

CBCAP

COMMUNITY-BASED
CHILD ABUSE PREVENTION



KANSAS PREVENTION INVESTMENTS **ANNUAL REPORT**

Kansas Children's Cabinet and Trust Fund

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LETTER FROM THE DIRECTOR

JANICE SUZANNE SMITH, EXECUTIVE DIRECTOR KANSAS CHILDREN'S CABINET AND TRUST FUND

We know that to paint a complete picture of a thriving and prosperous state, we must start at the very beginning. Early life experiences are the foundation for lifelong learning, behavior, health, and overall quality of life. These experiences are the brush strokes that layer and blend to shape who we are as individuals and as Kansans. When safe, nurturing relationships and environments are not present for all Kansans from early in life, and when children face Adverse Childhood Experiences (such as neglect, maltreatment, and family dysfunction) they are more likely to continue to experience negative effects into adulthood and even linked across generations. Comprehensive efforts to improve family life means committing to preventing problems before they begin, rather than waiting to intervene until after maltreatment occurs.

The Community-Based Child Abuse Prevention (CBCAP) federal grant program makes it possible to promote positive parenting and healthy environments where children can thrive, and the Kansas Children's Cabinet and Trust Fund (the Cabinet) is honored to be the Lead Agency for CBCAP in our state. The Cabinet was established in 1980 with the sole purpose of helping children and families. Today, the Cabinet carries on this work by supporting programs designed to meet the complex needs of our state's most vulnerable families.

In 2016, the Center for Public Partnerships and Research at the University of Kansas developed an evaluation of Kansas CBCAP programs to better understand the impact programs were having on children and families. A byproduct of the process is this report, the Kansas Prevention Investments Annual Report (KPI-AR), which highlights the importance of parent leadership, community partnerships, social connections, and family support in making a difference for Kansas families. In the pages to follow, we illustrate how six community-based programs and one statewide program partner with Kansas parents and engage with local resources and providers on prevention efforts.

Our future health and well-being as individuals and as a society are undeniably linked to how successful we are in ensuring the well-being of today's children. It is the responsibility of each of us to protect our young people and ensure that all children are loved, safe, and cared for. This is the aim of the Cabinet and is what drives CBCAP prevention efforts in communities across Kansas. Together we can work to prevent early childhood trauma across the canvas of our state and help families paint their own vibrant, unique pictures of health and thriving.

Janice

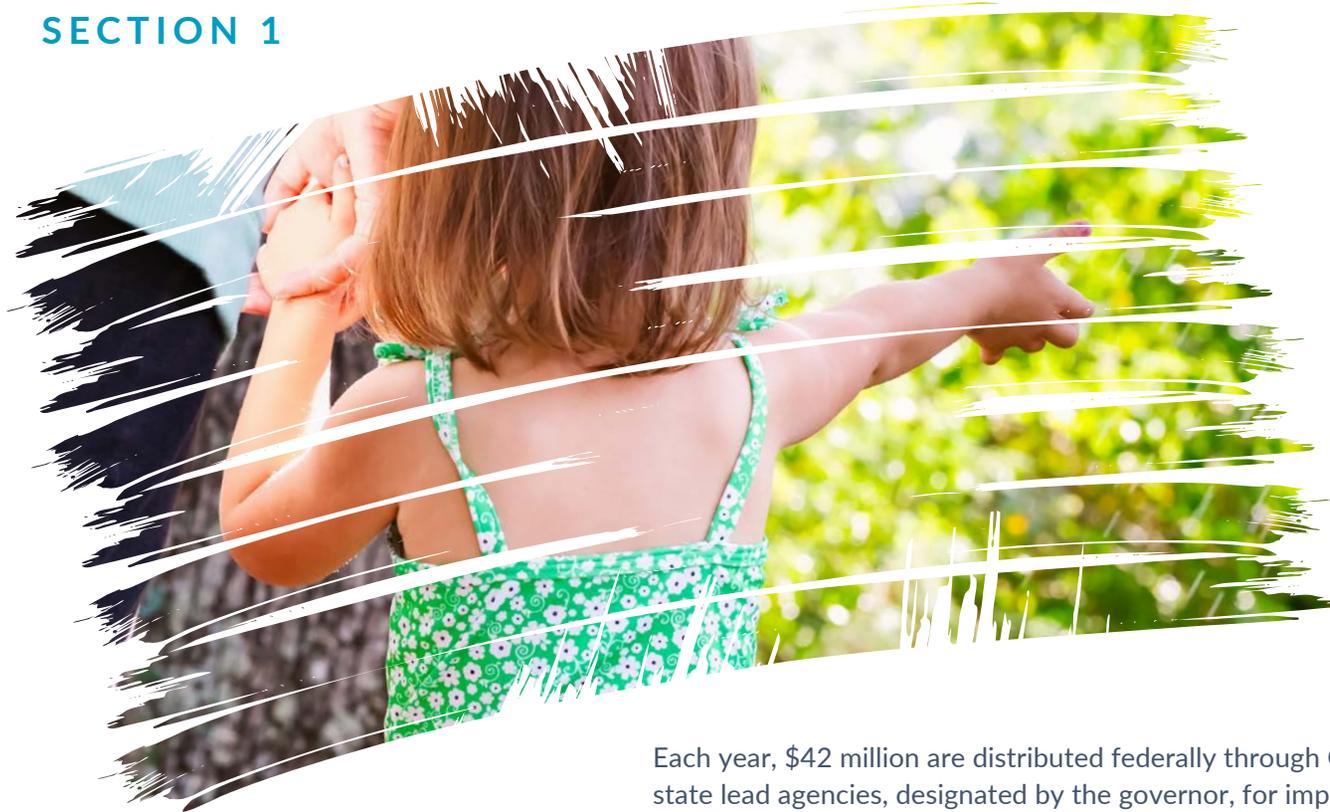
TABLE OF CONTENTS

KANSAS PREVENTION INVESTMENT ANNUAL REPORT

Letter from the Director	2
Section 1: Prevention	5
Section 2: Funding	15
Section 3: Individual Grantee Profiles	19
Elizabeth Layton Center: Circle of Security	21
The Family Conservancy: Healthy Parents, Healthy Kids Program	25
The Family Resource Center: Response Advocate	29
Kansas Children’s Service League: Drug Endangered Child	33
Kansas Children’s Service League: Wichita Crisis Nursery	37
Pony Express Partnership for Children: Family Support Project	41
Section 4: Statewide CBCAP Grantee Profile	45
Circle of Parents Support Group	49
1-800-CHILDREN Parent Helpline	50
Child Abuse Prevention Month	51
Ongoing Professional Training	52
The Period of PURPLE Crying	53
Healthy Families Home Visiting	54
Governor’s Conference for the Prevention of Child Abuse	55
Parent Leadership Conference	56
Section 5: CBCAP Evaluation	57
Conclusion	81

PREVENTION

SECTION 1



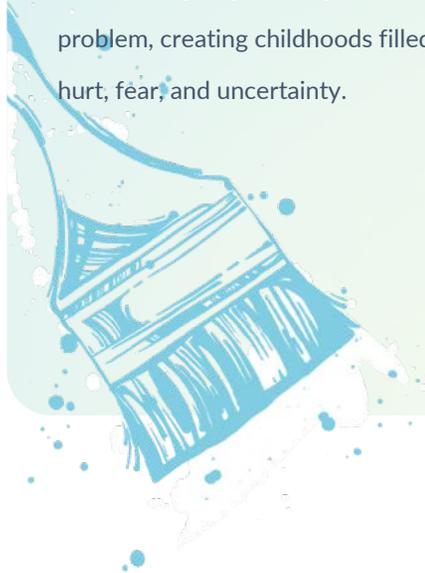
Each year, \$42 million are distributed federally through CBCAP to state lead agencies, designated by the governor, for implementation of programs and activities to prevent child abuse and neglect. In Kansas, the Cabinet is the state lead agency responsible for awarding CBCAP funds to organizations who develop and implement innovative strategies and programs to prevent child abuse and neglect.

PREVENTION

THROUGH A STRONG NETWORK OF LOCAL AND STATEWIDE SUPPORTS

Every child deserves to feel safe, loved, and protected by the adults in their life.

Many of us are able to recall safe and happy memories, but for others of us, this is challenging. Adverse Childhood Experiences and toxic stress continue to be an ongoing and large-scale problem, creating childhoods filled with hurt, fear, and uncertainty.



The US Department of Health and Human Services reports that during Federal Fiscal Year 2016 (FFY2016), an estimated 4.1 million referrals were made to child protection agencies nationwide, involving approximately 7.4 million children (Child Maltreatment 2016, 2018). In Kansas, 37,994 children were referred to child protective services for suspicions of child abuse or neglect in FFY2016 (Child Maltreatment 2016, 2018).

Child abuse and neglect do not need to be a part of our society and, fortunately, there are strategies to prevent it. Kansas has six programs funded under the federal Community-Based Child Abuse Prevention (CBCAP) grant that are targeting Kansas' most vulnerable families to prevent child abuse and neglect before they occur by strengthening families protective factors. This next section will provide an overview of CBCAP and how Kansas is making use of these funds to protect and support Kansas children.

PREVENTION

THROUGH A STRONG NETWORK OF LOCAL AND STATEWIDE SUPPORTS

What is CBCAP?

The goal of CBCAP is to support community-based efforts toward the prevention of child abuse and neglect (U.S. Department of Health and Human Services, 2015).

The key Federal legislation addressing prevention in child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA) of 1974. 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).

CBCAP was established in 1996 under Title II of CAPTA. It is the primary child maltreatment prevention funding source and is unique among child welfare programs in that it focuses on prevention by strengthening and supporting families before abuse has occurred.

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

The reauthorization of CBCAP in 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 special populations and focusing on the core activities shown in the graphic on page 9.

PREVENTION

THROUGH A STRONG NETWORK OF LOCAL AND STATEWIDE SUPPORTS

FEDERAL CBCAP AUTHORIZED ACTIVITIES

Comprehensive supports for parents, including the promotion of parenting skills

Improved family access to formal and informal resources

Support needs of parents with disabilities through respite or other activities

Provide referrals for early health and development services

Promote meaningful parent leadership

SPECIAL POPULATION FOCUS

- Parents and/or children with disabilities
- 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

PREVENTION

THROUGH A STRONG NETWORK OF LOCAL AND STATEWIDE SUPPORTS

The Kansas approach to CBCAP

Kansas CBCAP programs emphasize parent leadership and interagency collaboration, and they use evidence-based practices while committing to an ongoing evaluation and continuous quality improvement process.

Kansas is home to a wide range of communities, each with their own set of strengths and needs. This individuality is honored by the funding of community-based programs designed to meet the unique needs of the children and families they serve. Along with federal CBCAP funds, a combination of state and private funds are blended and made available to Kansas agencies working to support families and aid in the prevention of abuse and neglect in their community.

Guided by CBCAP federal requirements, each of these programs is required to demonstrate an emphasis on parent leadership and interagency collaboration, as well as, use evidence-based practices and have a continuous evaluation practice (CBCAP Program Instruction, 2015).



PREVENTION

THROUGH A STRONG NETWORK OF LOCAL AND STATEWIDE SUPPORTS

The Kansas Children's Cabinet and Trust Fund is the designated lead agency for CBCAP services. In this role, the Cabinet coordinates a comprehensive delivery system of services for children and families across the state. Each year a Cabinet request for proposals (RFP) outlines the vision for programming, which seeks to support innovative and evidence-based services that 1) reduce the likelihood of child abuse and neglect, and 2) 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.) As the Lead Agency, an essential role of the Cabinet is to

connect programs and representatives from all sectors - public, private, faith-based, social work, education, early intervention, medical, mental health, and policy-making - to make child abuse prevention a standard and integral component of their work. 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 join together and grow into a network of comprehensive, coordinated services, resources, and activities that work toward strengthening and supporting families.

PREVENTION

THROUGH A STRONG NETWORK OF LOCAL AND STATEWIDE SUPPORTS

Who Does CBCAP Serve?

CBCAP programs strive to reach children and families most at risk to be impacted by child abuse and neglect.

Of the families taking part in CBCAP services in federal fiscal year 2016-2017, 91% of the children served by CBCAP programs were covered by Medicaid. Because Medicaid services are needs-based and eligible only to families who show an economic need or those who have a child with a disability, this suggests that the large majority of families served by CBCAP programming fall into the risk factor of having either low socio-economic status or of having a child with a disability. This percentage is much higher than the state average of 31% (Kansas Health Institute, 2018), indicating that CBCAP is reaching a larger proportion of children living in poverty than in the general

population.

Other risk factors, as defined by the Centers for Disease Control and Prevention (CDC), were also found in caregivers served by CBCAP programs (see graphic on page 13). This information indicates that CBCAP programming in Kansas is reaching children and families who are showing risk factors for abuse and neglect.

Kansas CBCAP works hard to make sure we are reaching children before abuse occurs for all children, but especially those who are at the highest risk.

PREVENTION

THROUGH A STRONG NETWORK OF LOCAL AND STATEWIDE SUPPORTS

KANSAS CBCAP IS SERVING EXCEPTIONALLY VULNERABLE FAMILIES

RISK FACTOR	CBCAP	KANSAS
Caregivers earning less than a high school diploma	32%	9%*
Single parent households	70%	31%**
Unemployed caregivers	56%	23%***
Children in Part C Early Intervention	16%	4%****

*Educational attainment of working age population 25 to 64, 2016

**Children in single parent families, 2016

***Parent Employment State Level, 2016

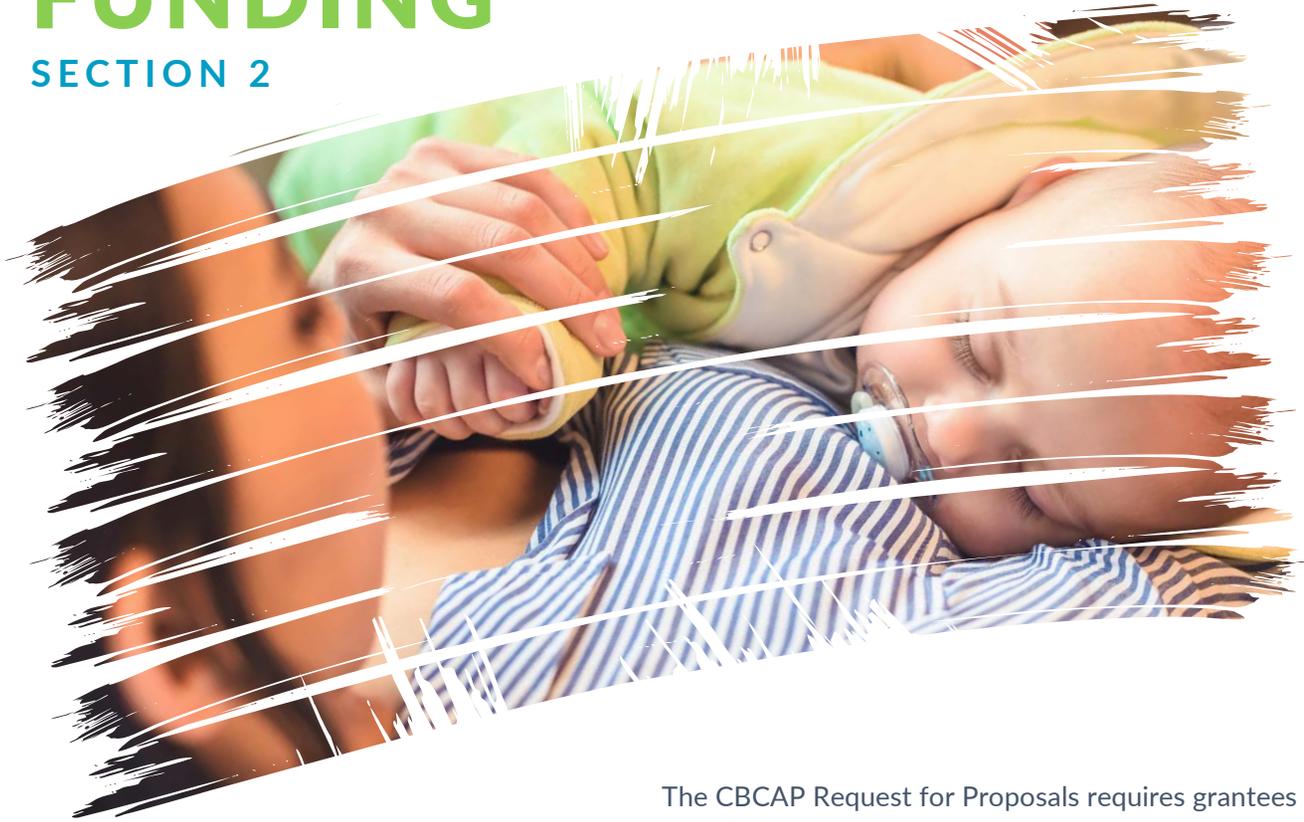
****Part C and Part B 619 Data Display: Kansas, 2016

CBCAP SERVICES IN KANSAS

- Parent support groups
- Parent Education on safe, effective discipline and positive behavior support
- Home visitation
- Case management
- Parent Cafés/ Fatherhood Cafés
- Parent Leadership opportunities
- Parent Helpline
- Child abuse awareness activities
- Rental Assistance
- Love and Logic Classes
- Conscious Fathering classes
- Developmental screenings for early identification
- Period of PURPLE Crying
- Securing medical and dental homes and encouraging regular doctor's visits
- Supporting prenatal care
- Referrals to early intervention programs

FUNDING

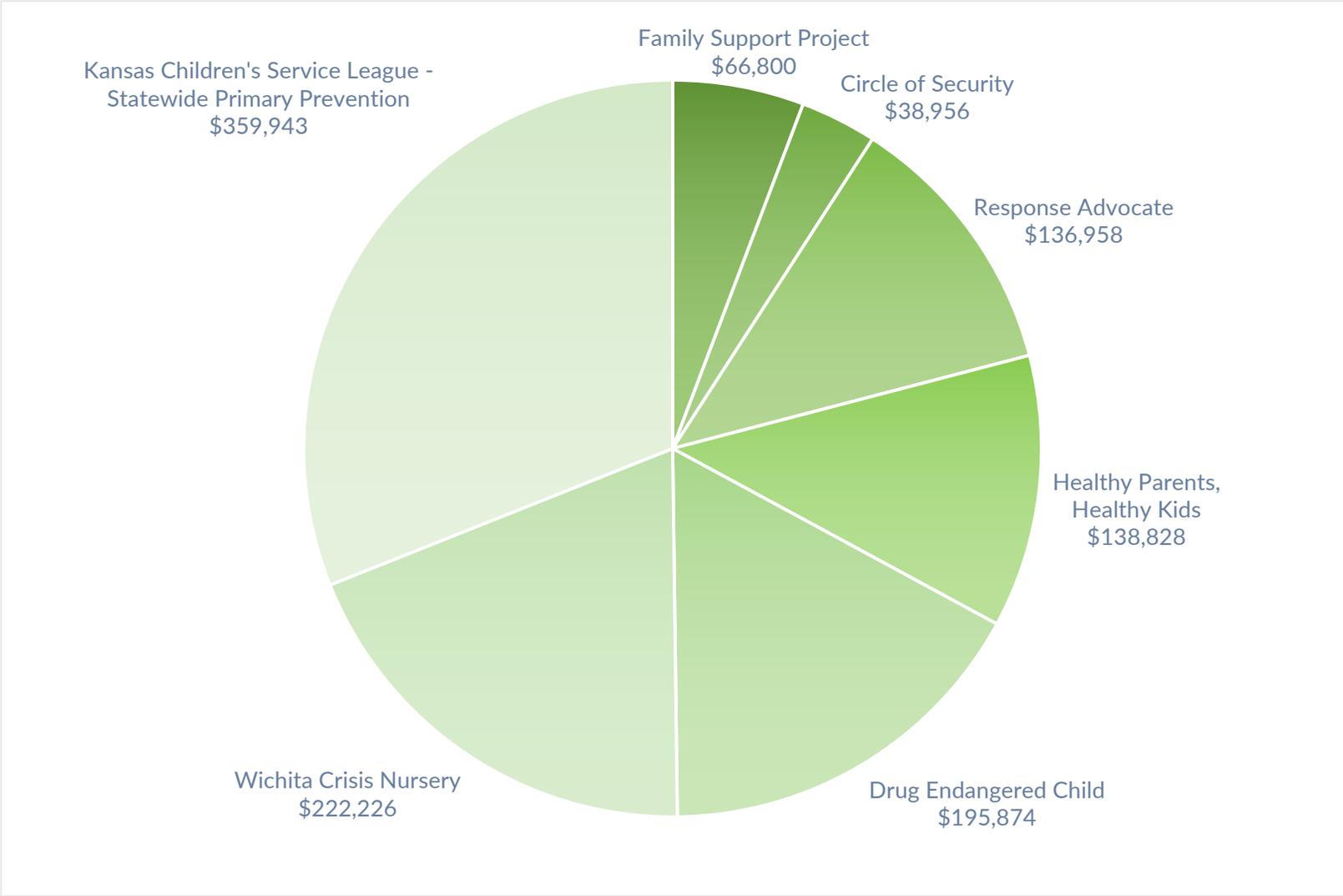
SECTION 2



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.

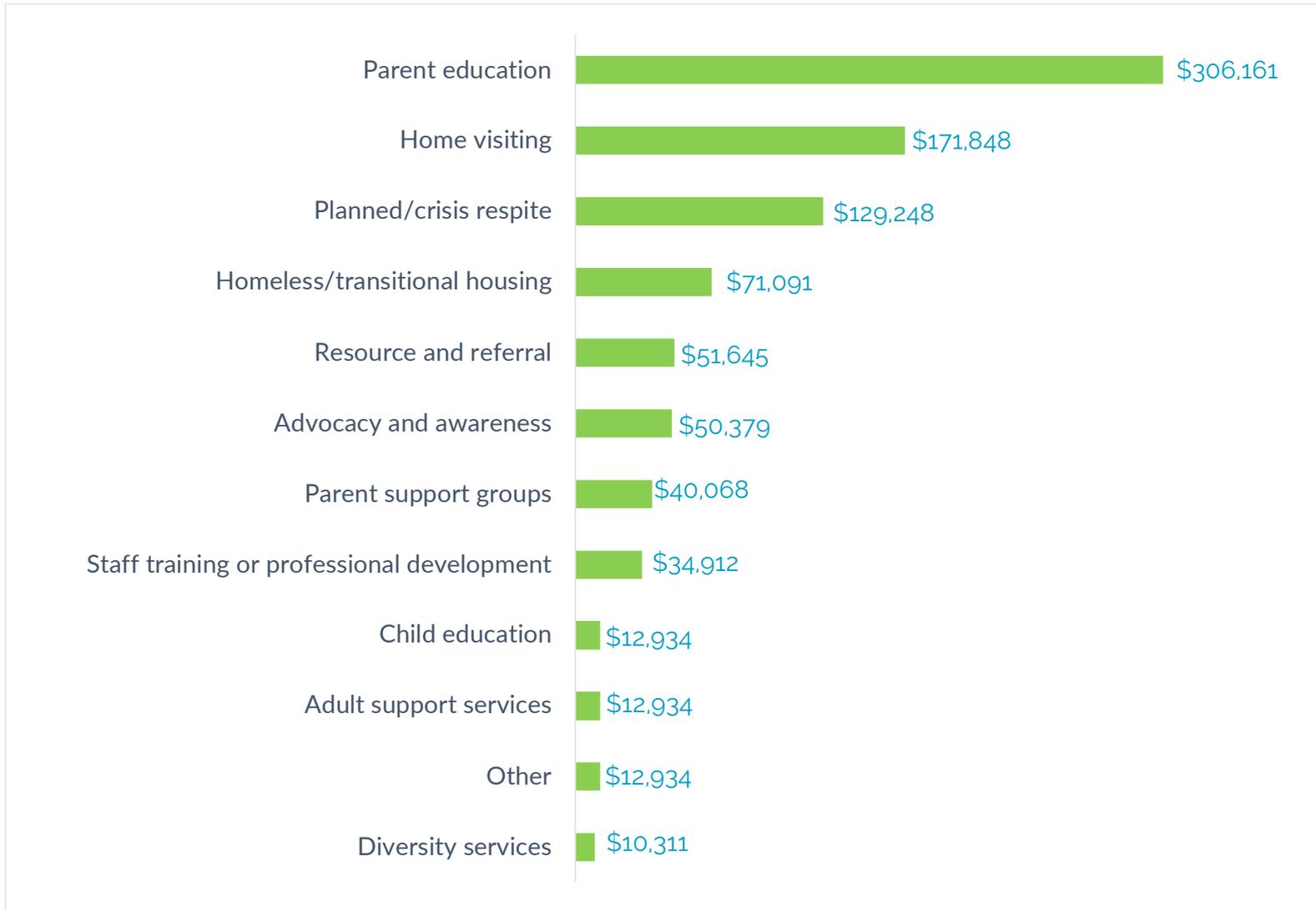
TOTAL FUNDING BY PROGRAM

INDIVIDUAL AND STATEWIDE GRANTEES



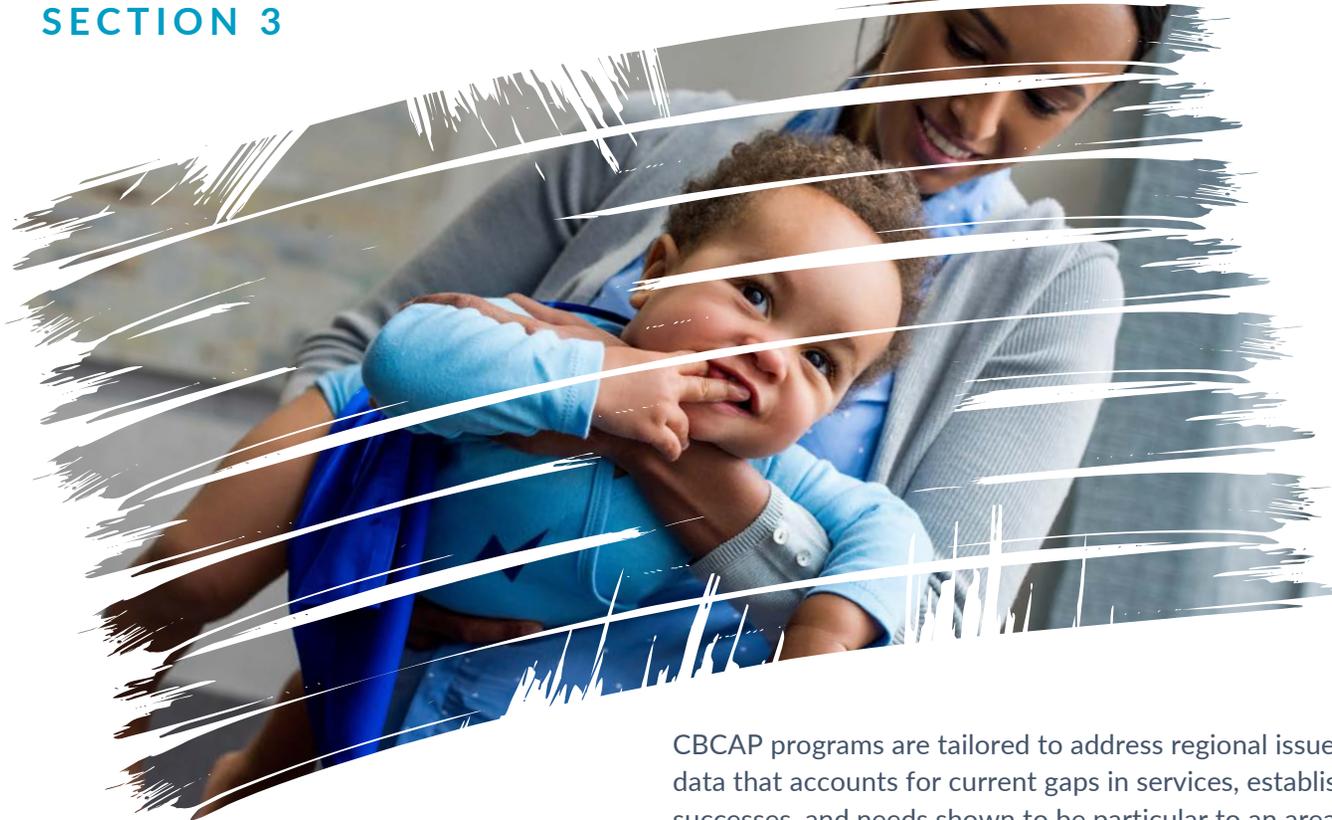
ALLOCATION BY SERVICE TYPE

INDIVIDUAL AND STATEWIDE GRANTEES



GRANTEE PROFILES

SECTION 3



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 2017 Request for Proposals process.

CIRCLE OF SECURITY

ELIZABETH LAYTON CENTER

Circle of Security is a genuine community collaboration involving the Franklin and Miami county health departments, primary care physicians, public schools, and Infant-Toddler Part C Early Intervention agencies. In-center and in-home sessions of Circle of Security interventions are provided, establishing healthier attachments, improved child behavior, increased nurturing from parents, and less stressful home life for all members of the family.

"A single mom reported that she had learned more from this program than any other parenting book or program ...the program information built up her confidence as a parent and lessened her worries."

- Circle of Security program staff



CIRCLE OF SECURITY

ELIZABETH LAYTON CENTER

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



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

STRATEGIES

- 1 Parent education
- 2 Parent/child interaction support
- 3 Home visiting
- 4 Staff training and professional development

CIRCLE OF SECURITY

ELIZABETH LAYTON CENTER



COLLABORATION

- Partners on referrals with Early Head Start and Head Start, public health programs, local businesses, doctor's offices and libraries
- Collaborates with public health programs to provide programming on site
- Partners with early childhood case managers at Community Mental Health Centers to identify needs of families and provide program services
- Early Head Start assists with screening assessments



SPECIAL POPULATION OUTREACH

- Over 1/3 of children and half of the caregivers who received services had a disability
- Provides services to a family at the local homeless shelter
- Works with numerous public and private community organizations to maximize participation
- Administers the Adverse Childhood Experiences (ACE) questionnaire with families to screen for a history of abuse, neglect and domestic violence



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.

CHALLENGES

- Franklin and Miami Counties have just one hospital - 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.

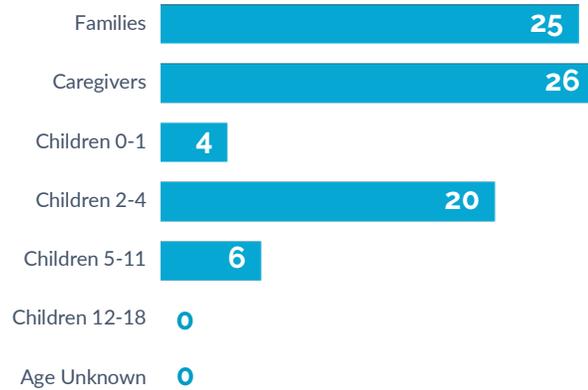
SOLUTIONS

- 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

ELIZABETH LAYTON CENTER

NUMBERS SERVED



TOTAL FUNDING: \$38,956



OUTCOMES

The average Keys to Interactive Parenting Scale (KIPS) score increased from 3.61 to 4.62 among families who were observed twice in FY17.

The largest change in scores from pre- to post-test was observed for the following subscales:

- supporting emotion
- supportive direction
- language expression

HEALTHY PARENTS, HEALTHY KIDS

THE FAMILY CONSERVANCY

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.

"A new dad told our parent educator that he did not know there was so much invested in raising a child and thanked the parent educator for sharing their parenting information with him so he could work on his parenting at home."

- Healthy Parents, Healthy Kids program staff



HEALTHY PARENTS, HEALTHY KIDS

THE FAMILY CONSERVANCY

SERVING high-risk families
at Juniper Gardens and St.
Margaret's Public Housing
complexes



Focused on multi-component
parenting education effort offered to
the residents of two public housing
complexes

STRATEGIES

- 1 Parent support groups
- 2 Adult support services
- 3 Homeless/transitional housing
- 4 Advocacy and awareness
- 5 Resource and referral
- 6 Fatherhood program

HEALTHY PARENTS, HEALTHY KIDS

THE FAMILY CONSERVANCY



COLLABORATION

- Provides referrals to Early Head Start, Head Start, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) services, outpatient mental health programming and substance abuse services
- Makes referrals to other Family Conservancy programs. Staff strive to provide a warm hand-off for clients
- Makes referrals to public health programs such as Women, Infants, and Children (WIC) for health needs



SPECIAL POPULATION OUTREACH

- Targets families for services who are living in subsidized housing
- Offers interpretation services for non-English speaking families
- 83% of families served are non-English speaking



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.

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 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 attending prenatal classes at Juniper Gardens and St. Margaret’s in 2014, most had received no prenatal care during previous pregnancies and had never breastfed their infants.

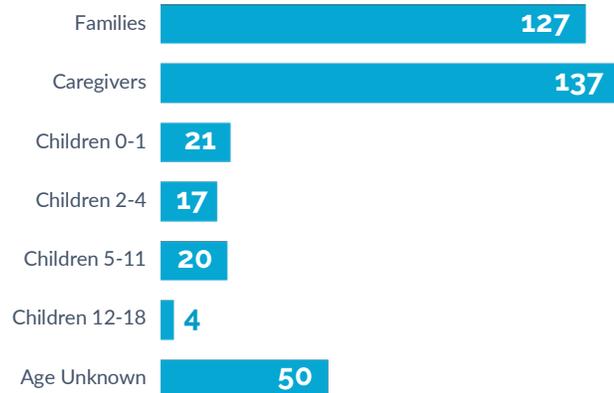
SOLUTIONS

- 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.
- There are 3 components: Incredible Years (18 week parenting curriculum), Conscious Fathering (9 father-focused sessions), and Child of Mine (8 prenatal education sessions).

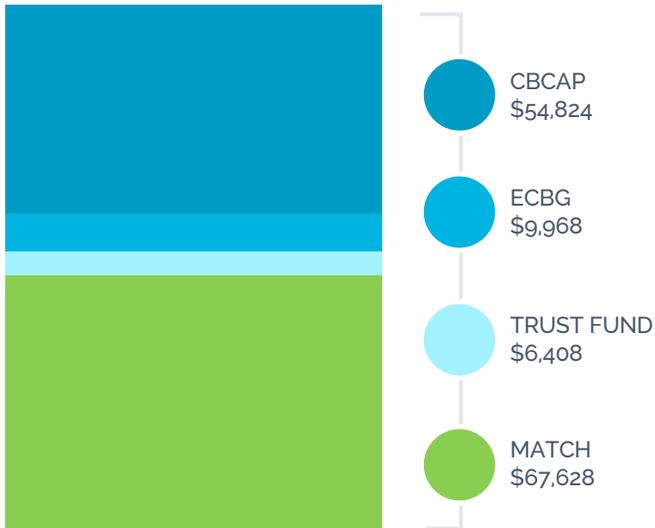
HEALTHY PARENTS, HEALTHY KIDS

THE FAMILY CONSERVANCY

NUMBERS SERVED



TOTAL FUNDING: \$138,828



OUTCOMES

The percentage of families who scored 5 and above in the following PFS subscales increased from pre- to post-test for:

- Family Functioning by 9%
- Social Support by 16%
- Nurturing and Attachment by 6%

There was no change for the Concrete Supports subscale from pre- to post-test

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.

"One mom participating in our program speaks very little English, but did learn enough English to say 'You saved my life.' "

- Response Advocate program staff



RESPONSE ADVOCATE

THE FAMILY RESOURCE CENTER, INC.

SERVING children ages
birth to 5 and their families



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

STRATEGIES

- 1 Partners with law enforcement to:
 - Accompany police on calls to homes with suspected abuse and neglect
 - Offer police training on approaches for strengthening families and preventing child abuse and neglect
- 2 Offers case management and referrals
- 3 Provides home visits/parent education

RESPONSE ADVOCATE

THE FAMILY RESOURCE CENTER, INC.



COLLABORATION

- Response Advocates work directly with the Pittsburg Police Department and Law Enforcement to discuss strategy and monitor the program
- Staff serve as the Early Childhood Coalition Coordinators for Crawford County
- About half of the families served are referred to Head Start and the Family Resource Center's early childhood center
- Families are referred to mental health services, substance abuse providers, and the Health Department



SPECIAL POPULATION OUTREACH

- Staff serve on several homeless advisory boards and coordinate with a day shelter and rapid re-housing program to ensure outreach to homeless populations
- Collaborative efforts among local agencies are being established to better serve juvenile offenders
- Over half of the parents served had a disability



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.

CHALLENGES

- Average household income in Pittsburg is 36% below the state median income (median household income in Pittsburg is \$32,374 vs. Kansas \$50,624).
- 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 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
- Addressing the community's full range of needs is beyond the scope and capacity of typical police work.

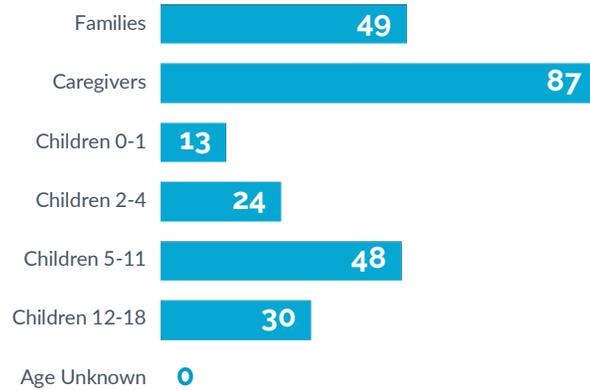
SOLUTIONS

- 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 support for maintaining custody of their children.

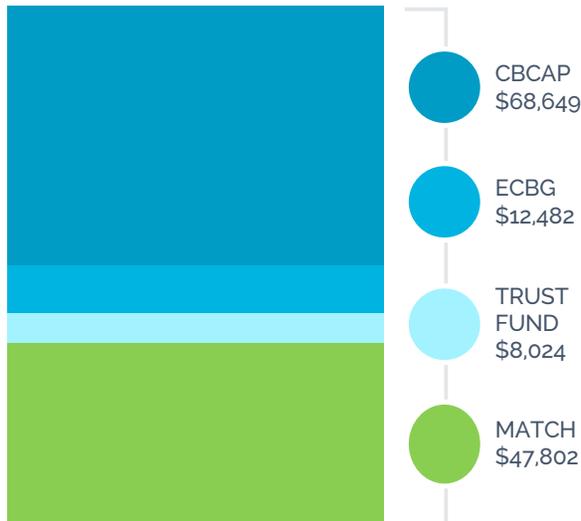
RESPONSE ADVOCATE

THE FAMILY RESOURCE CENTER, INC.

NUMBERS SERVED



TOTAL FUNDING: \$136,958



OUTCOMES

The percentage of families who scored 5 and above in the following PFS subscales increased from pre- to post-test for:

- Family Functioning by 52%
- Social Support by 26%
- Concrete Support by 38%
- Nurturing and Attachment by 19%

DRUG ENDANGERED CHILD

KANSAS CHILDREN'S SERVICE LEAGUE

The Drug Endangered Child program 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.

"The DEC program has helped me stay accountable and helped me set goals that keep progressing. I am more responsible with my finances and with following through with everything I need to do."

- Drug Endangered Child program participant



DRUG ENDANGERED CHILD PROGRAM

KANSAS CHILDREN'S SERVICE LEAGUE

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

Comprehensive support for mothers
struggling with substance abuse



STRATEGIES

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

DRUG ENDANGERED CHILD PROGRAM

KANSAS CHILDREN'S SERVICE LEAGUE



COLLABORATION

- Refers families to Women, Infants, and Children (WIC) program, immunization clinics, and for newborn health visits
- Program staff participate in the Shawnee County Early Childhood Coalition planning
- Coordinates with all local treatment centers to ensure the client's treatment plan is progressing



SPECIAL POPULATION OUTREACH

- Prioritizes residents in areas with a high concentration of poverty and correlative factors that render children and families at greater risk
- Participants complete the Adverse Childhood Experiences (ACE) questionnaire to help case managers provide better services to those affected by ACEs. Over half of the parents served had an ACEs score of 4 or more
- Targeted outreach to homeless parents or those at risk of homelessness maximizes their participation in services



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 with a control or comparison group.

CHALLENGES

- There are no other programs of this kind serving the 0-5 age range, and no inpatient options in Shawnee County for mothers and children seeking this type of help.
- Department for Children and Families reports that over the past state fiscal year, there were 5,774 reports of alleged child abuse or neglect 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.

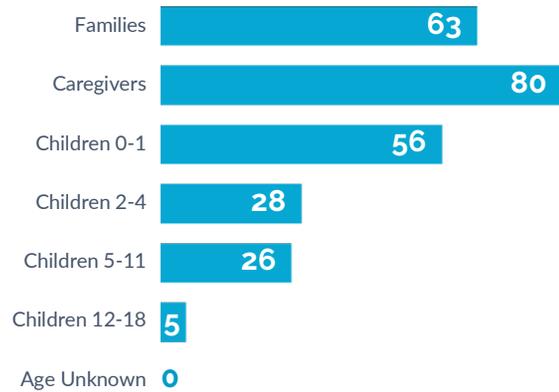
SOLUTIONS

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 still in the hospital. Using a strengths-based model, the program supports families in accessing treatment services and 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.

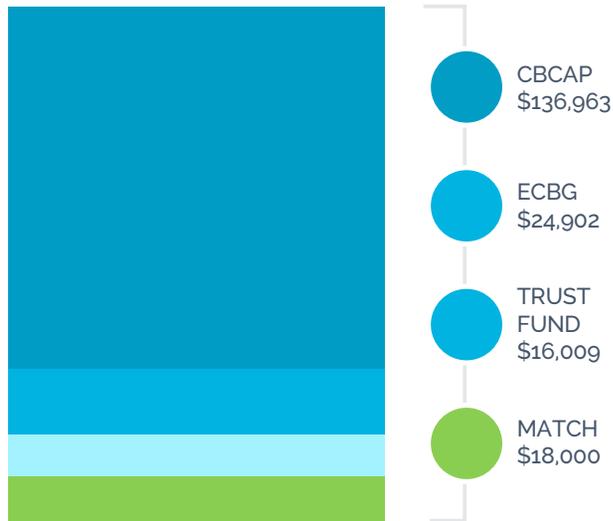
DRUG ENDANGERED CHILD PROGRAM

KANSAS CHILDREN'S SERVICE LEAGUE

NUMBERS SERVED



TOTAL FUNDING: \$195,874



OUTCOMES

The percentage of families who scored 5 and above in the following PFS subscales increased from pre- to post-test:

- Family Functioning by 38%
- Social Support by 9%
- Concrete Support by 24%

There was no change for the Nurturing and Attachment subscale from pre- to post-test

100% of home environments assessed as at-risk at pre-test using the Home Observation for Measure of the Environment Infant Toddler (HOME IT) were assessed to be supportive environments at post-test

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 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.

"85% of closed cases...reported their stress level was reduced because of Crisis Nursery services. 100% felt that it helped keep their children safe."

- Crisis Nursery program staff



WICHITA CRISIS NURSERY

KANSAS CHILDREN'S SERVICE LEAGUE

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



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

STRATEGIES

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

WICHITA CRISIS NURSERY

KANSAS CHILDREN'S SERVICE LEAGUE



COLLABORATION

- Mental health, substance abuse, public health programs, and family court judges serve as referral partners for the program
- Partners with local child care centers, The Opportunity Project, licensed child care homes, Early Head Start, and YMCA Early Childhood Centers



SPECIAL POPULATION OUTREACH

- Information is provided at two faith-based food banks located in the zip code with a high minority population and poverty levels
- Receives referrals from the homeless shelters and works closely with domestic violence shelters and advocates
- Program staff are represented on the Fatherhood Coalition in Wichita and promotes fatherhood groups and events



EVIDENCE BASE

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

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.
- Wichita was ranked among the top five cities in the US showing the highest percentage increase among children living in poverty, increasing from 18% to 27% between 2005 and 2011.
- 30% of children ages 0-5 in Wichita are living in poverty.
- From 2010-2016, Sedgwick County experienced a 28% increase in child abuse and neglect reports.

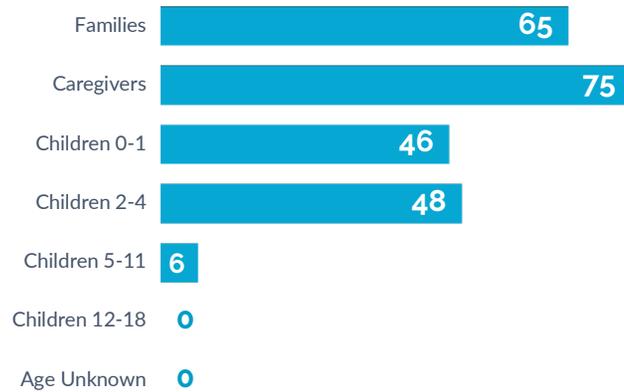
SOLUTIONS

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

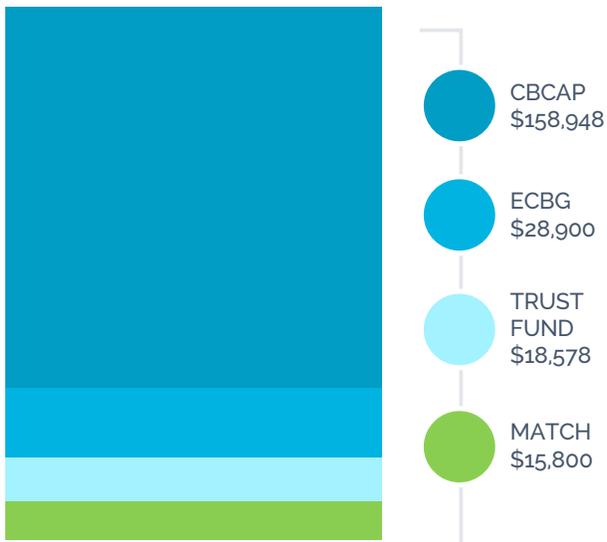
WICHITA CRISIS NURSERY

KANSAS CHILDREN'S SERVICE LEAGUE

NUMBERS SERVED



TOTAL FUNDING: \$222,226



OUTCOMES

The percentage of families who scored 5 and above in the following PFS subscales increased from pre- to post-test:

- Family Functioning by 9%
- Social Support by 23%
- Concrete Support by 24%
- Nurturing and Attachment by 12%

75% of families who were observed with the HOME IT to be at-risk at pre-test moved to a supportive environment at post-test

FAMILY SUPPORT PROJECT

PONY EXPRESS PARTNERSHIP FOR CHILDREN

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.

"Through the home visiting services at the Family Support Project, one mother became empowered to advocate for her son's needs at school. This resulted in his improved academic performance and improved the relationship between son and mom. Sometimes having someone believe in you makes all the difference."

-Family Support Project program staff



FAMILY SUPPORT PROJECT

PONY EXPRESS PARTNERSHIP FOR CHILDREN

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



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

STRATEGIES

- 1 Parent education
- 2 Homelessness/
transitional housing
- 3 Home visiting
- 4 Resource and referral
- 5 Love and Logic classes

FAMILY SUPPORT PROJECT

PONY EXPRESS PARTNERSHIP FOR CHILDREN



COLLABORATION

- THRIVE, a group composed of hospital staff, school administration, early interventionists, and family service providers focus on the improved health outcomes of their community meets monthly
- Referral partners include the local mental health agency, the county health department, schools and the hospital
- Educational collaboratives include Parents as Teachers (PAT), Head Start, Early Head Start, Infant Toddler Services, and the GED Program



SPECIAL POPULATION OUTREACH

- Serves homeless families and families at risk of homelessness
- Several families served received Supplemental Security Income or Social Security Disability Income
- Families are connected with resources that work on behalf of children with disabilities
- Adverse Childhood Experiences (ACEs) are extensively discussed during home visits to inform family needs



EVIDENCE BASE

Emerging and Evidence-Informed: The Family Support Project uses the Housing First model, a peer reviewed and evidence-informed model.

CHALLENGES

- 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 providing for basic needs, the risk for abuse rises.
- 46% of elementary aged children in Marshall County receive free and reduced lunch.

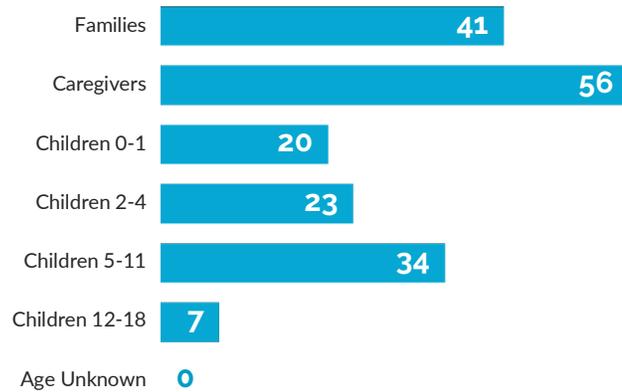
SOLUTIONS

- 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
- Of the 18 adults receiving rental assistance, 10 obtained employment or better employment
- One parent completed his General Education Diploma, one resumed college classes online, one completed a Certified Med Aide certification, and one was connected with a Retired and Senior Volunteer Program person to help her learn to read

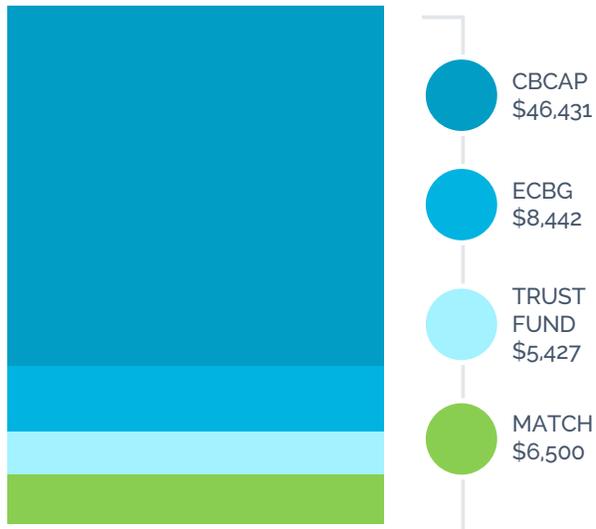
FAMILY SUPPORT PROJECT

PONY EXPRESS PARTNERSHIP FOR CHILDREN

NUMBERS SERVED



TOTAL FUNDING: \$66,800



OUTCOMES

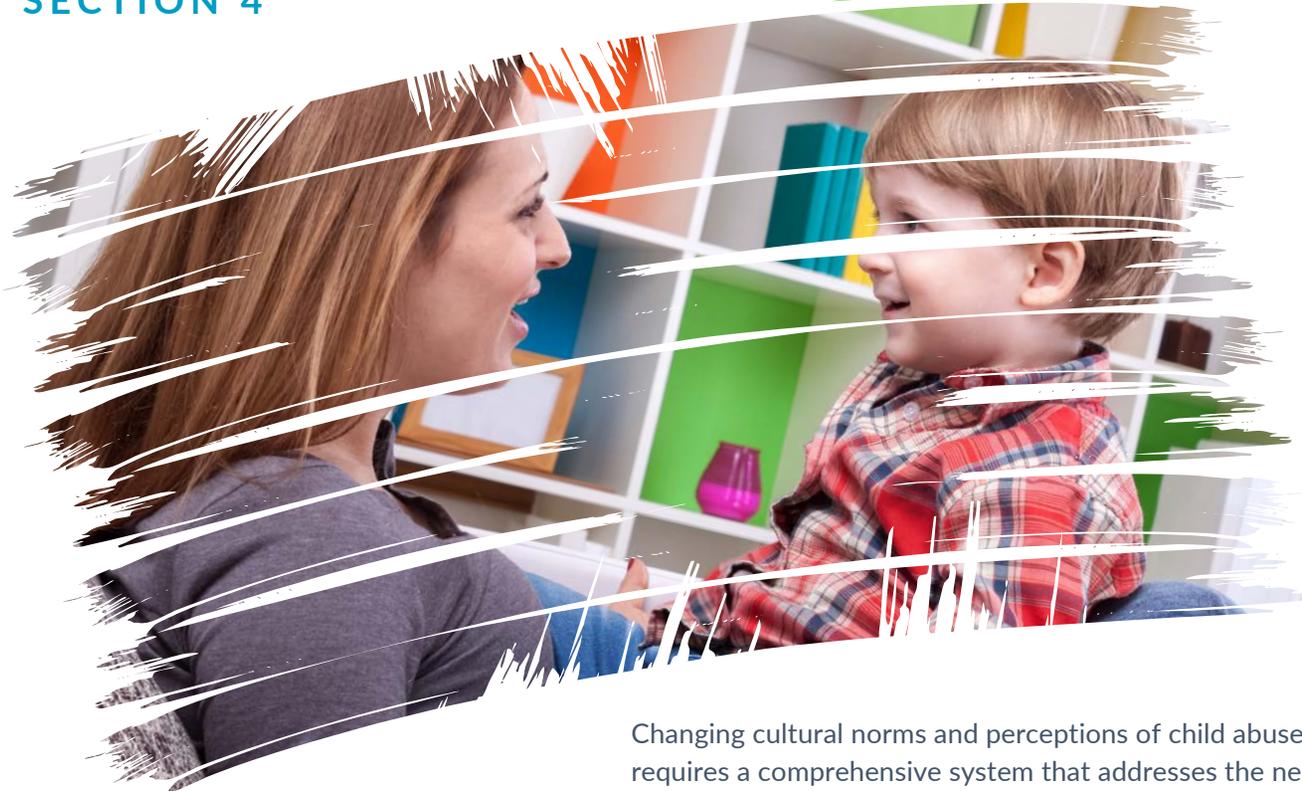
The percentage of families who scored 5 and above in the following PFS subscales increased from pre- to post-test:

- Family Functioning by 33%
- Concrete Support by 11%
- Nurturing and Attachment by 11%

There was no change for the Social Supports subscale from pre- to post-test

STATEWIDE GRANTEE PROFILE

SECTION 4



Changing cultural norms and perceptions of child abuse/neglect requires a comprehensive system that addresses the needs of Kansas families. Through eight programs, the **Kansas Children's Service League** seeks lasting change around the knowledge, attitudes, and practices of Kansas parents and families.

STATEWIDE GRANTEE PROFILE - KCSL

KANSAS CHILDREN'S SERVICE LEAGUE

Challenges

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

8,640 students were identified as homeless across 167 school districts across Kansas
Kansas State Department of Education (2017)

Adverse Childhood Experiences (ACEs) have an impact on lifetime health, education outcomes, and workforce productivity. According to 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.

Solutions

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

Reach counties with limited 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.

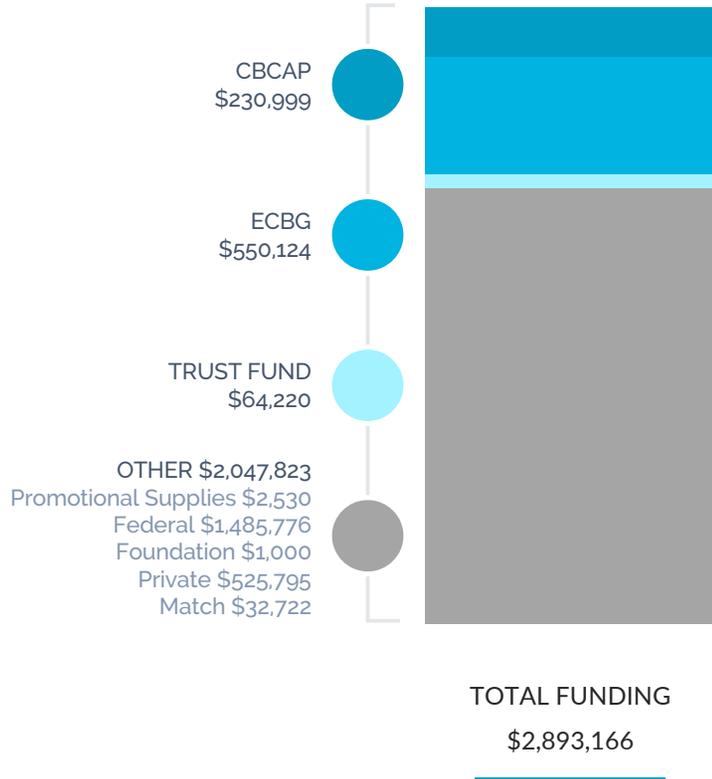
Connect families with existing services: Examples include the Parent Helpline, Circle of Parents support groups, and the Fatherhood and Parent Cafés. Families calling the Parent Helpline can learn what local services are available and how to connect with them. Support group and parent café leaders are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

Raise awareness: Prevent Child Abuse Kansas has 2,664 followers on Twitter and 26,106 on Facebook. Additional awareness campaigns include Child Abuse Prevention Month activities, and distributing Period of PURPLE Crying DVDs to hospitals across Kansas.

STATEWIDE GRANTEE PROFILE - KCSL

KANSAS CHILDREN'S SERVICE LEAGUE

8 Statewide Programs



Circle of Parents Support Groups	368 parents attended Circle of Parents support groups for the first time.
Parent Helpline (1-800-CHILDREN)	997 inquiries were made to the Parent Helpline, and 97% of callers reported receiving the support and/or information they sought.
Child Abuse Prevention Month	21,842 "Pinwheels for Prevention" were distributed statewide; 29 counties held events.
Trauma Informed Training	1273 professionals were provided training on ACEs, child abuse and neglect, Safe, Stable, and Nurturing Relationships (SSNRs), Strengthening Families, and Abusive Head Trauma. 91.5% indicated increased knowledge.
Period of PURPLE Crying	99.2% of parents who received Period of PURPLE Crying surveys reported that they are more likely to put their baby in a safe place and walk away when overwhelmed or angered by crying.
Healthy Families Home Visiting	100% of children whose families began participating in Healthy Families Home Visiting were screened using an ASQ measure.
The Governor's Conference for the Prevention of Child Abuse and Neglect	575 individuals attended the Governor's Conference for the Prevention of Child Abuse and Neglect.
Parent Leadership Conference	200 parents attended the Parent Leadership Conference, and 96% of those surveyed reported increased knowledge of the value of parent involvement.

STATEWIDE GRANTEE PROFILE - KCSL

KANSAS CHILDREN'S SERVICE LEAGUE



Circle of Parents Support Group Program

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 resources

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 about healthy parenting skills, domestic violence, fatherhood, and other topics helpful for creating healthy, loving, and safe family environments.

TOTAL FUNDING
\$273,113



STATEWIDE GRANTEE PROFILE - KC SL

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 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 helpline 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.

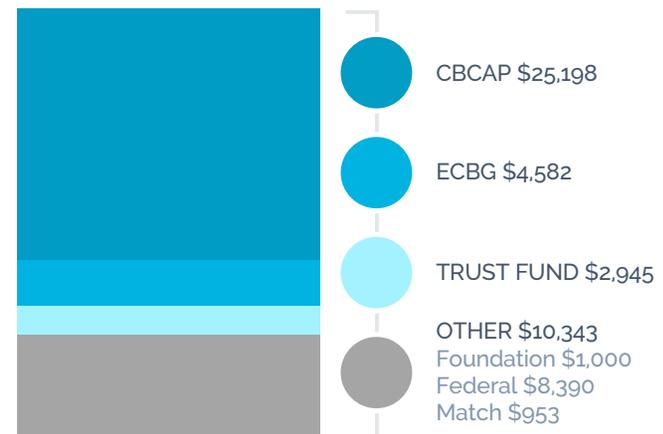
The Helpline can also connect through email.

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.

TOTAL FUNDING
\$43,068



STATEWIDE GRANTEE PROFILE - KCSL

KANSAS CHILDREN'S SERVICE LEAGUE



Child Abuse Prevention Month

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 collaborating on 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 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.

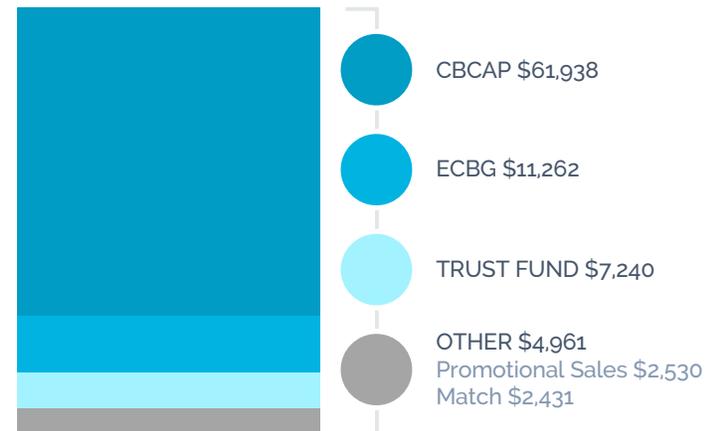
Community and business proclamations to help end child abuse.

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.

TOTAL FUNDING
\$85,401



STATEWIDE GRANTEE PROFILE - KCSL

KANSAS CHILDREN'S SERVICE LEAGUE



Trauma Informed Training

1,175 Served Annually

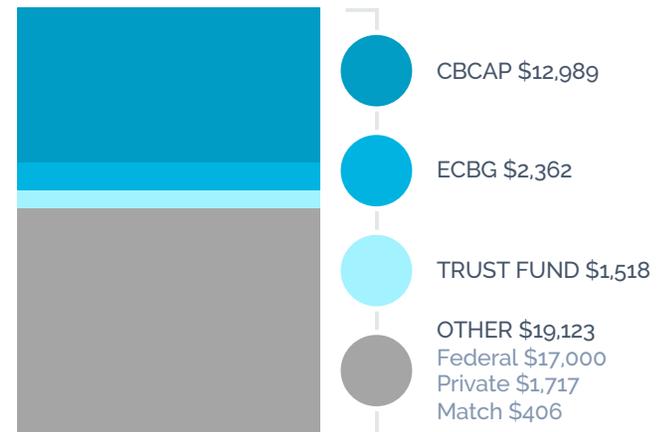
Continuous training for professional service providers is offered both in-person and remotely on a variety of topics, including ACEs, Recognizing Abuse and Neglect, and Abusive Head Trauma.

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.

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

TOTAL FUNDING
\$35,992



STATEWIDE GRANTEE PROFILE - KCSL

KANSAS CHILDREN'S SERVICE LEAGUE



The Period of PURPLE Crying

This 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 Period of PURPLE Crying curriculum offers advice 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.

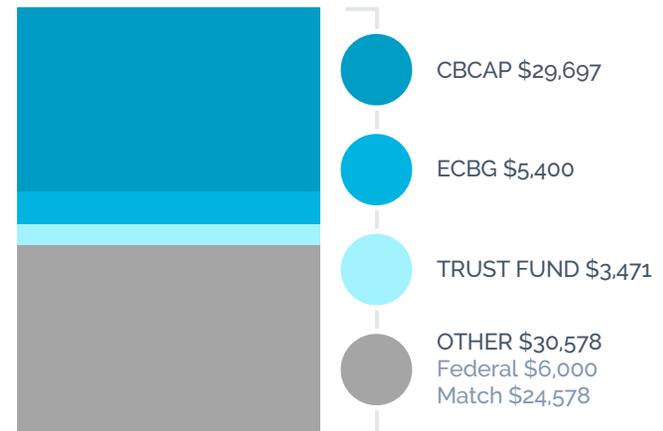
The curriculum includes a DVD available in 11 languages, written materials, and web-based applications. Families are also provided local resources, the Parent Helpline number, and a link to resources on the National Center on Shaken Baby Syndrome website.

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.

TOTAL FUNDING
\$69,146



STATEWIDE GRANTEE PROFILE - KCSL

KANSAS CHILDREN'S SERVICE LEAGUE



Healthy Families Home Visiting

This program is a Maternal, Infant, and Early Childhood Home Visiting (MIECHV) evidence-based program for families with newborn children.

Healthy Families Home Visiting is a relationship-based program guided by the belief that early, nurturing relationships lay the groundwork for life-long, healthy development. Services are designed for parents facing challenges such as single parenthood, low income, childhood history of abuse and other adverse childhood experiences, and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.

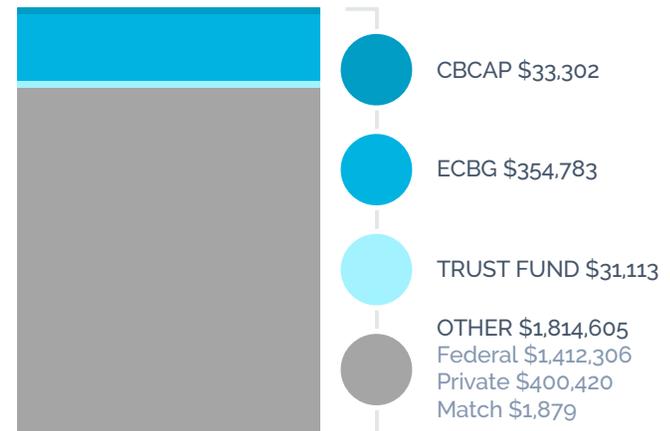
Healthy Families Home Visiting offers:

- 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.

TOTAL FUNDING
\$2,233,803

*KCCTF funds only the Healthy Families Home Visiting program in Sedgwick County. The total funding amounts shown here represent statewide program funding for Healthy Families.



STATEWIDE GRANTEE PROFILE - KCSL

KANSAS CHILDREN'S SERVICE LEAGUE



Governor's Conference for the Prevention of Child Abuse and Neglect

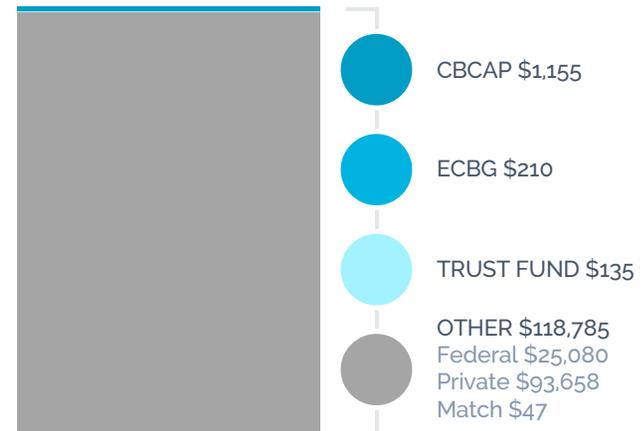
November 1-3, 2017

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 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 they serve.

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.

TOTAL FUNDING
\$120,285



STATEWIDE GRANTEE PROFILE - KCSL

KANSAS CHILDREN'S SERVICE LEAGUE



Parent Leadership Conference

Kansas Children's Service League, in conjunction with 10 additional statewide partners and parent leaders, sponsors a Parent Leadership Conference each year.

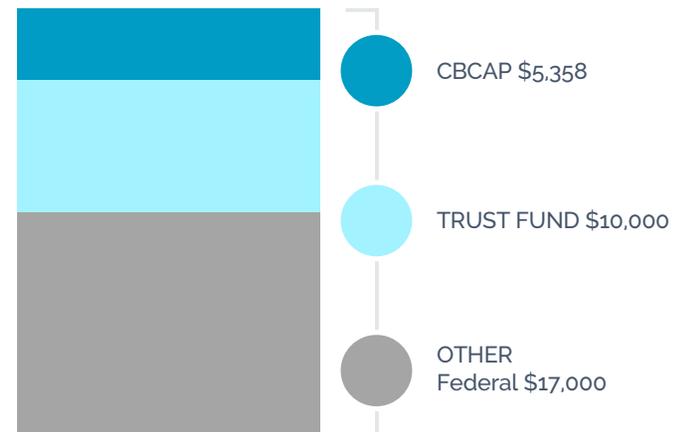
This conference is parent-led and parent-driven. Many parents are former victims of child abuse/domestic violence.

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 learning to advocate for your children's needs, family communication, fatherhood, special education, and positive discipline strategies. The conference provides real-time translation and sessions delivered in Spanish. Written materials are also available in Spanish. In previous years, one-third of attendees were Spanish speaking.

Partnering agencies participating on the Parent Leadership Conference Committee include Kansas Head Start Association, Kansas Parent Information Resource Center, Families Together, and The Opportunity Project.

TOTAL FUNDING
\$32,358



CBCAP EVALUATION

SECTION 5



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.

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Common Measures

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 promoting 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)

Assessments of the physical environment and interaction between children and parents/caregivers in their home measuring the amount and quality of stimulation and support a child experiences at home.

The Protective Factors Survey (PFS)

Measures five protective factors: Family Functioning/Resiliency, Social Support, Concrete Support, Nurturing and Attachment, and Knowledge of Parenting and Child Development.

Ages & Stages Questionnaire (ASQ-3)

A snapshot of child development for ages 1 month to 5½ 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 2 months to 6 years. Assesses twelve key facets of parenting.

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

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 engaged in CBCAP programming show improvement in their home and family environment?
3. Do families who are engaged in CBCAP programming show improvement in protective factors?
4. What parenting behaviors do families engaged in CBCAP services display? Do these behaviors change over time?
5. How are parents engaging in CBCAP services and are their needs being met?
6. Are CBCAP programs promoting access to developmental and social emotional screenings and making appropriate referrals?



CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Demographics

358 Caregivers

Annual Income	Percentage of Caregivers
Less than \$10,000	58%
\$10,000-\$19,999	21%
\$20,000-\$29,999	5%
\$30,000-\$39,999	3%
Above \$40,000	3%
Unknown	10%

Housing Status	Percentage of Caregivers
Stable Housing	60%
Temporary Housing	17%
Homeless	11%
Unknown	12%

Gender	Percentage of Caregivers
Male	6%
Female	88%
Unknown	6%

Employment	Percentage of Caregivers
Employed Full-Time	19%
Employed Part-Time	12%
Not Employed	56%
Unknown	13%

Education	Percentage of Caregivers
High School Diploma	32%
Less than HS Diploma	32%
Some College	21%
Technical Training or Associates Degree	6%
Unknown	9%

Ethnicity	Percentage of Caregivers
Non-Hispanic/Non-Latino/Not Spanish	78%
Hispanic/Latino/Spanish	13%
Unknown	9%

Race	Percentage of Caregivers
African American or Black	11%
Biracial/More than one race	3%
American Indian or Alaska Native	1%
Asian	8%
White	68%
Other or Unknown	9%

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Demographics

402 Children

Gender	Percentage of Children
Male	51%
Female	48%

Ethnicity	Percentage of Children
Non-Hispanic/Non-Latino/ Non-Spanish	85%
Hispanic/Latino/Spanish	15%

Insurance	Percentage of Children
Medicaid	91%
No Insurance	5%
Private or Other	4%

Child participating in Part B Services?	Percentage of Children
No	98%
Yes	2%

Race	Percentage of Children
African American or Black	13%
Biracial/More than one race	9%
American Indian or Alaska Native	1%
Asian	9%
White	65%
Other or Unknown	3%

Child participating in Part C Services?	Percentage of Children
No	84%
Yes	16%

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Observations Collected per measurement by CBCAP program

PROGRAM	HOME IT	HOME EC	PFS	KIPS	ASQ	ASQ: SE-2	TOTAL PER PROGRAM
Circle of Security	-	-	2	26	0	38	66
Healthy Parents, Healthy Kids	-	-	29	43	23	24	119
Response Advocate	40	18	70	30	71	71	300
Drug Endangered Child	68	10	53	67	69	66	333
Wichita Crisis Nursery	43	36	34	-	71	71	255
Family Support Project	-	-	15	-	9	9	33
KCSL Prevent Child Abuse America	8	-	57	18	8	7	98
Totals	159	64	260	184	251	286	1204

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

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

The Centers for Disease Control and Prevention (CDC) suggest that certain caregiver characteristics are associated with a higher risk for abuse and neglect (CDC, 2017). Characteristics, such as low level of education, single parenthood, and low socioeconomic status are associated with an increased risk that children living in the household will suffer from abuse or neglect. In addition, children younger than four years old or with a disability are at an increased risk of experiencing abuse and neglect (CDC, 2017). The following demographic information shows that CBCAP programming is serving families who are at high risk for child abuse and neglect.

KANSAS CBCAP IS SERVING EXCEPTIONALLY VULNERABLE FAMILIES

58%

58% of children served by CBCAP were 4 years old or younger

79%

79.3% of families served by CBCAP earn less than \$20,000 a year

63%

63.2% of caregivers served by CBCAP have a high school diploma or less

64%

64.2% of caregivers are divorced, widowed, or have never been married

17%

17.4% of children participate in special education services

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

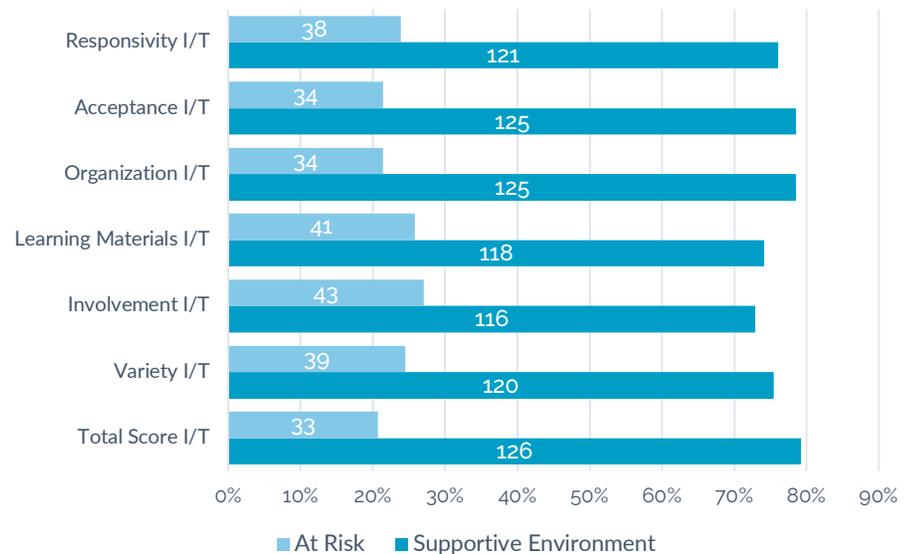
2. Do families engaged in CBCAP programming show improvement in their home and family environment?

HOME IT

A nurturing and stimulating home environment is critical in helping a child reach his or her true potential. The HOME Infant-Toddler (HOME IT) and HOME Early Childhood (HOME EC) are measures that provide information about the amount and quality of stimulation and support a child experiences at home. The HOME is a required Common Measure for any Cabinet-funded program engaging in home visiting services. In FFY2017, the HOME was used by the Wichita Crisis Nursery, the Response Advocate program, KCSL Statewide initiatives, and the Drug Endangered Child program. The HOME results from these programs indicate that a majority of the families served by these CBCAP programs provided a supportive and stimulating environment.

- In FFY2017, a total of 159 parent-child pairs were screened at least once using the HOME IT. Of these families, 82% were found to be providing a supportive and stimulating environment in each of the six subscale areas: Responsivity, Acceptance, Organization, Learning Materials, Involvement, and Variety in Daily Stimulation.
- Subscales with the highest number of supportive families are: Acceptance and Organization with 125 families (79%).
- Subscales with the highest number of at-risk families are: Involvement with 116 families (27%) and Learning Materials with 118 families (26%).

HOME IT



CBCAP EVALUATION

COMMON MEASURES INITIATIVE

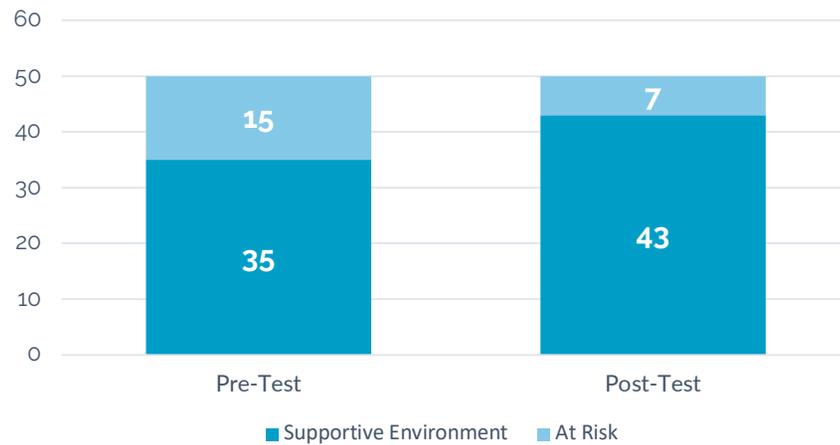
Results

- 2. Do families engaged in CBCAP programming show improvement in their home and family environment?

HOME IT (CONT'D)

Of the 159 families screened with the HOME IT, 50 families had two observations during the 2016-2017 fiscal year. Based on their overall scores, families were identified as “at risk” if their score fell below the median score or “supportive environment” if their score fell above the median score. Families in the “at risk” category are identified as lacking a home environment that provides adequate levels of support or stimulation while families in the “supportive environment” category are identified as providing an adequate environment for their child. At the pre-test observation, 15 families (30%) were reported as “at risk” while 35 families (70%) fell within the “supportive environment” category with scores above the median score. When observed at the post-test phase the number of families “at risk” decreased to 7 and dropped overall by 16%.

Pre Post Home IT



CBCAP EVALUATION

COMMON MEASURES INITIATIVE

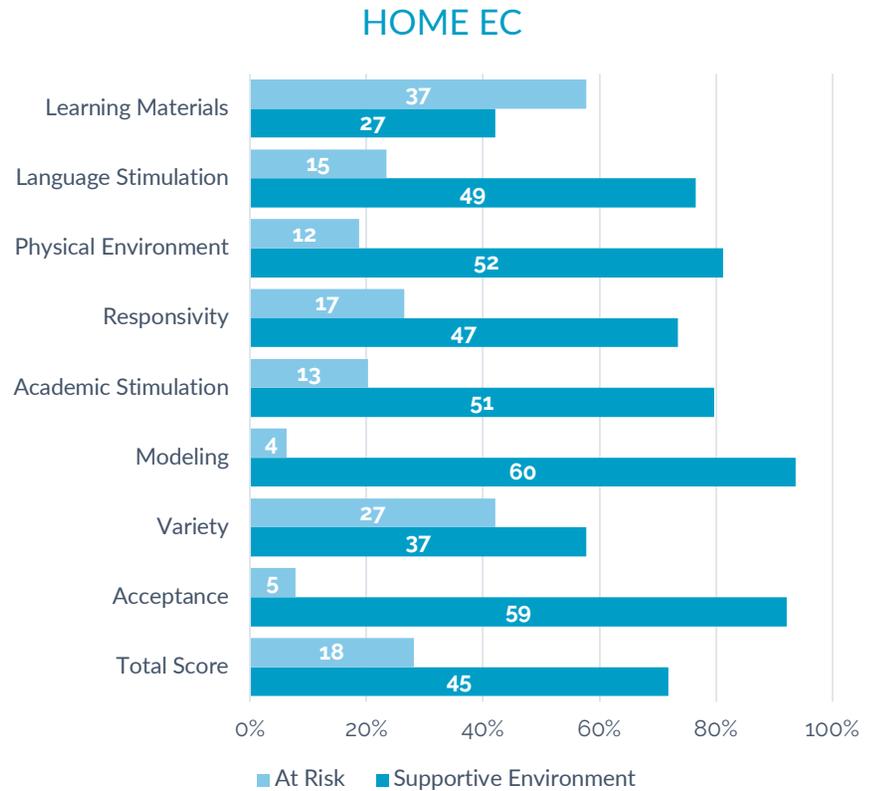
Results

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

HOME EC

In FFY2017, a total of 64 parent-child pairs were screened at least once using the HOME EC. The majority of the families screened were found to be providing a supportive and stimulating environment in each of the eight subscale areas: Learning Materials, Language Stimulation, Physical Environment, Responsivity of Parent to Child, Academic Stimulation, Modeling: parents' demonstration of desirable behaviors, Variety in Daily Stimulation and Enrichment and Acceptance.

- 72% of families have supportive environment.
- The subscales of Modeling (94%) and Acceptance (92%) have the highest number of supportive families.
- The subscales of Learning Materials (58%) and Variety (42%) have the highest number of at-risk families.



CBCAP EVALUATION

COMMON MEASURES INITIATIVE

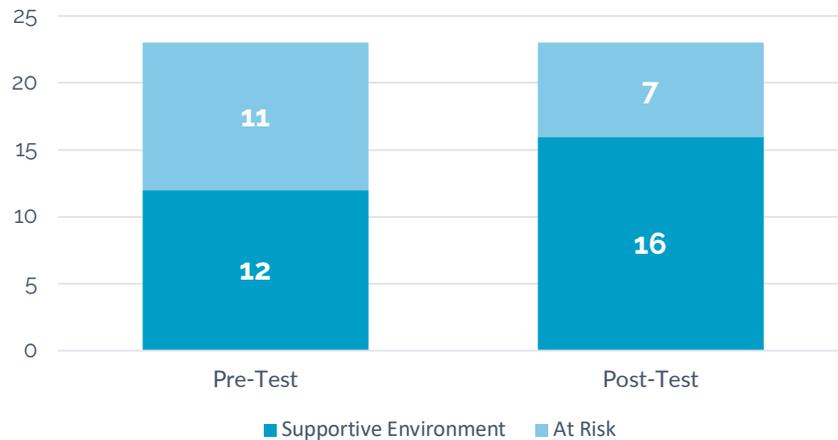
Results

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

HOME EC (CONT'D)

23 families had two observations of the HOME EC during the 2016-2017 fiscal year. At the pre-test observation, 11 families (48%) were reported as “at risk”, while 12 families (52%) fell within the “supportive environment” category. When observed at the post-test phase the number of families “at risk” decreased to 7 families and dropped overall by 18%.

Number of Families From Pre- to Post-Test



CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

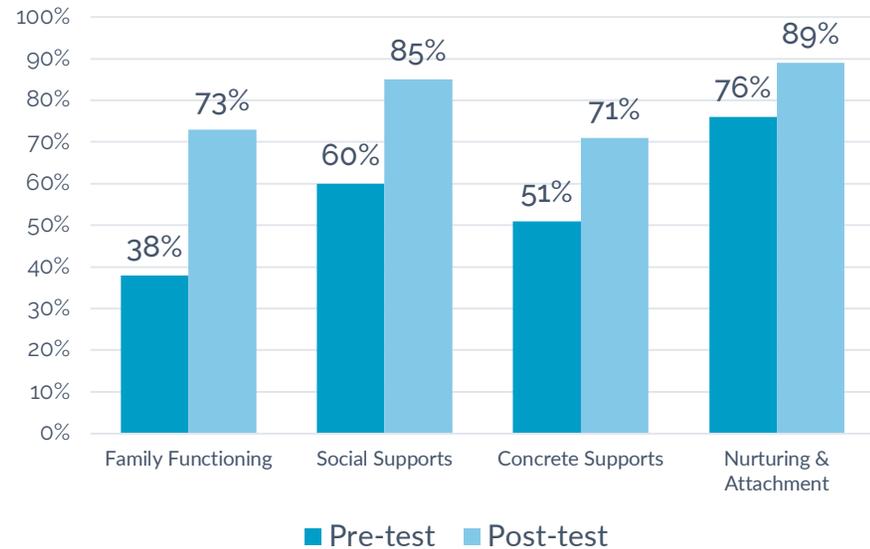
3. Do Kansas families engaged in CBCAP programming show improvement in protective factors?

PFS

It is essential that child maltreatment prevention programs assist parents in developing skills, knowledge, and behaviors in ways that will protect them against the likelihood of abuse and neglect. The Protective Factors Survey (PFS) was developed to meet the evaluation needs of prevention programs by measuring change in multiple protective factors. Feedback from child maltreatment prevention practitioners across the country has suggested that a score of 5 or above can be considered an optimal score on each of the PFS subscales. Using this measure, parents/caregivers receiving services through CBCAP showed notable improvements across each of the protective factors addressed in the PFS: Family Functioning, Social Supports, Concrete Supports, and Nurturing and Attachment.

- In FFY2017, a total of 208 parent-child pairs were screened at least twice using the PFS. The following graph demonstrates the change in the percentage of parent-child pairs who scored a 5 or above on each subscale from pre-test to post-test.
- Family Functioning had the largest change, increasing by 35%.
- 89% of families scored a 5 or above on the Nurturing and Attachment subscale.

Percentage of Families Scoring a 5 or Above



CBCAP EVALUATION

COMMON MEASURES INITIATIVE

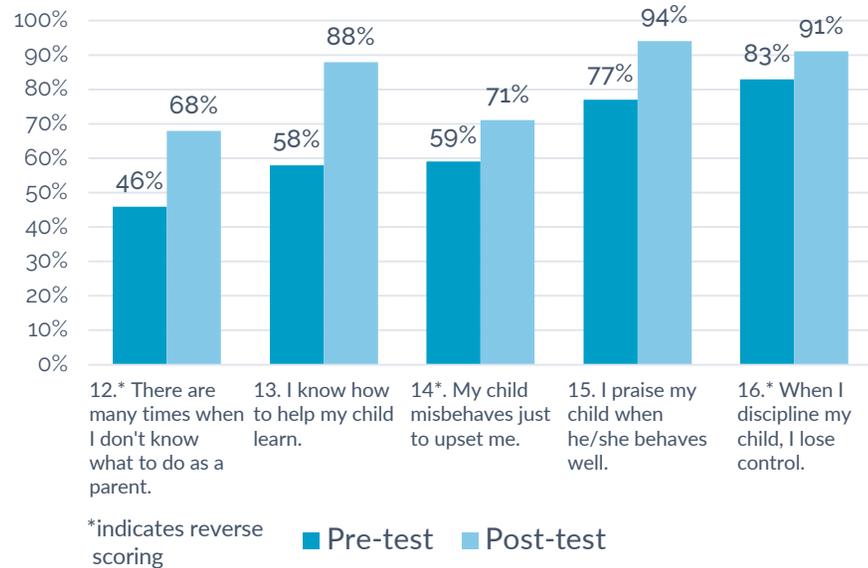
Results

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

PFS
(CONT'D)

- Caregivers also showed an overall increase between pre- and post-test on the 5 items designed to demonstrate Knowledge of Parenting and Child Development.
- 94% of caregivers scored optimally at post-test for praising their child when he or she behaves well.
- 22% of caregivers increased in their confidence that they know what to do as a parent.

Percentage of Families Scoring a 5 or Above



CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

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 parent-child interactions across 12 key parenting behaviors, each of which is given a score from 1 to 5, with 1 indicating the lowest quality of interactions and 5 indicating the highest quality of interactions. If a behavior is not observed during the assessment, it is recorded as no observed behavior (NOB) on the corresponding subscale. The number of observations range between 86 – 184. In FFY2017, 184 child-caregiver pairs were assessed at least once with the KIPS over the course of year.

Individual scores for the observed parenting behaviors are used to calculate an overall average score, which falls into 1 of 3 categories of parenting quality:

- Average score of 1.0 – 2.9 = Low Quality
- Average score of 3.0 – 3.9 = Moderate Quality
- Average score of 4.0 – 5.0 = High Quality

The following chart shows the average subscale score for each parenting subscale:

- All scores were in the Moderate Quality range
- Physical Interaction had the highest average score with 3.99
- Limits and Consequences had the lowest average score with 3.08



CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

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

KIPS (CONT'D)

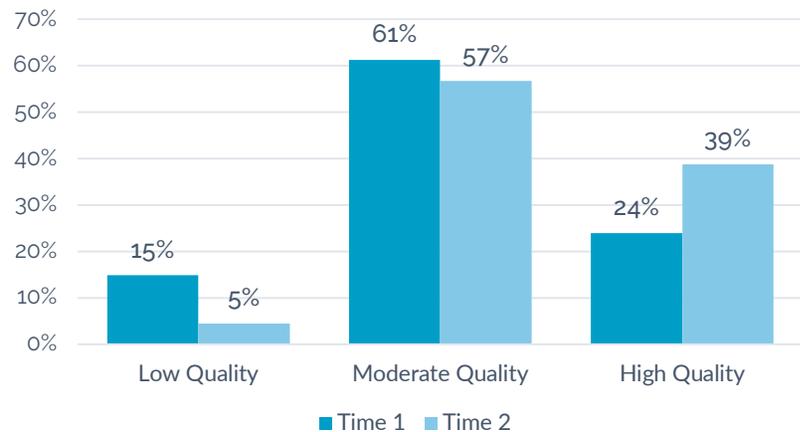
Out of 184 child-caregiver pairs, 67 pairs (36%) were found to have repeated assessments. Of these families:

- 11 out of 12 parenting behaviors showed improvement. The only subscale score that did not improve was “Involvement in Child’s Activities,” which decreased by 4% from Time 1 to Time 2.

The changes in overall scores of the families from Time 1 to Time 2 are indicated in the chart below:

- The number of parents in the High Quality category increased by 15%
- The percentage of parents in the Low Quality category decreased by 10%
- At Time 2, 95% of caregivers displayed Moderate or High Quality parenting

Changes in Parenting Quality from Time 1 to Time 2



CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

5. How are parents engaging in CBCAP services and are their needs being met?

PARENT ENGAGEMENT FOCUS GROUPS

"I think that if there were more communities with programs like this, and if you give families a chance to learn, you would have a lot less children being taken from their families. There's no manual for children."

- CBCAP Parent Participant

Family engagement in prevention services promotes the well-being of children and families and is central to successful practice (Child Welfare Information Gateway, 2016). Parents' knowledge of their children, family circumstances, and cultural context is essential to valid assessments and appropriate intervention planning (Kemp et al., 2009). Therefore, practitioners need to recognize families as the experts on their situations and actively collaborate with them to increase the likelihood families will engage in services and have better outcomes. Family engagement for the purposes of this report is described as "a family-centered and strengths-based approach to making decisions, setting goals, and achieving desired outcomes for children and families" (Child Welfare Information Gateway, 2016).

Family engagement and participation in social services is multifaceted. Practitioners face numerous challenges to engage with families on a regular basis such as family reluctance, being unreceptive to services, distrust in the child welfare system, and factors related to poverty (i.e. mental health and substance use). In spite of these challenges, family engagement in prevention programs and services to reduce maltreatment makes improved family outcomes more likely.

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

5. How are parents engaging in CBCAP services and are their needs being met?

PARENT ENGAGEMENT FOCUS GROUPS

As part of the FFY 2017 CBCAP evaluation, evaluators conducted focus groups with three CBCAP-funded programs in Kansas to better understand parent and caregiver perspectives, experiences, and expectations of programs. Areas of interest included parent understanding of child development, parent supports, and parent self-reflection. Researchers at CPPR conducted in-depth semi-structured interviews with parents participating in CBCAP programs. Invitations to participate in the study were e-mailed to all CBCAP programs. Program staff were asked to identify parents who were interested in participating in focus groups.

Of the six CBCAP programs, three agreed to participate and a total of 18 parents participated in the focus group interviews. The three programs that participated in parent focus groups were the Healthy Parents, Healthy Kids program in Kansas City, the Drug Endangered Child program in Topeka, and the Response Advocate program in Pittsburg. At each focus group, CBCAP program staff that had established expertise in program delivery and family involvement were present.

Overall, parents in the focus groups felt that they have a better understanding of their child's development and needs both physically and emotionally. Additionally, these parents felt that they had increased access to social and community supports and felt empowered to be the best parent they could be. Findings from the focus groups suggest that Kansas CBCAP programs are accomplishing what they set out to do. The primary goal of CBCAP programming is to reduce and prevent child maltreatment; feedback from the focus groups coupled with the results of the Common Measures Initiative provides an early indicator that parents are being supported to provide safe, stable, and nurturing relationships.

Qualitative coding was used to identify key words, phrases, and themes that emerged from the parent focus groups. The themes have been analyzed and organized by areas of interest to parent engagement and include child development, parent supports, and self-reflection. Insights from parents participating in the focus groups are described by theme on the following pages.

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

5. How are parents engaging in CBCAP services and are their needs being met?

PARENT ENGAGEMENT FOCUS GROUPS

CHILD DEVELOPMENT

- Increased knowledge of parent-child interactions
- Increased knowledge of child development and behavior
- Increased understanding of nurturing and attachment

One parent stated:

"I'm learning a lot about my child because he is my first my baby I had no idea how to nurture and protect him. I also learned about child development goals. I'm not from the United States, so how we do things in my home country [is] totally different."

Another parent said that program staff *"have taught me developmental and behavioral things with my child. As a single parent and as a new mom, learning about what is normal and what should be happening with my child is huge."*

These two quotes highlight the importance of parent education related to understanding typical child development milestones, and how meaningful this acquired knowledge is, especially for new parents.

PARENT SUPPORTS

- Non-judgmental environments
- Individualized support
- Family-centered approaches
- Focus on parent and child improvements and strengths
- Programs help parents connect with and navigate community resources
- Concrete supports: transportation, bills, etc.
- Social supports of parenting groups
- Strong relationships with case managers

A focus group participant described the importance of being supported as a parent of a child with special needs:

"My child has autism. We needed the education and [to know] what services were available to our child. I still need to understand and know more. ...Our home visitor lets me know that I can do this and focuses on how far our kid has come."

Another parent described how program staff helped them to access and navigate community resources:

"We are a smaller community and don't have the same resources as a bigger community, but we really make connections here and build relationships so we can access resources, and I can do my job as a parent better and help my child."

These insights help to highlight how important it is to know about and be connected to community resources, and the importance of feeling supported through the challenges that come with being a parent.

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

5. How are parents engaging in CBCAP services and are their needs being met?

PARENT ENGAGEMENT FOCUS GROUPS

SELF-REFLECTION

- Increased perception of safety
- Increased self-awareness and self-motivation
- Increased knowledge of parenting skills
- Increased understanding of coping methods and skills

One focus group father reflected on how participating in a program helped him learn how to be a better parent:

"I would tell other parents that just because you made this baby doesn't mean you know everything about how to be a parent. You have to educate yourself and learn these things. Whatever you can learn that can help you be a better parent, that's what you should want to do. My daughter is getting a better dad out of me coming to this program."

Another parent indicated the importance of supportive relationships between parents and program providers, saying, *"I feel like my case manager is my best friend. She's helped me bring out the strengths in myself. It's not her, it's me doing these great things and she's taught me that."*

These two examples provide support for the impact that CBCAP programs have on participants' feelings of self-efficacy that is gained through positive relationships with both program staff and other parents.

CBCAP programs in Kansas have embraced the many benefits that come with families being engaged in services, and the positive outcomes that are associated with program participation. At its best, family engagement encourages and empowers families to be their own champions, and to work toward achieving the goals that they have developed based on their specific family strengths, resources, and needs (Child Welfare Information Gateway, 2016). The preliminary findings from these focus groups indicate that parents are receiving the services and support that adequately meet the unique needs of their individual families.

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

Results

6. 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 that 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.

A majority of the children served in CBCAP programs who were under the age of five were screened for developmental delays at least once using the ASQ-3 and/or social emotional delays using the ASQ:SE-2.

- Every CBCAP program provided developmental screenings using either the ASQ-3 or the ASQ:SE-2
- 6 of the 7 CBCAP programs used both screenings

ASQ:SE:2

- 358 ASQ:SE-2s were given to 286 children
- 87% of children receiving CBCAP services were screened using the ASQ:SE-2 (286 out of 329 children who were under the age of five)

ASQ-3

- 349 ASQ-3s were given to 251 children
- 76% of children in CBCAP services were screened using the ASQ-3 (251 out of 329 children who were under the age of five)

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

LIMITATIONS

A variety of mitigating factors contribute to the limitations present in this evaluation of CBCAP program outcomes. Considering the following limitations, the results of this evaluation should be interpreted with caution as results may not be generalizable beyond the population observed.

Lack of available post-test data

- When serving high-risk families, frequent moves and difficulty in maintaining communication contribute to programs being unable to obtain post-test data from participants. Further, it could be possible that the families who remained engaged in services over time were fundamentally different than those families who withdrew participation.
- While the total number of assessments completed is relatively high, only those cases with matched pre/post data were included in the analysis, which substantially reduced the total number of cases analyzed.

Sample size

- Due to confidentiality concerns, it is not possible to obtain an unduplicated count of program participants. This is particularly relevant when considering that

individual children may have been screened using more than one measurement tool, which would make the actual sample size smaller than the total number of screenings collected.

- Programs collect data from participants with varying frequency depending on curriculum used, class start/stop dates, and staffing availability. It is therefore possible that the children and families represented in these data may not be representative of all children and families engaged in CBCAP programming due to inconsistencies in data collection across programs.

Varying participant involvement

- This report consists of data collected in FFY2017 (October 1, 2016 – September 30, 2017), however, families represented may have been engaged in CBCAP programming prior to the beginning of the fiscal year. It is possible that these families may have completed one or more measurement tools prior to this reporting timeframe. As a result, it is not possible to claim that the scores present in this dataset were reflective of a family's first time completing an assessment and therefore the results may be representative of follow-up assessments completed in FFY2017.

CBCAP EVALUATION

COMMON MEASURES INITIATIVE

LIMITATIONS (CONT'D)

Despite these limitations, the data provided in this report are beneficial in their ability to paint an overall picture of the children and families served by CBCAP programs in Kansas. Whether a developmental screening was the first for a child or the first in FFY2017, the data indicates the child's development at that point in time. Similarly, even with a limited amount of longitudinal data, the HOME and PFS pre-tests provide valuable cross-sectional information about the strengths and needs of the families CBCAP programs are reaching. This information is helpful for CBCAP grantees and the Cabinet as they continue to assess the need for additional outreach efforts and to guide future programming.

CONCLUSION

CBCAP programming is designed to reach those families across Kansas who are at highest risk for abuse and neglect. According to the demographic information obtained from the families participating in CBCAP programming, CBCAP programs have been successful in meeting this goal in FFY2017. Data obtained from the Protective Factors Survey found that families showed improvement across all four subscales that correspond to increased family functioning and

support, and data from the KIPS showed that overall, the quality of parent-child interactions increases over the course of participating in CBCAP services. In addition, 87% of children under five years old who are involved in CBCAP programs were screened by either the ASQ-3 and/or the ASQ:SE-2, which is nearing the goal of universal screenings for every child participant.

Focus groups were conducted with parents to gain a more in-depth understanding of their experiences of being engaged in CBCAP programming. The results of these interviews indicated that, of the parents who participated in the study, their participation in a CBCAP program had been beneficial to both themselves and their children. Despite the limitations previously discussed, data collected through the Common Measures Initiative and parent focus groups suggests that CBCAP programs are creating positive changes in the lives of children and families served.

CONCLUSION

SECTION 6



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.

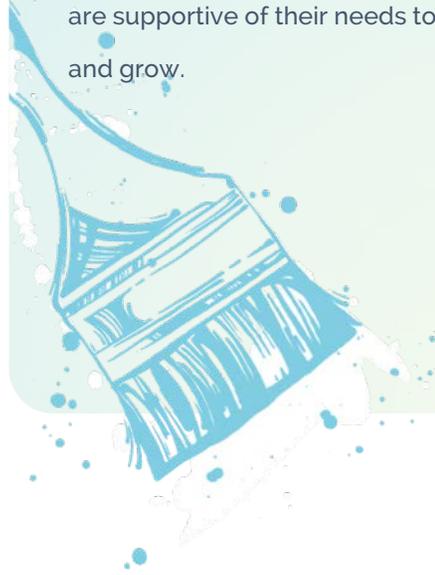
CONCLUSION

KANSAS PREVENTION INVESTMENTS ANNUAL REPORT

CBCAP Makes a Difference

We know that through CBCAP programs in Kansas 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.

CBCAP programs work together towards a singular goal: to prevent child maltreatment by providing families with the supports they need to thrive. Although united by this common goal, each program has the freedom to design their own path towards achieving it. Following a comprehensive needs assessment, each program identifies and pursues the specific techniques, collaborative partners, and outreach methods that will best meet the unique needs of their community. Whether it's offering parents a safe place to take their child while attending a job interview, sharing information about the Period of PURPLE Crying, or providing case management services, CBCAP programs fill the gaps in their community's safety net and offer parents the supports they need to provide a safe and stable environment for their children.



CONCLUSION

KANSAS PREVENTION INVESTMENTS ANNUAL REPORT

While CBCAP programs prevent the occurrence of abuse and neglect within the families they serve today, the benefits are long-lasting and far-reaching.

The impact of CBCAP programming can be felt across generational lines - as parents gain the necessary skills to provide their child with an environment characterized by safety and stability, that child will grow up with a better understanding of what makes a healthy family. This imbued knowledge will not only change the trajectory of that child's life but will allow them to pass those skills on to their own children and grandchildren. Over time, participating in CBCAP programming today raises the chances that multiple future generations of a family will enter parenthood with the skills they need to provide their children with a safe, nurturing, and supported childhood.

Preventing child maltreatment is important work and it is imperative that the limited resources available are dedicated to programs that effectively serve families. The Common Measures Initiative is the Cabinet's answer to ensuring that CBCAP programs are successful. Because the services provided by CBCAP programs and the needs of parents and children vary greatly, the Common Measures contribute a combination of flexibility and rigor to program evaluation. By supplying a choice of tools, each measuring a different area, programs can choose the measures that best fit their goals. In addition to understanding the strengths of parents and families, the importance of early identification and referral for children with developmental or social-emotional delays is recognized through the requirement that all programs use age-appropriate developmental screening tools.

CONCLUSION

KANSAS PREVENTION INVESTMENTS ANNUAL REPORT



In comparison to other federal programs, the resources dedicated to CBCAP are small. Despite this, the effects of CBCAP are mighty.

By providing the services most needed in their communities, CBCAP programs make a clear and measurable difference in the lives of hundreds of Kansas children and families. Through their efforts to provide today's families with the resources they need to grow and thrive, these programs create a lasting impact.

By staunching the transmission of family trauma, CBCAP programs and providers are changing the lives of families for generations to come.

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