.

**ASQ-3 and ASQ:SE–2 screenings may not be necessary for all children such as those already receiving Part C services or very young infants.*

CBCAP programs promote access to screenings and make appropriate referrals.

CMI CONCLUSION

CBCAP programming is designed to reach families at highest risk for abuse and neglect, and provide them with tools and services to ensure safe and stable homes. Data obtained from participant demographics, PFS-2, KIPS, and HOME show that families engaged in CBCAP services are making positive changes. Clear differences are being made in the lives of children and families.

IMPROVEMENTS

CBCAP programs reached a population facing a variety of risk factors that put children at higher risk for maltreatment.

Parents accrued the skills and resources needed to create a more supportive and stimulating home environment for their children.

Families engaged in CBCAP programming showed increased protective factors in family functioning and resilience, social supports, and nurturing & attachment.

Parent-child interactions increased in quality over the course of CBCAP services.

CBCAP programs provided access to developmental screenings and referred families to specialized services as needed.

RECOMMENDATIONS

Collecting meaningful data is a necessary component of continuous quality improvement and a useful way of highlighting successes and challenges. As the Cabinet continues to discuss how to best evaluate the work of this unique group of programs, we propose the following;

- **Increase the use of developmental screenings.** The ASQ-3 and ASQ:SE-2 screening tools ensure that potential developmental delays are identified early. Future technical assistance should focus on supporting programs to increase the percentage of families receiving screenings.
- **Assess the utility of a one-size-fits-all initiative.** CMI allows data from several CBCAP programs to be analyzed together, producing larger sample sizes. With this benefit however, comes the challenge of finding measures suitable for the range of services provided. Alternative ways of generating meaningful sample sizes and longitudinal data should be explored.
- **Reevaluate the measures used for data collection.** Providers reported a range of experiences in using the tools required by the CMI. Current measurement tools should be evaluated for efficacy and alternative methods of capturing program outcomes and family progress should be researched.

OUR TOMORROWS

Share your story to help build a better tomorrow

SHARE YOUR STORY

Our Tomorrows was launched in the spring of 2018 as part of the Kansas Children's Cabinet and Trust Fund's CBCAP work. The goal of this project is to better understand community norms that influence child abuse and neglect. The project collects stories directly from individuals about what contributes to a family's ability to thrive versus merely survive and the information learned will be used to support future prevention efforts.

All are invited to share a story.

Tell your own at: bit.ly/OurTomorrows

SECTION 5

CONCLUSION

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

For most people, life isn't smooth or predictable. There is no guarantee that everyone will start from the same point, or face a similar number of hurdles along the way.

Because each family follows its own path, at its own pace, CBCAP grantees must be flexible and understanding. Whether assisting with jobs, housing, health, child care, or basic domestic tasks, program staff consider a family's unique needs, listening as well as leading.

As technical assistance providers, the Cabinet must ensure that programs have the support they need to continue the work they do, moving Kansas forward in the availability and quality of prevention services. Through its University and community partners, the Cabinet has an opportunity to provide programs with access to resources and cutting edge research on the topics they require. This support can also come in the way of networking opportunities, allowing providers the opportunity to learn from each other.

This evaluation acts as the story of CBCAP, placing the Cabinet in the important role of ensuring that the data collected and shared by programs tells an accurate story. As the Cabinet continue to listen to programs and providers, this process will evolve. This may mean finding new measures and outcomes that represent the goals of this diverse group of services in a more accurate way. It may mean finding ways to capture daily work, such as outreach and collaboration efforts more clearly. As CBCAP enters the first year of a new grant cycle in FY 19, the Cabinet has the opportunity to continue these efforts, assess what is working, and change what is not. The road ahead is wide open.

Working as guides, advocates, and teachers, CBCAP programs reach out to those at risk of going astray and help them find their footing, one step at a time.

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