Evaluation of Kentucky's Child Abuse Prevention Initiative

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Background and Introduction

Child abuse and neglect result in long-term detriments to health, cognition, and psychological adjustment and is being increasingly targeted as a national health issue (Boyce, 2008). Preventing child abuse and neglect is a compelling cause that is difficult to measure with emerging, but meager, scientific evidence to guide such efforts (Feerick & Snow, 2006). We know that strong communities with a range of public and private services and social supports protect against child abuse (Lyons, 2004; Mannes, Roehlkepartain, & Benson, 2005). In contrast, family stressors such as poverty, poor housing, substance abuse, health problems, criminality, and job loss are significant risks for child abuse and neglect (Child Welfare Gateway, 2003). Child welfare professionals seek to match stressed families with needed service, but community providers need structure and leadership to develop a comprehensive service array (Taylor, 2003). A range of terms or initiatives describe the current trends toward enhancing community capacity for prevention of child abuse and neglect including *wrap around services*, *systems of care*, *family to family* initiative, or *comprehensive family services* (CFS in Kentucky). Despite the widespread acceptance of these philosophies, progress toward implementing these approaches is marked by tensions between agency's perspectives and reliance on key leaders to energize the process; when leaders change the process often falters (Lyons, 2004).

Prevention initiatives are often categorized into terms of primary, secondary, or tertiary prevention (NRC-CBCAP, 2008a). Primary prevention consists of activities that are targeted toward the community at large and meant to impact families prior to any allegations of abuse and neglect. Secondary prevention consists of activities targeted to families that have one or more risk factors such as substance abuse, parents of special needs children or low income families. Tertiary prevention is targeted to families that have confirmed or unconfirmed child abuse and neglect reports. Rather than sorting prevention initiatives into mutually exclusive categories, prevention is increasingly recognized as occurring along a continuum (NRC-CBCAP, 2008b). A comprehensive system of care for improving outcomes for children and families needs to include strategies that coordinate resources across the entire continuum and aim at building capacity and serving families.

Because of these issues and the growing financial and psychological costs of abuse and neglect, the Kentucky Department for Community Based Services (DCBS) sought to synchronize efforts toward strengthening the prevention continuum and enhancing coordination and dialogue between providers as suggested by Lyons (2004). We realized that many programs embed a brief evaluation into their efforts, but none achieved a statewide perspective. Our previous research (Huebner, Jones, Miller, Custer

& Critchfield, 2006) and the work of FRIENDS (2004) used customer satisfaction surveys to measure outcomes for persons served, but in this recent effort we wanted to measure the effects of prevention on communities. We asked several 'what if' questions: What if we tracked the many prevention activities in one system to see the statewide scope and impact? What if we identified our strongest communities and disseminated their practices statewide? What if we found unmet need or opportunities to be more focused in our efforts? We knew that we did not have the answers, but we also knew that we would gain knowledge, refine our process and improve our ability to measure outcomes if we began and gained experience.

In this report, we share the development, evaluation methodology, and results of a statewide tracking system for primary to tertiary prevention activities at the community level after the first year of implementation. This report is intended to provide an update on Kentucky's prevention initiative. We share the rationale, results from the first year of evaluation, and anticipated next steps.

Development and Design

We began developing an evaluation plan for the prevention initiative by bringing together program managers from current primary and secondary prevention programs. We examined the prevention continuum and defined prevention for this initiative as 'a range of meetings, community events, trainings and media presentations' for primary to tertiary prevention. The defining caveat was that measured prevention activities would be designed to build community capacity and strengthen families, rather than tied to specific maltreating or at-risk families. We also targeted activities that were funded in any way by DCBS, rather than a full range of community-based prevention programs that might be funded or managed by public health or other agencies. We termed it 'primary prevention' to convey the sense of community capacity building rather than service delivery. For secondary to tertiary prevention programs for specific families, we designed a separate in-home family preservation tracking system; the results of this system are included in other reports available from the authors.

Representatives from federal, state, local government and grant funded programs worked together to develop a logic model as displayed in Appendix A. We used an empowerment evaluation approach (Fetterman, Kaftarian, & Wandersman, 1996) where consumers of research are active partners in the design, implementation and interpretation of the research. Work groups met over several months to identify common data collection elements among a wide array of initiatives. In addition to the design of the data collection, input from multiple program coordinators also served to create buy-in and a sense of shared purpose among typically independent initiatives.

The work of Lyons (2004) guided the work and logic model development. Lyons describes developing a vision for programs that includes multiple providers and methodology for building healthy communities; these ideas were incorporated into the philosophy that guided the data collection design. We developed a taxonomy of primary prevention with four domains representing the processes of community capacity building: meetings, community events, specific trainings, and media events or materials. Within

each domain, we defined items to describe the prevention process. These four domains and related items were then organized into a checklist format. We also engaged in a process to identify a set of common objectives or goals for the prevention activities that were also included in a checklist measure. The resulting measures were tested and piloted with groups of primary prevention providers through a year long process of focus groups, reviews, and revisions. In deciding what information to collect, we wanted to be detailed enough to tell a story with the data, but simple enough to minimize data entry burden. The final measures followed the logic model, capturing these essential components of a program evaluation: inputs, process, outputs, and short-term outcomes, along with initiatives and participants.

Data Collection Methodology and Rollout

Following the instrument development, the items were programmed to be collected through an internet site. This system was named the *Primary Prevention Meeting and Event Tracking* system (PP-MET). It can be accessed by anyone with access to the internet and an assigned login and password. For primary users, a common password and login procedure was assigned so that a user could enter information without a cumbersome approval or registration process.

A wide range of community agencies and personnel, program coordinators, and state staff enter data on the meetings, events, trainings or media activities directly into the PP-MET. Narrative notes can be entered into the system and once the data are entered, the system automatically generates a printable report for each data entry that could serve as minutes of the event, thus reducing double data entry. Another popular feature is that users with different levels of access can download all of the data that they have access to in a spreadsheet format for tracking trends in any single initiative or region. Primary users can download data that they enter on specific county activities, initiative coordinators can view and download data from their initiative statewide, service region coordinators can view and download data at the service region level, and finally statewide administrators can view and download all the data This function encourages initiative self-evaluation and use of the data for multiple purposes.

The PP-MET system was ready for testing in August of 2007. Training of users was conducted through a series of small group conference calls; users entered data into the system from their own computers as it was explained. Training calls required 20-40 minutes of time with shorter times needed if users registered and received logins and password information in advance. During these calls, we received feedback about the data being collected, wording, navigation of the Web site, and other potential enhancements from many users statewide. Based on this feedback, additional changes were implemented prior to the launch date. The PP-MET went live on September 5, 2007. Entering an event into the PP-MET requires about three minutes of a user's time and as indicated generates a printable report. The content of the PP-MET is included in Appendix B.

The expectation of initiative coordinators was that any prevention activity funded in any way by DCBS would be entered into the PP-MET. Because we had incomplete

information on the total number of users, we asked trained users to share the Web site link and the common password with other users that we may not have reached. Word spread quickly among the providers involved with the design of PP-MET and through program coordinators. Currently, more than 70 staff and community partners are active users of the PP-MET; the number grows each week. Audrey Brock manages the PP-MET, handles questions about data entry, sets up new users, or analyzes data from the system.

Feedback about the ease of use of the system and the preliminary findings from the data has been positive. We think that the high acceptance is due to user involvement at all steps from design to launch and the simplicity of data entry. We also began feeding our findings from the PP-MET back to the users early on and regularly to validate the time they spend entering data and keep them engaged in the common purpose. This feedback reinforced data entry and use of the PP-MET.

Data Analysis

Data entered into the PP-MET system are analyzed at several levels. Data on each initiative are useful to understand the impact of that initiative for program evaluation or feedback to groups. However, for this statewide evaluation, we utilized data indicators at the county level as demonstrated by other authors (Ernst, 2000; Schultz, 2001). We defined the county as the county where the meeting, event, or training occurred (entered in the PP-MET). County level analyses were developed to understand primary prevention as follows:

- Identify our strongest communities and disseminate their practices statewide.
- Identify counties with little or no prevention activities.
- Create county profiles with social indicators such as census measure of poverty, education, or urban/rural characteristics to understand the relationships between the indicators and prevention activities.
- Create county profiles with child welfare indicators from administrative data to understand the relationship of abuse and neglect to prevention activities.

Given that these data are descriptive and comparative, we cannot demonstrate cause and effect, but use the data and the county profiles to stimulate discussion and generate hypotheses for future program evaluation. In some instances, programs are initiated, discontinued or move from one county to another. These county profiles serve as a baseline to examine the changes in abuse patterns that might accompany such a change. In the long term, we hypothesized that stronger prevention programs will:

1. Change referral patterns to child welfare.
2. Reduce the percentage of the child population with substantiated abuse and neglect.
3. Reduce the recurrence of child abuse and neglect.
4. Decrease the number of children in out-of-home care.
5. Decrease family risks and improved protective capacity.
6. Improve coordination of prevention efforts statewide
7. Promote a sense of common purpose among statewide service providers.
8. Improve access for families to needed resources through integrated programs.

Results

These results are for the first year of operation. Between October 1, 2007, and September 30, 2008, community partners held 1,395 primary prevention meetings or events and logged them into the PP-MET system, averaging 5 to 6 entries per business day statewide. Any single entry could be comprised of one or more domains and include multiple items and perceived outcomes. These activities fell into the following overlapping categories:

- 731 meetings
- 677 education/training events
- 180 community events
- 132 multimedia events (posters, newsletters, etc.)

Meetings were the most common type of activity, followed closely by education/training events that were almost exclusively parent training classes. Community events, while less frequent, were usually large affairs with many in attendance. Most activities entered as multimedia events were also part of a meeting, training or community event including videos or printed materials. Only 35 activities were strictly multimedia events, and these consisted of newsletters, ads in national publications, posters, public service announcements, and booths at conferences.

Descriptive Results

Table 1 displays the types of activities most frequently used for each initiative. Additional information is displayed in the Logic Model (Appendix A). To describe the process of meetings, the duration of meetings and the attendees are tracked in PP-MET. Meetings and events lasted between 30 minutes to a week or more. The average duration and number of attendees is displayed in Table 2. Table 3 displays the most common type of attendees by the prevention domain.

Table 1
Prevention Initiative by Most Common Activity

INITIATIVE	**MOST COMMON TYPES OF MEETINGS AND EVENTS**
Community Collaboration for Children	CCC regional network meetings, CCC subcommittee meetings, parent training programs.
Community Partnership for Protecting Children	CPPC steering committee meetings, CPPC subcommittee meetings, meetings about child abuse prevention
Citizen Review Panel	Community-based meetings in target areas.
Child Abuse Prevention Month	Community events and meetings for Child Abuse Prevention Month, community events to increase awareness of child abuse/neglect
Faith Based Initiatives	Community events, meetings to build faith-based programs
Fatherhood Initiative	Community events to build fatherhood supports, community events to promote an initiative or partnership, parent trainings, meetings to build fatherhood supports, support groups, videos

INITIATIVE	MOST COMMON TYPES OF MEETINGS AND EVENTS
	and reading materials
Prevent Child Abuse Kentucky (PCAK)	Meetings about child abuse prevention, parent training programs, meetings to build fatherhood supports, support groups, meetings about child abuse prevention, other community-based meetings, advertisements, videos, library materials.
Race, Community, and Child Welfare	Community based cross trainings, meetings to build response to racial disparity
Sobriety Treatment and Recovery Teams (START)	Meetings to build community capacity related to substance abuse, advisory meetings, parent trainings
Substance Abuse Prevention	Meetings to build community capacity related to substance abuse, advisory meetings, and support groups. Note. This was a limited term initiative that continues only in a few counties.

Table 2
Prevention Domain by Duration and Number of Attendees

PREVENTION DOMAIN	AVERAGE DURATION	# ATTENDEES		
		Median	Average	Maximum
Meetings	1½ hours	13	19	750
Training/Education Events	2 hours	10	20	900
Community Events	3 hours	48	91	2,710

Table 3
Summary of Attendees at Prevention Activities

MOST COMMON ATTENDEES	# MEETINGS OR EVENTS	% MEETINGS OR EVENTS
All Meetings and Events (N=1,395)		
Parents or grandparents*	950	68.1%
Children under 18	406	29.1%
Other community members or service providers	364	26.1%
DCBS employees	336	24.1%
Educators or Family Resource Center staff	311	22.3%
Mental health providers	241	17.3%
Medical professionals, health department staff, or HANDS staff	124	8.9%
Foster or adoptive parents	102	7.3%

Note. * read the percentages as the percent of all meetings where the attendee type was present.

Table 4
Attendance by Prevention Domain

MEETINGS (N=731)		
Attendees	**# Meetings or Events**	**% Meetings or Events**
Mothers	331	45.1%
Other community members or service providers	289	39.4%
DCBS employees	282	38.6%
Educators or Family Resource Center staff	219	30.0%
Mental health providers	215	29.0%
Fathers	187	25.5%
TRAINING/EDUCATION EVENTS (N=677)		
Mothers	555	82.0%
Fathers	495	73.1%
Grandparents	50	7.4%
COMMUNITY EVENTS (N=180)		
Children under 18	119	66.1%
Fathers	78	43.3%
Mothers	63	35.0%
Other community members of services providers	49	26.6%

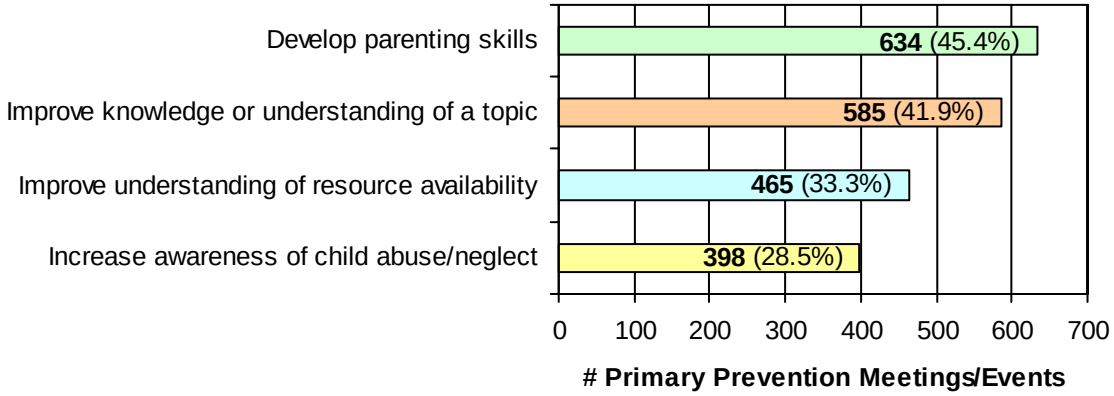
From these data we see a wide range of prevention activities with each initiative endorsing prevention activities consistent with their emphasis. Prevent Child Abuse Kentucky (PCAK) held the broadest range of activities, but CCC activities were held in the most (33) counties. Fatherhood initiatives were present in 27 counties. We knew less about attendance at meetings and events prior to the PP-MET and were pleased to see that parents were in attendance at more than 40% of meetings and community events. Training and education programs often refer to parent education programs that may be attended by the general public, families with high risks, or families with documented abuse that may be court ordered to attend. Given this range, we were also pleased to see that fathers attended more than 70% of parent training classes. Finally, it is interesting to note that community meetings were attended nearly equally by DCBS employees, educators, and community service providers. Conversely, fewer foster parents, medical personnel and mental health professionals attended meetings than might be desired.

Perceived Outcomes

Users entering data into the PP-MET indicate the perceived outcome of the meeting, event, or training. The four most common perceived outcomes of the 1,395

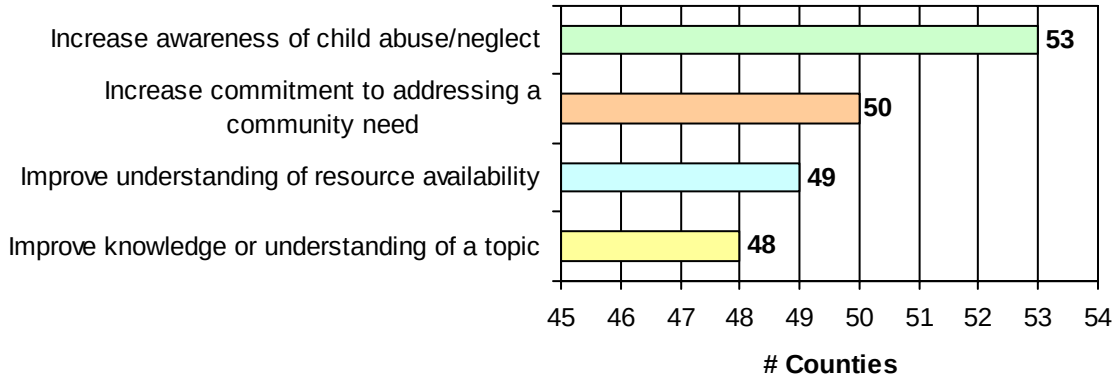
primary preventions meetings and events are displayed in Figure 1. The figure displays the percentage of meetings or events for which each outcome was selected in parentheses.

Figure 1
Most Frequent Perceived Outcomes of Prevention Activity



Forty percent of all activities recorded in PP-MET were parent education classes. Thus the perceived outcome of 'develop parenting skills' is a logical outcome for such classes, and it is the most frequently cited outcome. We also wanted to examine the outcomes by distribution in the counties across the state. Meetings and events were held in 65 of Kentucky's 120 counties. Figure 2 displays the most widespread perceived outcomes, that is, those that occurred in the most counties. The four most frequently perceived outcomes were also the most widespread outcomes with one exception. 'Increase commitment to addressing a community need' was a goal in nearly all counties served, but 'develop parenting skills' was not widespread. Though parent education classes make up a substantial portion of the statewide primary prevention activities, they are limited to a few counties.

Figure 2
Distribution of Perceived Outcomes across Counties



The perceived outcome to 'increase commitment to addressing a community need' is important because it suggests problem solving for a specific issue or need. Kentucky in partnership with the University of Kentucky and DCBS is involved with the 'Green Dot' violence prevention initiative (**http://www.greendotkentucky.com**). This green dot initiative identifies actions on the part of individuals to prevent violence on campus or in the community. A collection of green dots portrays the power of a prevention initiative to stem violence. Similarly, the actions of communities to solve specific problems are like 'green dots' in the prevention of child abuse and neglect. The specific actions of communities are highlighted on page 11.

County Profile Data

Figure 3
Distribution of Prevention Activities by County

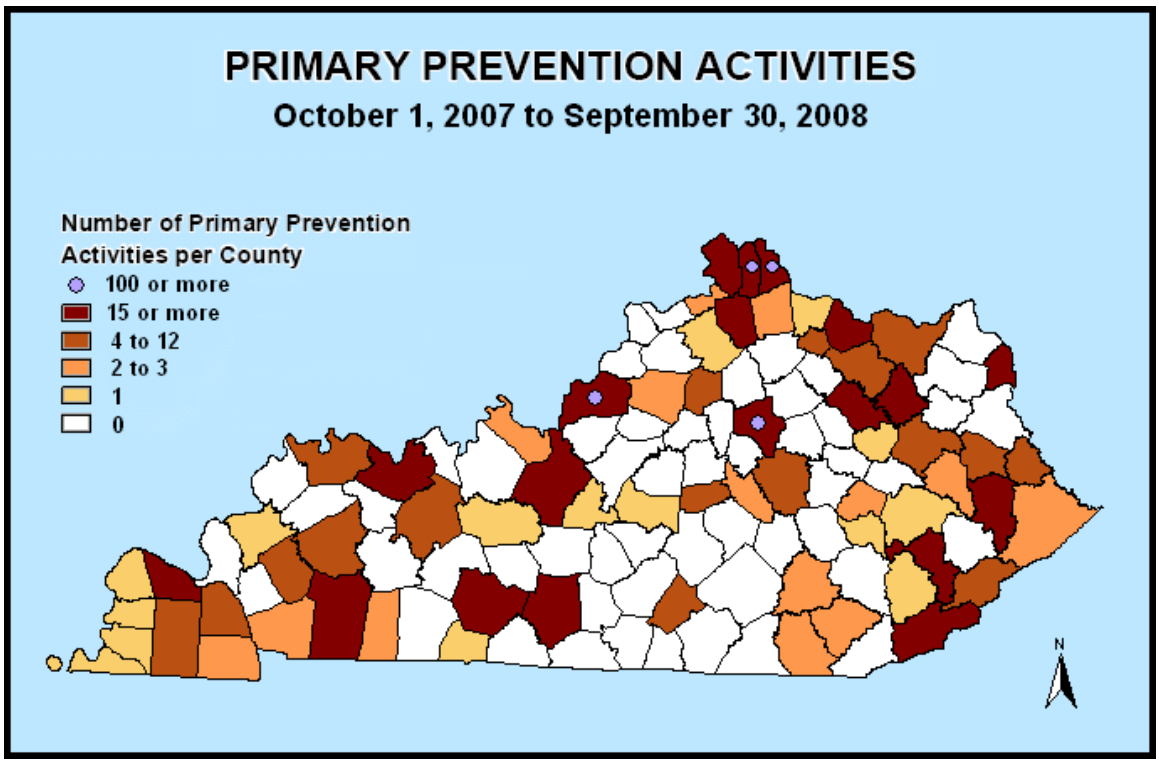


Figure 3 displays the dispersion of prevention activities across the state. The areas with the blue dots are also the highest population areas and urban regions. Slightly more than half of Kentucky's counties had at least one primary prevention meeting or event. The counties without any activities tended to be clustered together, mostly in the south and central parts of the state. We look at this map as suggesting that there should be strategically placed 'hubs' of prevention work in the state. These hubs would influence systems in surrounding and contiguous counties. We expect that meetings are held in the 'hubs' but that community partners may come from many counties not currently tracked. The presence of counties without proximity to any hub of

prevention work suggests and unmet need that will be addressed in planning for primary prevention efforts.

The 65 counties with primary prevention meetings/events and the 55 counties without any were similar based on income, poverty levels and urban designation. Table 5 displays these data.

Table 5
Comparison of Counties with and without Prevention Activities

AVERAGE	**WITH PRIMARY PREVENTION ACTIVITIES (N=65)**	**WITHOUT PRIMARY PREVENTION ACTIVITIES (N=55)**
% Population in Poverty	19.7%	20.3%
% Child Population in Poverty	27.7%	28.1%
Median Family Income	$33,270	$33,630
% Urban	31.6%	22.8%

Long-term Outcomes

To begin analysis of the impact of prevention activities, we added administrative data to the county level prevention profile. We know from our previous research that more rural counties with lower incomes have more referrals and substantiated abuse than more urban counties with higher incomes. Because the counties with and without primary prevention activities were similar in urban designation and income levels, we sought to compare counties with and without any prevention activity on referral, recurrence, and abuse rates. We used three indicators from child welfare administrative data and census data. Percent of children with a CPS referral was calculated by dividing the number of unique children in 2007 with any CPS referral by the census data on number of children in the county. Similarly, the percent of children with substantiated abuse and neglect uses the total number of child victims from 2007 divided by the number of children in the county. The rate of recurrence of child abuse and neglect is a summary statistic based on annual federal reporting (NCANDS) that calculates the percent of children with substantiated abuse/neglect in the first six months that have a subsequent substantiation in the second six months. This comparison is relational and should not be perceived as indicating that prevention activities caused any changes in abuse referral or substantiation rates. We compared those initiatives present in at least 20 counties using independent two-sample t-tests to test for statistical significance between counties with and without the initiative. Table 5 displays these comparisons or specific types of prevention programs.

Table 5
Comparison of Child Welfare Outcomes for Counties with and without an Initiative

PREVENTION INITIATIVES - # COUNTIES WITH (WITHOUT)	RATE OF REF. WITH	RATE OF REF. WITHOUT	RATE OF VICTIMS WITH	RATE OF VICTIMS WITHOUT	RATE OF REC. WITH	RATE OF REC. WITH OUT
Any Prevention Activity 65 (55)	10.0%	8.7%	1.9%	1.6%	7.3%	5.7%
Parenting classes 21 (99)	9.5%	9.1%	1.8%	1.7%	5.4%	6.8%
Substance abuse prevention 25 (95)	10.2%	9.2%	2.0%	1.7%	5.8%	6.8%
Fatherhood Initiatives 34 (86)	10.0%	9.2%	2.1%*	1.6%*	6.5%	6.6%

Note. *Differences between groups are statistically significant <=.05.
Ref. = Referrals to DCBS compared to all children in the census
Rec. = Recurrence of child abuse or neglect based on federal calculations

Although the counties with primary prevention activities show a consistent trend toward having higher referral and victim rates than counties without, none of these differences are statistically significant. That is there is a trend, but it is not definitive and is likely a chance finding. One result, comparison of fatherhood initiatives is statistically significant, but this is also likely due to chance because of multiple comparisons. When looking at the recurrence of child abuse and neglect, the trend from parent classes and for substance abuse prevention programs is toward less recurrence in counties with the program. These results are also not statistically significant primarily because the rates of recurrence of child abuse and neglect are very low but highly variable between counties.

Despite the fact that this baseline analysis failed to support differences in outcomes based on prevention programs, the data will be used to spark discussion at the county and regional levels and can be monitored for changes over time. It is sometimes debated if increasing public awareness and community capacity will increase or decrease referrals and rates of abuse or neglect. Some argue that by increasing public awareness of child abuse and neglect, more people will be prompted to report it and the data here support that trend. However, once identified, specific programs such as parent trainings should reduce a community's tendency to have recurrence of CAN and that trend is also seen in these data. As we gather more data, we will have a better sample size for testing these hypotheses.

Achievements of Community Partnerships

Specific achievements of community partnerships are like 'green dots'; they represent concrete actions to curb child abuse and neglect. The University of Kentucky Green Dot project defines these as any behavior, choice, word, or attitude that counters or displaces a red-dot of violence – by promoting safety for everyone and communicating utter intolerance for sexual violence, interpersonal violence, stalking and child abuse. The

Green Dot violence prevention initiative is taking hold around Kentucky through grant sponsored activity.

Because data cannot capture the qualitative impact of prevention programs, we asked contributors to the PP-MET system to send in examples of their achievements in the past year to add richness to our understanding. These are a few examples of the many achievements that our "Partners in Prevention" identified. They are the 'green dots' of the DCBS prevention initiative.

- "I conduct Self-Help Parent Education classes in the four LKLP Community Action (Leslie, Knott, Letcher, and Perry County) areas. I have worked with approximately 200 unduplicated clients during the past program year and 85% of parents enrolled have successfully completed the program, and retained or regained custody of their children." *(Edith Mullins, Self Help Parent Education Director, LKLP Community Action)*

- "I am pleased to see this region network push toward more thoughtful and purposeful activities, and look to how we can, as a group, be more effective at raising our community's awareness of the different issues surrounding child abuse and neglect." *(Sherrie Baughn Martin, Lincoln Trail CCC Regional Network)*

- Through "Backpacks for Hunger," the same four children received a backpack containing meats, vegetables, breakfast items and snacks every weekend and school break throughout the entire 2007/2008 school year. *(Alicia Jackson, Gateway CCC Regional Network)*

- "We teamed up with Positive Alternatives for Youth (PAY), a program that is a part of Family Reach Ministries, a non-denominational group that is focused on providing a positive atmosphere to counteract the negative influences of society on our youth. This group meets weekly on Friday nights with attendance ranging from 70-100 youth for fun, supervised activities, games, etc... The group was started to combat the problem of a rural area having little activities for children to engage in but alcohol and drug use." *(Alicia Jackson, Gateway CCC Regional Network)*

- "En total - 69 C.A.R.E. (Child Abuse Recognition Education) Trainings have been conducted, reaching 1,801 medical professionals. C.A.R.E. brochures were distributed through exhibits or inclusion in various conference packets through HANDS, Child Fatality Training, St. Joseph Hospital, Central Baptist Hospital, Kentucky Medical Association, Kentucky Pediatrics Society, Kentucky Nurses Association, & Kentucky School Nurses Association. C.A.R.E. is expanding to include Radiology Technicians and Social Workers." *(Kate Dean, C.A.R.E. Coordinator, Prevent Child Abuse Kentucky)*

- 161 children whose families made at or below the basic cost of living received affordable, full-time daycare and/or free respite childcare from the Wee Care

Nursery at the Family Enrichment Center in Bowling Green. *(Lynn Hulsey, Family Enrichment Center)*

- "CCC funds provide supervised visitation for a portion of my region. This has successfully improved family interaction, parenting skills, and family functioning in 37 of 40 cases served." *(Renee Sartin, SRA, Salt River Trail)*

- The Citizen Review Panel produced their annual report of recommendations for the improvement of child protective services. The topics they investigated over the past year were OOHC reentry, aftercare plans, the Children's Advocacy Center (CAC), spouse abuse, substance abuse, disparity in treatment in OOHC, training mandated by the Cabinet for new workers, family team meetings, and collaboration between DCBS and the school systems. *(Blake Jones, Kentucky Citizen Review Panel)*

- "In April 2008, through the Permanency Workgroup, 11 ministers convened for a Breakfast with Pastors. During the meeting, the Cabinet shared abuse and neglect rates for the county, rates for children entering care and community efforts to keep children placed in foster care within their home (Grant) county. A call-to-action asked the ministers to host foster parent training and visits among birth families whose children are in care in their churches." *(Kate Hackett, Grant County CPPC).*

- "In May 2008, through the Well-Being Workgroup, 26 people associated with different child serving organizations convened. The group included staff from the District Judge, the County Attorney, the Judge Executive, and was organized by the Women's Crisis Center. The leaders discussed their role in protecting children and had an opportunity for cross-training. This same group continues to meet quarterly to address issues around improving access to services for families and children." *(Kate Hackett, Grant County CPPC)*

- "The mini grant opportunities (offered through the CCC regional networks) have been a wonderful way to start projects when no other funding source could be located. The child abuse prevention screens on preventing heat exposure deaths in hot cars were initially funded in part by the Collaboration mini grants and the project has been a huge success." *(Goldie Williams, Director of Children's Services, Comprehend)*

Summary Conclusions and Recommendations

In the first year of operation, data from the PP-MET helped describe the primary prevention activities statewide and was used to understand frequency and distribution of events and meetings. Using the data helped refine the logic model and contributed to evaluation of the various initiatives. We learned that community programs are often targeting a specific problem and engaging the community in addressing that problem. Fathers and parents were involved in more prevention activities than expected, but more medical and mental health professionals might be encouraged to participate. We tested

the methodology of comparing county profiles and found little differences between counties with and without prevention programs both in demographics and in outcomes. However, we do not know if all DCBS funded prevention activities are being entered into the PP-MET and lacking knowledge of the 'universe' limits our conclusions.

The PP-MET has been successful in many ways. Community partners, providers, and DCBS staff have a common framework for recording information and discussing results. The system has improved the sense of common purpose and was embraced with enthusiasm. The domains and identified items in each domain seem to have captured the full content of prevention activities and will be used for further refinement. An item analysis of PP-MET and feedback from users revealed that only three items were infrequently used: Video production (0 times), Open house (3 times), Community event to thank providers (6 times). We provided all users a call-in time to comment and they wanted more summary data on the Web site such as a grid of all the prevention work in the region. Providers asked for other enhancements to the PP-MET that will be implemented.

Because we engaged our community partners in the design of the PP-MET and utilize an empowerment evaluation philosophy and plan, we shared these results and others with a group of community partners attending the state's prevention conference on September 5, 2008 (Huebner & Brock). During and after the presentation we conducted a focus group about their insights and ideas for next steps. It was a particularly difficult time because recent budget shortfalls threatened and in some cases removed the funding for some prevention programs. They discussed the budget shortfall, but felt that the PP-MET was one way to document the needs and achievements of prevention and defend funding in a common way. They discussed the need for developing and measuring a whole continuum of prevention services that might mimic the medical model or systems of care model of prevention. They identified next steps as identifying gaps in services, analyzing activities that are going well, and using the PP-MET system to identify service array needs or more specific topics. The data showed the wide range of programs that sparked discussion on how to merge programs, include prevention efforts of other agencies, and measure a more integrated whole. They also saw the strong need in communities of more in-home prevention services. They suggested that we ask providers for examples of tangible results which we have done here.

In summary, the first year of PP-MET use confirmed and refined the logic model and was successful in describing and integrating information on a wide range of programs. We will continue to refine the system, work with providers to better measure outcomes, expand use of the PP-MET, and test more sophisticated data analysis as sample size increases. We shared these results with the original group of prevention managers during a meeting on February 16, 2009, and this report incorporates their suggestions and additions. Our next action steps are:

1. We will continue to utilize the data to build other county level models to test differences between counties but add a covariate to adjust for the number of prevention events and population size. This analysis would be most appropriate with additional data.

2. We should also add percentage of families with an FTM by county to examine the impact of these with the rationale that bringing community partners to the table on specific families also strengthens the community's response to potential CAN.
3. Conduct a few focus groups in areas with and without a strong hub of prevention activity to determine the impact, community response, and specific initiatives.
4. Examine the reports from the three states cited in the NRC-CBCAP (2004b) report (Texas, New Mexico, and Rhode Island) and assemble a work group to draft a similar comprehensive prevention plan for Kentucky.
5. Send this report to PP-MET users.

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Appendix A: Primary Prevention Logic Model, October 1, 2007 – September 30, 2008

Inputs		Initiatives (# of counties with initiative)	Process (Average event duration & common methods)	Outputs (Event types can overlap)	Most Common Participants	Most Common Short Term Outcome/s
Funding sources (often blended): • CBCAP • CAPTA • TANF Funding • DCBS Funds • Grants & Foundations	Resources support multiple primary prevention initiatives.	Child Abuse Prevention Month (20 counties)	Average 1½ hours; Public awareness events	Average 40 attendees; 18 community events 10 meetings	Mothers, fathers, youth, children under 12	Increased awareness of child abuse/neglect and of reporting child abuse/neglect
		Citizen Review Panel (9 counties)	Average 1½ hours; Regional citizen meetings	Average 12 attendees; 36 meetings	Diverse mix of community members	Advanced solution to a specific problem
		Community Collaboration for Children (CCC) (32 counties)	Average 2 hours; Regional network and subcommittee meetings	Average 17 attendees; 130 meetings 27 community events 18 training/education	Mothers, DCBS staff, mental health providers, FRYSCs staff, other community members, grandparents	Improved understanding of resource availability; Increased commitment to addressing a community service need; Identified a community service need
		Community Partnership for Protecting Children (CPPC) (10 counties)	Average 2 hours; Steering committee and subcommittee meetings	Average 15 attendees; 111 meetings 21 training/education 10 community events		
PP-MET – Data Collection. DCBS Program Evaluation		Faith Based (9 counties)	Average 3 hours; Community gatherings, such as teen night	Average 78 attendees; 43 community events 8 meetings 3 training/education	Youth, other community members	Increased commitment to addressing a community need; Enhanced vision of community goals
Regional Liaisons		Fatherhood Initiative (27 counties)	Average 1½ hours; Community events for fathers and their children, collaborative meetings	Average 17 attendees; 63 meetings 57 community events 43 training/education	Fathers, children under 12, mothers	Developed parenting skills; Increased knowledge of child development or needs
CCC Coordinators		Prevent Child Abuse Kentucky (16 counties)	Average 1½ hours; Parent trainings and support groups	Average 14 attendees; 546 training/education 276 meetings 11 community events	Mothers, fathers, youth, children under 12	Developed parenting skills; Increased knowledge of child development or needs
Federal Grant and Funding		Race, Community, and Child Welfare (4 counties)	Average 2½ hours; Undoing Racism workshops	Average 29 attendees; 13 meetings 8 training/education 4 community events	Educators, DCBS staff, health department, law enforcement, other community members	Increased commitment to addressing a community need; Enhanced vision of community goal
Community Partners • Casey Family • PCAK • Annie E. Casey • CCC Community Networks		START (4 counties)	Average 2 hours; Collaborative meetings, advisory meetings, and parent education series	Average 23 attendees; 37 meetings 15 training/education 2 community events	Mental health providers, DCBS supervisors, DCBS staff, SRAAs, DCBS central office staff	Improved understanding of resource availability; Increased knowledge of substance abuse

	Substance Abuse Prevention (7 counties)	Average 1½ hours; Agency meetings, parent and youth education events	Average 12 attendees 15 meetings 11 training/education 3 community events	Mothers, DCBS staff, other community members	Improved understanding of resource availability; Increased knowledge of substance abuse

CAPTA = Child Abuse Prevention and Treatment Act. Federal legislation addressing prevention in child abuse and neglect originally enacted in 1974 and most recently amended in 2003 in the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).
CBCAP = Community Based Child Abuse Prevention (funding source).
CCC = Community Collaborations for Children. In Kentucky establishes regional networks and other prevention activities.
CHFS = Cabinet for Health and Family Services in Kentucky includes DCBS.
DCBS = Department for Community Based Services
PCAK = Prevent Child Abuse Kentucky (statewide private/public agency) affiliated with the National Prevention of Child Abuse organization. Coordinates
START = Sobriety Treatment and Recovery Teams a special program for co-occurrence of substance abuse and child maltreatment.
TANF = Temporary Assistance for Needy Families (eligibility program for income assistance)

Appendix B
Primary Prevention Activities

Data Collection Elements for All Events/Meetings or Activities

Note: Website will 'time out' in 30 minutes. Submit data within 30 minutes. The report can be updated once submitted.

Date of Event:
Month day , year

Data Entry Contact:

County or Place where event/meeting took place:
DCBS Central Office
Adair
Allen
Anderson
Ballard
Barren
Bath
Bell
Boone
Bourbon
Boyd

Initiative:
CFSR/PIP
Child Abuse Prevention Month
Citizen Review Panel
Community Collaboration for Children
Community Partnerships for Protecting Children
Community Stakeholders
Faith Based
Fatherhood Initiative
Joint CCC and CPPC Initiative
Prevent Child Abuse KY
Race, Community, and Child Welfare
START or K-START
Substance Abuse Prevention

Source of DCBS Funding for Event: (check all that apply, must check at least one in left column)

- ☐ Substance abuse prevention funds
- ☐ CCC funds
- ☐ CPPC funds
- ☐ DCBS funds
- ☐ CAPTA funds
- ☐ Unsure of funding

Other funding, if appropriate:

- ☐ Foundation or grant funds
- ☐ Other non-DCBS funds
- ☐ In-kind funds/services

Type of Meeting, Event, or Activity (can check more than one)

☐ **Meeting** (designed to build consensus, exchange information, guide decisions, improve understanding)

If this was a meeting, check the type:

- ☐ CCC Regional Network Meeting
- ☐ CCC Subcommittee Meeting
- ☐ CPPC Steering Committee Meeting
- ☐ CPPC Subcommittee Meeting
- ☐ Advisory or steering committee for grant or initiative
- ☐ Meeting to build response to racial disparity
- ☐ Meeting to build community capacity related to substance abuse
- ☐ Meeting to build fatherhood supports
- ☐ Meeting to build faith-based program
- ☐ Meeting on child abuse prevention
- ☐ Support group
- ☐ Other community-based meeting.

Describe this meeting: Optional 1-2 sentences maximum

☐ **Community Event** (defined as forum, award ceremony, social event)

If this was a community event check the type:

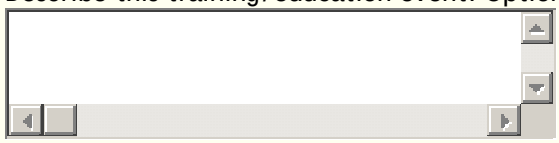
- ☐ Event specific to Child Abuse Prevention Month
- ☐ Event to increase awareness of child abuse and neglect
- ☐ Event to expand or promote a specific initiative or partnership
- ☐ Event to thank providers or other supports for services
- ☐ Social event to promote DCBS/community partnership
- ☐ Open house event to showcase program or facility
- ☐ Event to increase substance abuse awareness
- ☐ Other community event

Describe this community event: Optional 1-2 sentences maximum

☐ **Training/Education Event** (designed to change knowledge, attitudes, and behavior with a structured curriculum or lecture)
If this was a training event check the type:

- ☐ Parent training event (one time)
- ☐ Parent education curriculum (multiple times)
- ☐ Community-based cross training event
- ☐ Youth education event
- ☐ Specific skill development
- ☐ Other training/education event

Describe this training/education event: Optional 1-2 sentences maximum

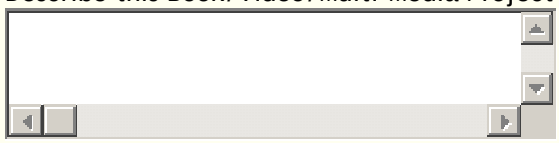


☐ **Book/Video/Multi-Media Project**

If this is a Book/Video/Multi-Media Project event, check the type:

- ☐ Reading materials (books, pamphlets, etc.)
- ☐ Equipment (TVs, digital cameras, etc.)
- ☐ Advertisements (billboards, posters, etc.)
- ☐ Public Service Announcement
- ☐ Videos
- ☐ Video showing
- ☐ Video production
- ☐ Library materials

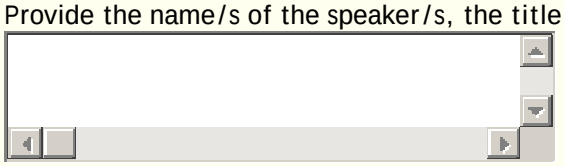
Describe this Book/Video/Multi-Media Project event: Optional 1-2 sentences maximum



Speaker at this event/meeting

- ☐ No speaker
- ☐ Speaker was a person external to the group.
- ☐ Speaker was a person from within the group.

Provide the name/s of the speaker/s, the title/topic of the talk, and a brief 1-2 sentence summary, if needed:



Attendance at the Meeting or Event

☐ Attendees at the Meeting or Event: (enter or estimate total number of attendees)
In the following section, provide specific numbers for each group if available or important. Enter 999 if you want to indicate that this group was represented, but you don't know the specific number present.

☐ Number of youth (12 years or older)
☐ Number of children under 12
☐ Number of mothers
☐ Number of fathers
☐ Number of foster and/or adoptive parents
☐ Number of grandparents
☐ Number of mental health providers
☐ Number of educators
☐ Number of FRYSCs staff
☐ Number of medical professionals
☐ Number of HANDS staff
☐ Number from Health Department
☐ Number of court or legal representatives
☐ Number of law enforcement personnel
☐ Number of Employment Providers
☐ Number of other community members or service providers
☐ Number of PCC provider staff
☐ Number of DCBS service region administrators
☐ Number of DCBS service region assistant administrators
☐ Number of DCBS staff from central office
☐ Number of DCBS Supervisors
☐ Number of DCBS staff

Time (from minutes to monthly report) the event lasted (pick the closest time):

- 30 minutes
- 45 minutes
- 60 minutes
- 90 minutes
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 1 day event/meeting
- 2 day event/meeting
- 3 day event/meeting
- 4 day event/meeting
- 5 day event/meeting
- Longer than 5 days
- 6-Week series
- 7-Week series
- 8-Week series
- 12-Week series
- 15-w eek series
- 18-w eek series
- Monthly Report

If any press or media covered the event (press release, news article, reporter, website pictures), please describe in 1-2 sentences:

Perceived Outcomes of the Meeting or Event

- ☐ Improved awareness of reporting child abuse or neglect
- ☐ Increased awareness of child abuse and neglect
- ☐ Increased knowledge of substance abuse
- ☐ Improved knowledge or understanding of a topic
- ☐ Improved understanding of resource availability
- ☐ Identified a community service need
- ☐ Increased commitment to addressing a community need
- ☐ Enhanced the vision of community goals
- ☐ Advanced solution to specific problem
- ☐ Built community leadership capacity
- ☐ Developed services for child well-being such as education or health

- [ ] Developed parenting skills
- [ ] Improved knowledge of child development or child needs
- [ ] Developed specific skills
- [ ] Developed services or supports for family self-sufficiency
- [ ] Improved coordination or accessibility of community services
- [ ] Promoted foster parent recruitment

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