



CABINET FOR HEALTH
AND FAMILY SERVICES

Prevention Services

Division of Prevention and Community Well-Being

Department of Community Based Services

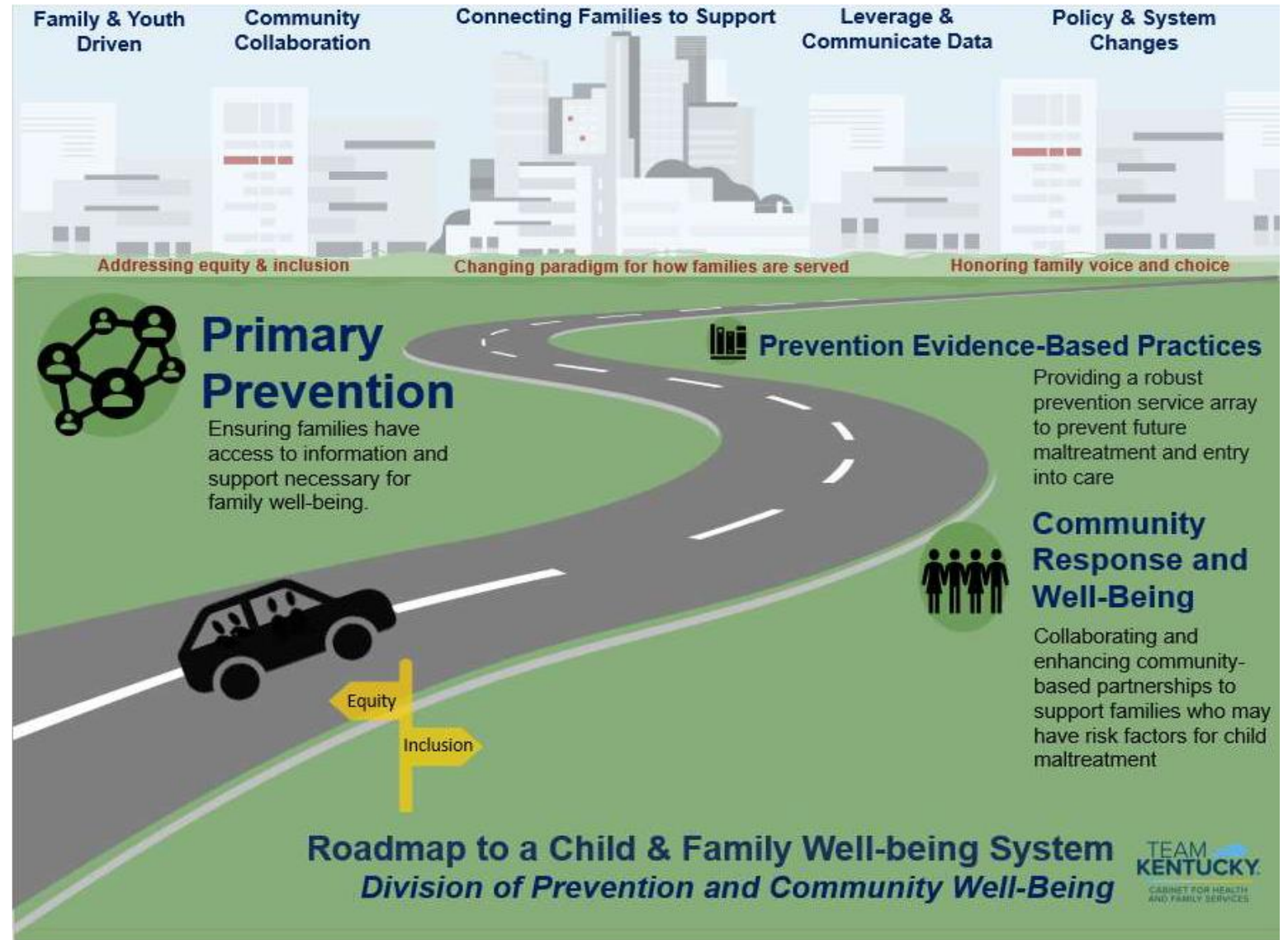
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Division of Prevention and Community Well-Being

- Division created in 2022 legislative session
- Expanding upon implementation of the Family First Prevention Services Act
- Increasing primary and secondary prevention efforts



Primary Prevention

- Programs, campaigns, and services for the general population or general sub-populations.
- Efforts seek to provide access to resources, increase community engagement, and encourage healthy behaviors that decrease the risk of future involvement in the child-welfare system.



Primary Prevention & Protective Factors

- Safe, stable housing
- High-quality preschool
- Nurturing and safe childcare
- Safe, engaging after-school programs and activities
- Medical care and mental health services
- Economic and financial help
- Work opportunities with family-friendly policies

(From Risk and Protective Factors | Child Abuse and Neglect | Violence Prevention | Injury Center | CDC)



Photo credit [Center for Engagement and Neighborhood Building \(alliance1.org\)](http://alliance1.org)

Prevention Collaborative

- Formal Prevention Collaborative formed and convenes quarterly
- Includes community organizations and families with lived experience
- Developed formal primary and secondary prevention plan
- Alignment of prevention efforts across agencies
- Community based, family and youth driven
- Regional visioning sessions held in every DCBS service region



Primary Prevention

- Community Based Child Abuse Prevention Grant (CBCAP)
 - Community Collaboration for Children
 - Services focused on empowering the family unit by teaching parenting skills, problem-solving methods, and coordinating available community resources (including voluntary in-home services)
 - Available statewide
 - North Carolina Family Assessment Scale (NCFAS) functioning scores improved from approx. 70% at baseline or greater to over 90% at closure in family interactions, child well-being, environment, and parental capabilities.
 - Regional Networks
 - Community partners and parents who collaborate to reduce the risk of child abuse and neglect in local communities, as well as to strengthen parents and families

Parent Engagement Meetings

- Referrals come from local school systems and eligibility is for children ages 5-11 at risk of educational neglect without any child welfare involvement.
- Currently, the PEM program is offered in 22 counties across the state of Kentucky.
 - Eastern Mountain (Leslie & Perry)
 - Jefferson
 - Northeastern (Boyd, Carter, Greenup, Menifee & Lawrence)
 - Northern Bluegrass (Carroll, Gallatin & Owen)
 - Salt River Trail (Henry & Spencer)
 - The Lakes (Crittenden & Trigg)
 - Two Rivers (Daviness, Mclean, Ohio, Union, Warren & Webster)
- During the 2022-2023 school year, 85% of children involved in the program were diverted from child welfare involvement.



Photo credit: Green River Area Developmental District

Primary Prevention

- Prevent Child Abuse Kentucky collaboration
 - Parenting education and support groups
 - Located in 14 counties; available to all 120 counties
 - Lean on Me KY initiative
 - Call-to-action for each of us to help build stronger communities so our children grow up healthy and safe, and our families – all families—are valued and thrive
- Modeled after Lean on Me Arizona
- Effort to raise awareness about the factors that protect families from overwhelming stress
- Provides tools to help community members strengthen and support families
- Focus groups were conducted across the state in each DCBS service region
- The toolkit will include videos and personal narratives from prevention advocates including professionals, young adults who have interacted with the child welfare system and parents who have accessed services.



Groundbreaking Child Welfare & Public Library Collaboration



Kentucky Department for Libraries and Archives

NewAllies
ACHIEVING TRANSFORMATION TOGETHER



Secondary Prevention

- Secondary prevention activities focus on populations with a high risk for future child welfare involvement by collaborating and enhancing community-based partnerships to support families with specific needs and challenges.

Secondary Prevention - Community Response

- Kentucky selected by the Doris Duke Foundation to work with the Opt-In for Families Initiative
 - Partner with Harvard Kennedy School Government Performance Lab, Chapin Hall, and Think of Us to reduce abuse and neglect of children by connecting at-risk families with supportive community-based services.
 - Funding from Doris Duke Foundation equals 9 million dollars over 3 years.
 - Leveraging existing Community Response Pilots in Kentucky
 - Calls made to the DCBS hotline that **do not meet criteria for assessment** or services are referred to a community-based agency to offer supports or resources to the family.
 - Reduction of future reports to DCBS allows CPS staff to focus on the most critical safety issues.
 - Montgomery, Clark, Powell, Bath, and Rowan counties are being served in partnership with Gateway Children's Services
 - Kenton, Campbell and Boone Co. are being served through the Brighton Center.
 - FRYSC partnerships in Barren and Perry counties
 - Currently looking at data and research based on screened out pathways and the use of economic and concrete supports.

- Development of a robust network of community-based prevention supports
- Creation of formalized structures to serve families “screened out” by DCBS
- Clearly differentiating poverty and neglect
- Development of a statewide collaborative primary/secondary prevention plan
- Creation of a Parent Advisory Council



Thriving Families | Safer Children

A Kentucky Collaborative

Strengthening Communities, Supporting Families

Secondary Prevention

- **Regional Prevention Collaboratives Action Plans**
 - Specific to each of the nine DCBS service regions
 - Re-visioning Sessions held in summer 2024
 - Community led and community driven strengthening activities
 - Finalized action plans for each 9 regions for 2024-2026 primary prevention action plan



photo credit: [Protective Factors Approaches in Child Welfare](#)

Plan of Safe Care Community Connector

- Specialized screen out pathway for pregnant and postpartum moms.
- Referrals that do not meet the acceptance criteria for a child welfare assessment that involve a pregnant and postpartum parent will be referred to the KY Moms MATR (Maternal Assistance Towards Recovery) program.
- Centralized intake staff will send the intake information to the Secondary Prevention Branch team who will then review and send out to the local community mental health center.
- Risk factors include some of the following:
 - Unmanaged mental health, housing, food, clothing insecurity, victim of intimate partner abuse, tobacco use, lack of prenatal care, difficulty with learning/intellectual disability, medical issues with pregnancy or after birth, substance use by mom, partner, father or another household member, teen pregnancy and simply a mom seeking assistance.

Tertiary Prevention

- Prevention activities focused on families where maltreatment has already occurred which seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.



Family First Evidence Based Practices

Mental Health

- Parent Child Interaction Therapy (2-7 years)
- Multisystemic Therapy (12-17 years)
- Trauma Focused Cognitive Behavioral Therapy (3-18 years)
- Functional Family Therapy (11-18 years)
- Motivational Interviewing (18+)
- High fidelity wraparound (0-21)

Substance Abuse

- Sobriety Treatment and Recovery Teams (0-5 years)
- Motivational Interviewing (adolescents and adults)
- Multisystemic Therapy 12-17 years)

In-home Parenting Skills

- Homebuilders (0-18 years)
- Intercept (0-18 years)
- Sobriety Treatment and Recovery Teams (0-5 years)
- Motivational Interviewing (18+)

Family Preservation and Reunification Services

- Prevent out of home care placement and maintain children safely in their homes
- Facilitate reunification of children through safe and timely exits from out of home care
- 93% of children remained in their homes at closure in SFY 24
 - 0-17 years
 - Moderate to high-risk cases
 - Minimum 3-6 hours face to face a week
 - Caseloads limited to 6 families at a time
 - Duration determined by needs and EBPs used
 - 24/7 availability to families
 - Flexibility to meet with families when convenient or during times of need
 - Flexible funding to support concrete needs

Kentucky Strengthening Ties and Empowering Parents (KSTEP)

- Intensive in-home services and substance use disorder treatment to address parental substance use, placing child safety at risk
 - One child in the home under age 10, who is at moderate to imminent risk of removal
 - Parental substance use is a primary risk factor
 - The family has an investigative (not an ongoing) CPS case
 - The investigation will result in the case being opened for ongoing services
- The program includes:
 - Quick access to treatment
 - Transportation
 - Removal of financial barriers
 - Collaboration and joint decision-making
- 92% of children remained in their home at closure in SFY 24

Sobriety Treatment and Recovery Teams (START)

- START is an intensive child welfare program for families with co-occurring substance use and child maltreatment. Services are delivered in collaboration with DCBS staff and local substance use disorder treatment providers.
- START serves families with at least one child age 5 or younger involved with child welfare due to parental substance use.
 - START pairs child protective services (CPS) workers trained in family engagement with family mentors using a system-of-care and team decision-making approach with families, treatment providers, and the courts.
 - Provides early identification and engagement of the family after child welfare involvement and quick access to a holistic assessment and treatment services, for parents as well as a family centered approach.
 - Provides wrap around services, identifies natural supports, and builds on protective factors with a goal of keeping children in the home when safely possible.
- 90% of children remained in their home or with a relative in SFY 24

Prevention Pilot: Multisystemic Therapy (MST)

- Intensive in-home services for youth with possible substance use issues, and/or who are at risk for out-of-home placement due to anti-social or delinquent behavior, and/or serious juvenile offenses, and juvenile justice involved youth
- Includes promotion of pro-social behavior and reduction of criminal activity, mental health symptomology, out-of-home placements, and illicit substance
 - Serves youth 12- to 17-year-old
 - Identifies key drivers of the behaviors through an ecological assessment of the youth, his or her family, school and community
 - Intervention strategies are personalized to address the identified drivers
 - 3-5 months, minimum of 6 face to face hours, 3 days a week
 - Services are available 24/7
 - Includes up to \$500 in flexible funding per family

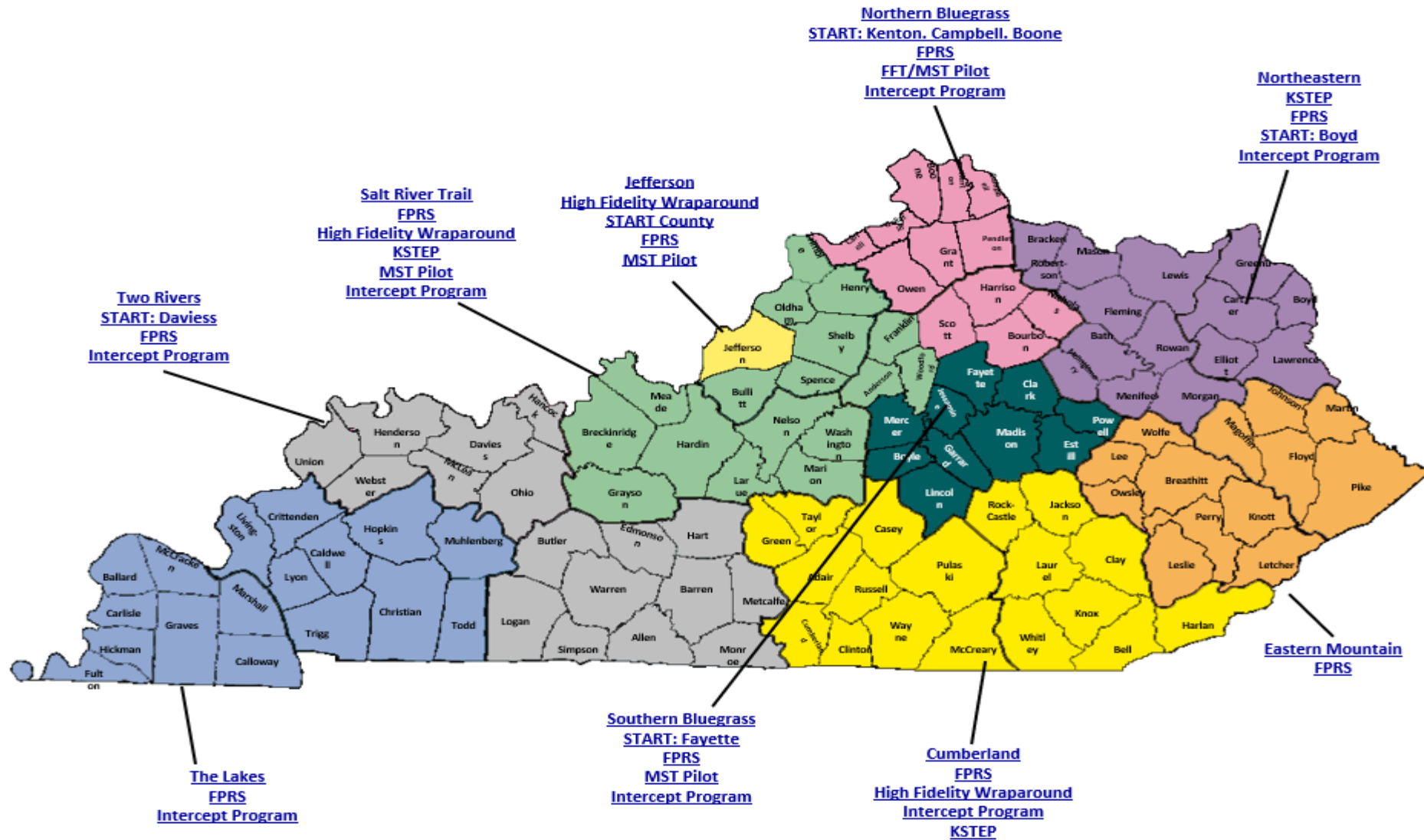
Intercept Prevention Program

- Intercept Evidence-based practice provided through Youth Villages
 - Intensive in-home parenting skill building services to children and youth at risk of entry or re-entry
 - All children and their families who are experiencing serious emotional and behavioral issues, and those who have experienced child abuse or neglect
 - Family Intervention Specialists use an integrated, trauma-informed approach to offer individualized services
 - Provide crisis support 24/7
 - Intercept uses an online resource called GuideTree® to facilitate treatment. GuideTree includes a comprehensive resource library, access to Licensed Program Experts, and supports for developing and reviewing treatment plans

High Fidelity Wraparound

- Serves children and youth aged 0-17, with complex emotional, behavioral, and mental health needs and their families.
- An individualized, team-based, collaborative process coordinates services and support. The wraparound process should increase the “natural support” available to a family by strengthening interpersonal relationships and utilizing other resources available in the family’s network of social and community relationships. This intervention can meet with the family in the home and community.
- Intensity can vary, it starts as sixty to ninety minute sessions and two team sessions the first three weeks to a month. The team continues to meet with the family as the intensity catered to them decreases over time. The intervention could last up to fourteen months.

Family First Prevention Services by Region



Pre/Post Family First Implementation

- Over 90% of children remaining in their home at case closure
- Over \$40 million in OOHC cost reduction
- Doubled prevention spending

	OOHC Expenditures	Prevention Funding
SFY 19	\$410,981,543	\$15,388,277
SFY 24	\$369,468,576	\$30,013,253

Pre/Post Family First Implementation

- OOHC entries is a key metric in confirming Family First has reduced the likelihood of foster care entry in Kentucky
- Reduction of entries by 1,616 children from pre-implementation to SFY 24
- Reduction with addition of relative or fictive kin foster care placements, which did not exist/not included in OOHC population in SFY 18

	SFY 18	SFY 24
Entries into OOHC	6,638	5,016

- Additionally, Kentucky had over 10,000 children in OOHC at implementation and has approximately 8,000 today

Partnerships and Community Engagement

- DCBS is the child welfare agency, not the child welfare system
- Real change has to be driven by family, youth, and community
- Increased investments in primary, secondary, and tertiary prevention help families avoid future child welfare involvement



