

## Southwest Ohio Regional Prevention Council Prevention Plan

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## Introduction

### Southwest Ohio Regional Prevention Council

The Ohio Children's Trust Fund (OCTF) is Ohio's sole, dedicated state public funding source for child abuse and neglect prevention, at the forefront of prevention activities throughout the State. From establishing guidelines for program development to accessing up-to-date prevention curricula to producing educational and public awareness materials and impacting related social policy initiatives, OCTF provides expertise and resources for legislators, the media, state agencies, and the public to strengthen families and prevent child abuse and neglect.

The OCTF has established eight regions across Ohio as arms of its statewide mission. The eight regions are the Great Lakes Region, Northwest Region, Northeast Region, Eastern Region, Central Region, Western Region, Southeast Region, and the Southwest Region.

### *Southwest Ohio Regional Prevention Council*



The Southwest Ohio Regional Prevention Council is comprised of eight counties: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren. The Council is led by county prevention specialists and is supported by a coordinator or “backbone organization.” The Southwest Ohio Council is coordinated by the Applied Policy Research Institute at Wright State University. Wright State has expertise in guiding vision, strategy, & communications; supporting aligned activities; program evaluation and establishing shared measurement; serving as a fiscal agent; and advancing policy. Coordination of the Southwest Ohio Regional Prevention Council is funded by the Ohio Children’s Trust Fund, which will also provide funding for implementing this Southwest Ohio Prevention Plan, on a competitive and performance basis.

### **Southwest Ohio Prevention Council Strategic Framework for accomplishing the Prevention Plan**

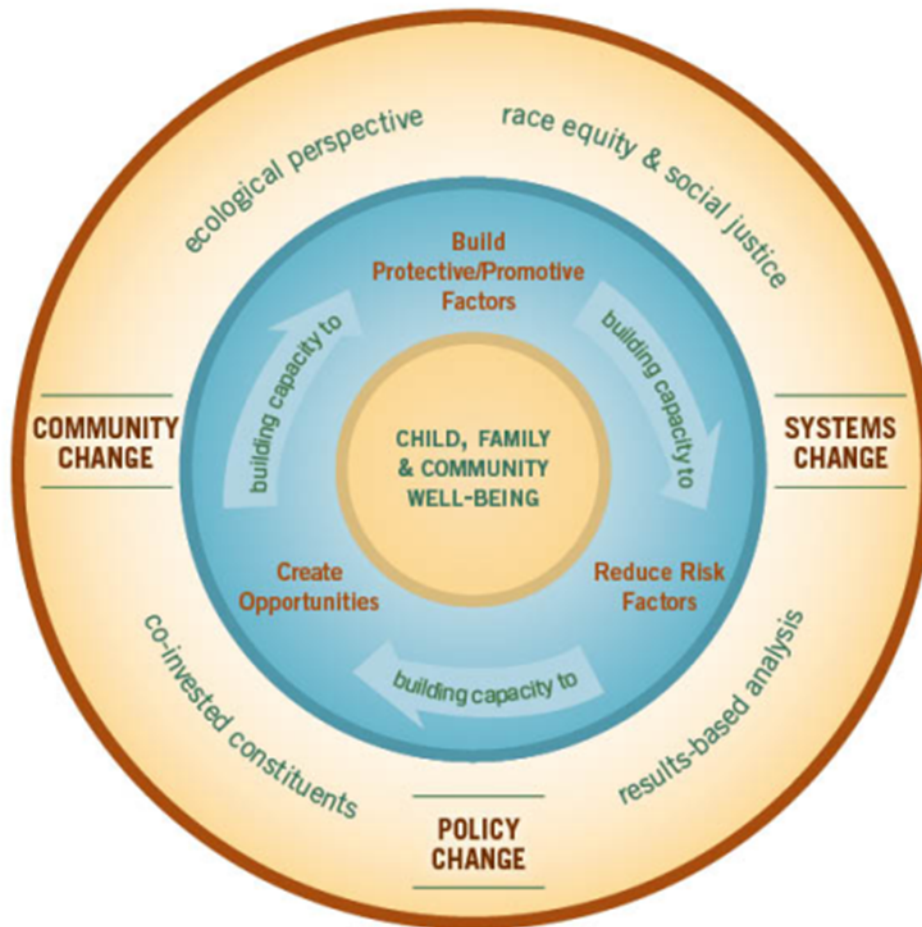
The purpose of this Prevention Plan is to communicate the Council’s vision and plan for preventing child abuse and neglect in Southwest Ohio. The Prevention Plan is a blueprint describing current and future priorities; while not prescriptive, the Plan leaves room for innovation. The following approach conveys the evidence-based framework for the Plan.

Southwest Ohio Regional Prevention Council embraces the Center for the Study of Social Policy’s Strengthening Families Framework theory of change. This approach “puts families and children in the center of a multifaceted model that includes building protective factors for families, reducing risk factors for children, strengthening local communities and connecting all of this to systems change and policy— and infusing it with a fierce commitment to equity across lines of race, ethnicity and culture.”<sup>1</sup> This model affirms the necessity of working in all domains of the social ecology—individual, family and relational, community, societal, and policy—in order to make a difference in the lives of families and children.<sup>2</sup>

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<sup>1</sup> “Smarter Social Policy,” School of Social Service Administration, University of Chicago, 2012

<sup>2</sup> Harper Browne, C. “The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper,” Washington, DC: Center for the Study of Social Policy, 2014.



“I don’t think it’s possible to make a difference in families’ lives if you don’t work on all these levels,” Frank Farrow, Director of the Center for the Study of Social Policy says.<sup>3</sup> “We draw on high academic standards and research, but use that knowledge base for the very applied work of rough-and-tumble policy, action and application.”<sup>4</sup> “Our work is about using the best science, the best research, the best community experience and translating it into strategies that help people make change for themselves,” Farrow says.<sup>5</sup> “[The model] keeps a human heart at the center of its work and tries to prevent policy from disconnecting from the realities of people’s lives.”<sup>6</sup>

Farrow is quick to point out that in all its work, CSSP has a lot of partners. “We never work alone. We are always in partnership and believe that is the only way change happens.”<sup>7</sup> “Implementing the Strengthening Families approach is not about using a particular model or starting a new program. Rather it is about engaging existing programs, services, parents, and

<sup>3</sup> “Smarter Social Policy,” School of Social Service Administration, University of Chicago, 2012

<sup>4</sup> Ibid

<sup>5</sup> Ibid

<sup>6</sup> Ibid

<sup>7</sup> Ibid

other entities as partners around the use and promotion of the Protective Factors as their rules for action. It includes changes at multiple interrelated subsystems of a complex system including policy (governmental and organizational); formal and informal organizational connections; and professional development for practitioners, programs and activities; and changes in families' use of protective factors."<sup>8</sup>

## I. Description of the Needs Identified for the Region

**Background:** The Southwest Ohio prevention planning process relied on data from multiple sources, both qualitative and quantitative, to identify child abuse and neglect prevention priorities. Over 650 households in Southwest Ohio participated in a protective factors and adverse childhood experiences (ACEs) survey; more than 50 service providers and prevention specialists participated in an online survey and a community forum; and five focus group sessions were held with vulnerable populations. Secondary quantitative data analysis used data sources related to child maltreatment and well-being from federal, state, and local sources.

### Overview

The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. § 5106g), as amended by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum:

- "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or
- "An act or failure to act which presents an imminent risk of serious harm."

Child neglect is the leading form of child maltreatment in the United States and occurs when a caretaker fails to provide for a child's basic needs, which include adequate food, clothing, shelter, education, supervision, and medical care or safekeeping.<sup>9</sup>

According to a national report on child maltreatment recently released by the Administration for Children and Families, there were 3.6 million referrals alleging maltreatment involving 6.6 million children across the U.S. in 2014. In the same year there were 1,546 child deaths due to abuse and neglect. This equates to a rate of 2.13 deaths per 100,000 children.<sup>10</sup> Ohio had just under 170,000 referrals and 45 child deaths reported in that year and an 11.9% increase in the number of investigations and alternative responses associated with those referrals.<sup>11</sup>

While the number of investigations in Ohio has increased since 2010, the number of child deaths due to abuse and neglect has steadily decreased from a high of 83 deaths in 2010 (i.e., a

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<sup>8</sup> Parsons, B., "Theory of Change in Complex Systems: Strengthening Families," InSites, 2011

<sup>9</sup> U.S. Department of Health & Human Services, Administration for Children and Families, "Child Abuse," Federal Child Abuse Prevention and Treatment Act of 2010, (2010), N. P.

<sup>10</sup> U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Child maltreatment 2014*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>

<sup>11</sup> Ibid

46% decrease).<sup>12</sup> Some have attributed improvements in the prevention of child maltreatment to the Surgeon General<sup>13</sup> who made child abuse and neglect a top priority, and many credit the subsequent public health model approach which includes better monitoring of the problem, identifying risk and protective factors, developing and testing prevention strategies, and ensuring widespread adoption of strategies.<sup>14</sup>

The table below presents the reports of child abuse and neglect for Southwest Ohio and the counties that comprise it. The federally-funded Fourth National Incidence Study (NIS) of Child Abuse and Neglect found that 2.5 times as many children are maltreated each year as are actually reported to Child Protective Service agencies, estimating one child in every 25 in the U.S. is maltreated.<sup>15</sup> As a result, the number of child victims in Southwest Ohio is estimated closer to 10,500 as opposed to 4,735, with the number of reports of child abuse or neglect above 26,000.

*Child Abuse and Neglect Reports (Rate per 1,000 Children), 2014*

County	Reports of Child Abuse or Neglect*	Number of Child Victims	Substantiated Reports of Neglect	Substantiated Reports Physical Abuse	Rate of Child Abuse/Neglect Reports per 1,000
<b>Southwest Ohio Region</b>	<b>10,458</b>	<b>4,735</b>	<b>1,549</b>	<b>2,824</b>	<b>24.6</b>
Adams	248	89	43	31	35.2
Brown	288	196	59	116	26.9
Butler	2,325	981	263	644	25.4
Clermont	1,077	614	261	287	21.7
Clinton	430	289	156	138	42.0
Hamilton	5,271	2,149	557	1,388	28.1
Highland	282	112	74	59	26.5
Warren	537	305	136	161	9.3

Source: Ohio Department of Public Safety

\*Pertains to reports that have been accepted for investigation and does not include referrals

### **Universal and Targeted Need to promote/provide Community and Caregiver Supports and Education**

A review of the literature suggests children at greater risk for abuse live in communities with high levels of violence, are younger than four years old, are living in households with intimate partner violence, and whose families deal with considerable amounts of stress, due to poverty,

<sup>12</sup> Ibid

<sup>13</sup> Office of the Surgeon General. (2005, March). Surgeon General's workshop on making prevention of child maltreatment a national priority: Implementing innovations of a public health approach. Workshop conducted at the National Institutes of Health, Bethesda, MD. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK47482>.

<sup>14</sup> Centers for Disease Control and Prevention. (n.d.). Public health approach to violence prevention. Retrieved from <http://www.cdc.gov/violence-prevention/overview/publichealthapproach.html>.

<sup>15</sup> Fourth National Incidence Study of Child Abuse and Neglect, Report to Congress Executive Summary, 2010.

substance abuse, or chronic illness.<sup>16</sup> Indicators such as unemployment or perceived material hardships can be predictive of child neglect. In addition, children in single parent families may be more susceptible to turbulent economic conditions than two parent families.

Parents across focus groups convened for this Southwest Ohio effort re-iterated the challenges they face daily. One participant detailed the exhaustive and cyclical issue of facing poverty. She noted that being just above the poverty line precludes many families from receiving certain critical resources because they no longer qualify, but still cannot afford said resources on their own.

Beyond analyzing these risk factors, the Southwest Ohio Comprehensive Needs Assessment also included a study of Adverse Childhood Experiences (ACE) that contribute to adult stress. Over 650 adults in Southwest Ohio including 314 parents were interviewed for this study of traumatic stress.

#### Parental Stress and Adverse Childhood Experiences (ACEs) among Southwest Ohio Adults

Stress among adults is the eighth most prevalent risk factor for child abuse and neglect in Ohio<sup>17</sup> and is a foundational child abuse and neglect issue for many parents and adults in the region. Parenting stress, stress related to fulfilling the parenting role,<sup>18</sup> can be understood as the negative emotional reactions individuals experience vis-à-vis the demands of being a parent.<sup>19</sup> At the individual level, maternal psychological functioning and child health and behavior are risk factors for parenting stress. ***The more risk factors women experience, the more they report parenting stress.***<sup>20</sup>

At the family level, parenting stress is linked to parenting difficulties and is associated with harsher and more inconsistent parental discipline and less parental warmth.<sup>21</sup> Parenting stress impacts associations between family-level stressors, such as poverty, divorce and intimate partner violence (IPV), and negative child outcomes.<sup>22</sup> Moreover, it is correlated with contextual factors, such as neighborhood conditions.<sup>23</sup>

While parents can overcome minor episodes of stress by tapping into their body's natural defenses to adapt to changing situations, excessive chronic stress, which is constant and persists over an extended period of time, can be psychologically and physically debilitating.

One strong proxy for measuring the prevalence of this kind of chronic stress for adults is to identify those who have experienced four or more adverse childhood experiences (or ACEs).

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<sup>16</sup> Troiano, M. (2011). Child Abuse. *Nursing Clinic of North America*. 46. 413-422.

<sup>17</sup> Ohio Needs Assessment for Child Welfare Services, Ohio Department of Job and Family Services, January 2016

<sup>18</sup> Abidin, R. R. Parenting Stress Index. 3d ed. Psychological Assessment Resources, Odessa, FL, 1995.

<sup>19</sup> Deater-Deckard, K. Parenting Stress. New Haven, CT: Yale University Press, 2004.

<sup>20</sup> Ibid

<sup>21</sup> Deater-Deckard, K. Parenting Stress. New Haven, CT: Yale University Press, 2004.

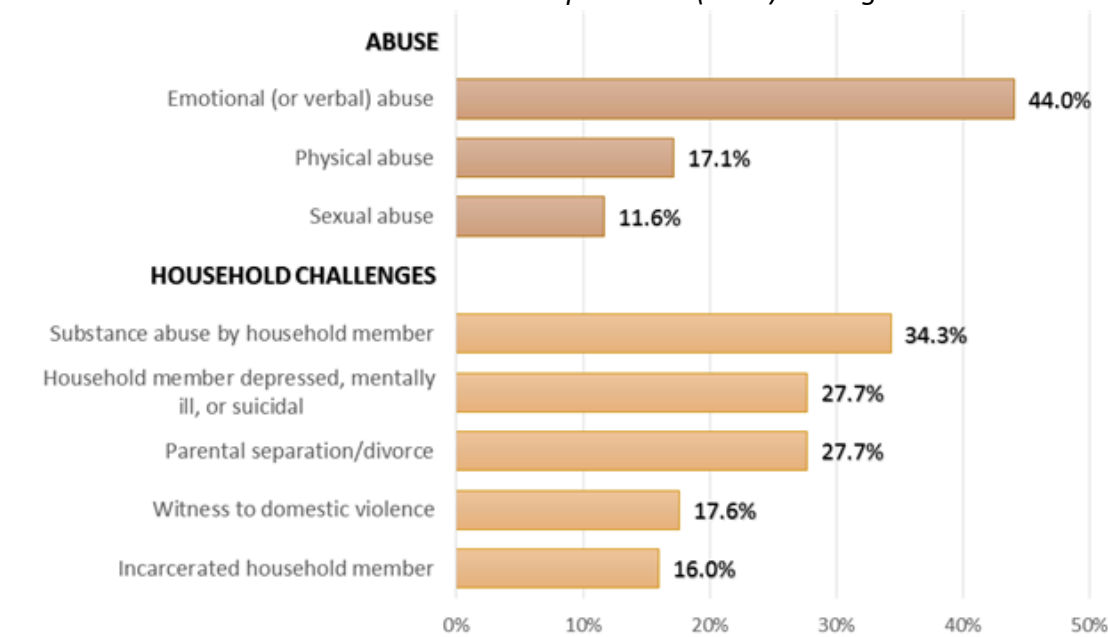
<sup>22</sup> Lamis, D., et al., "Neighborhood Disorder, Spiritual Well-Being, and Parenting Stress in African American Women," *Journal of Family Psychology*; 28(6): 769–778, 2014.

<sup>23</sup> Ibid



Research has demonstrated a graded relationship between the number of categories of childhood exposure (called “ACEs”) to adverse experiences and adult health risk behaviors and diseases.<sup>24</sup> Adults who experienced four or more ACEs, compared to those who had experienced none, have 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt. Furthermore, high numbers of ACEs have strong correlations with involvement in the child welfare system.<sup>25</sup> In California (data unavailable for Ohio), a person with four or more ACEs is 12.96 times as likely to have been removed from her home as a child as compared to a person with no ACEs.<sup>26</sup>

*Most Common Adverse Childhood Experiences (ACEs) among Southwest Ohio Adults*



Nearly one-quarter (23.5%) of all adults in Southwest Ohio between the ages of 18 and 60 experienced four or more ACEs as children versus 17% in California as one available example.<sup>27</sup> The percentage of adults who are parents, grandparents raising grandchildren, and other adults caring for children in their homes is nearly identical (23.8%). These adults have 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt. And each of these conditions is a risk factor for child abuse and neglect. Applying the ACEs result for all adults ages 18-60 in Southwest Ohio indicates a population of 232,765 adults having four or more ACEs, which certainly supports the need for prevention strategies that reach everyone. Further, 25% of all survey respondents experienced some form of physical and/or sexual abuse as children. **Research suggests about one-third of all individuals who were abused or neglected as children will subject their children to maltreatment.** This cycle of abuse can occur when

<sup>24</sup> <https://www.cdc.gov/violenceprevention/acestudy/about.html>

<sup>25</sup> “A Hidden Crisis: Findings on Adverse Childhood Experiences in California,” Center for Youth Wellness, 2014.

<sup>26</sup> Ibid

<sup>27</sup> “Protective Factors and Adverse Childhood Experiences Survey of Southwest Ohio Adults Ages 18-60,” Wright State University, Applied Policy Research Institute, 2016



children who either experienced maltreatment or witnessed violence between their parents or caregivers learn to use physical punishment as a means of parenting their own children.”<sup>28</sup>

*ACEs for All Southwestern Ohio Adults,  
ages 18-60*

ACEs	Frequency	Valid Percent
0	168	26.2%
1	153	23.8%
2	89	13.9%
3	81	12.6%
4 or more	151	23.5%
Total	642	100.0%
Refused	11	
Total Respondents	653	

*ACEs for Parents, Grandparents, other  
Caregivers, ages 18-60*

ACEs	Frequency	Valid Percent
0	79	25.7%
1	75	24.6%
2	33	10.9%
3	46	14.9%
4 or more	73	23.8%
Total	306	100.0%
Refused	8	
Total Respondents	314	

Research argues there is not one specific risk factor that predicts child abuse, but the co-occurrence of many risk factors and stressors creates even greater risk of maladaptive responses by parents and caretakers. Lack of parenting knowledge and child development information also increases the likelihood of neglect and abuse.<sup>29</sup>

According to the Centers for Disease Control and Prevention (CDC), abused and neglected children are at a higher risk for health problems once they become adults. These problems include alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide,<sup>30</sup> hypertension, diabetes and bone fractures.<sup>31</sup> As children, they **may suffer from brain injuries resulting in learning disabilities, seizures and motor skill problems. They could also exhibit behavioral and psychological problems including aggression and anxiety.** The literature suggests a cycle of continued abuse (re-victimization and/or becoming abusers) throughout an individual’s life.

The focus on parent-level strategies is reinforced by the Ohio Department of Job and Family Services’ (ODJFS) Ohio Needs Assessment for Child Welfare Services, where researchers conducted a systematic literature search, surveyed national experts, and studied case files, and identified that **parenting services is the service demonstrating the largest service gap**, exceeding the need for psychotherapy services, for example, by more than 200%. The table below also demonstrates that parenting services is the needed service for caregivers with parenting difficulties, cognitive difficulties, where young children are involved, where there is

<sup>28</sup> “Cycle of Abuse,” Child Welfare Information Gateway, accessed 10/26/2016

<sup>29</sup> Strengthening Families Protective Factors Framework basic tenet

<sup>30</sup> Centers for Disease Control and Prevention. (2014). Understanding Child Maltreatment: Fact Sheet.

<sup>31</sup> Gupta, R., Berkowitz C., Pearson, R. (2011). Child Physical Abuse. *ClinicalKey*.

caregiver stress, and in cases where there has been known child abuse and neglect. In other words, parenting services address multiple risk factors.

#### *Services Needed, Provided, and Service Gaps for Adults*

Adult Concerns	Services								
	Psycho-therapy	Domestic Violence	Medical	Parenting	Drug Diagnostic	Drug In- or Out-Patient	Financial Support	Sight, Hearing, Speech	Child Education
Domestic Violence									
Emotional Illness									
Parenting									
Physical Illness									
Cognitive Difficulty									
Substance Abuse									
Financial									
Homelessness									
Self-protection									
Stress									
Abuse, Dependency, Neglect									
<b>Total Services Needed</b>	33,978	12,735	17,870	33,473	11,506	11,506	9,522		
<b>Total Services Provided</b>	21,660	4,472	25,351	4,302	5,488	7,729	5,969		
<b>Service Gap</b>	12,138	8,263	(7,481)	<b>29,171</b>	6,018	3,777	3,553		

Source: Ohio Department of Job and Family Services' Ohio Needs Assessment for Child Welfare Services

#### Protective Factors for Southwest Ohio Parents, Grandparents, and other Caregivers

The Protective Factors and Adverse Childhood Experiences Survey of adults in Southwest Ohio also explored questions from the FRIENDS National Center's Protective Factors Survey. Conducting this survey with the adult population created measures of adult isolation and parenting norms/beliefs. The survey uncovered the following pertaining to isolation (a risk factor for child abuse and neglect) when child caregivers were asked their level of agreement with the protective factors statements.

Isolated Child Caregiver Factors	Disagree or Slightly Agree
I have others who will listen when I need to talk about my problems	12%
When I am lonely, there are several people I can talk to	17%
If there is a crisis, I have others I can talk to	13%
I would know where to turn if I had trouble making ends meet	21%

A series of questions from the FRIENDS Protective Factors Survey address parenting/caregiver norms and beliefs. **Results for Southwest Ohio child caregivers indicate some misguided beliefs that may create risk factors for child abuse and neglect.**

Child Caregiver Risk Factors	Agree
There are many times when I don't know what to do as a parent	27%
My child misbehaves just to upset me.	21%
When I discipline my child, I lose control.	4%
I don't know how to help my child learn.	1%

Effective parental education strategies to prevent child maltreatment include: modeling, role-playing, Socratic dialogue, home practice, and home visits.<sup>32</sup> When a multi-level prevention model is used, effective intervention is demonstrated at every level of the model, including improvements in (a) parenting skills, (b) developmentally appropriate interventions, (c) developmentally appropriate beliefs, (d) negative affect, (e) acceptance of a responsible parent role, (f) acceptance of a nurturing parent role, and (g) self-efficacy.<sup>33</sup>

Community-based strategies incorporate school programs to educate students on recognizing dangerous situations and providing skills to protect themselves. Other community-based strategies include interventions to change attitudes, behaviors, and norms of the community, as well as societal changes that influence policies and systems. Child abuse and neglect prevention awareness campaigns is another example of a community-level strategy that the Southwest Ohio Prevention Plan will implement.

### **Children At-Risk and the Need for Targeted Social Emotional Supports**

Southwest Ohio has counties with the highest rates of infant mortality in Ohio (see counties shaded in the darkest color of red in the map), while Ohio has one of the highest rates of infant mortality in the U.S. Experts cite emerging trends in the growth in infant mortality as related to the opioid epidemic. National Child Abuse and Neglect Data System (NCANDS) data for 2014 demonstrated that 70.7% of children who die due to abuse or neglect are younger than 3 years; 44.2% are younger than 1 year.<sup>34</sup> Infant mortality is an important measure to inform communities about child health and well-being. The Ohio Institute for Equity in Birth Outcomes is an initiative designed to strengthen the scientific focus and evidence base for realizing equity in birth outcomes in nine of Ohio's major metropolitan areas (indicated by a star on the map) to prevent infant deaths. Two of those major metro areas are in Southwest Ohio.

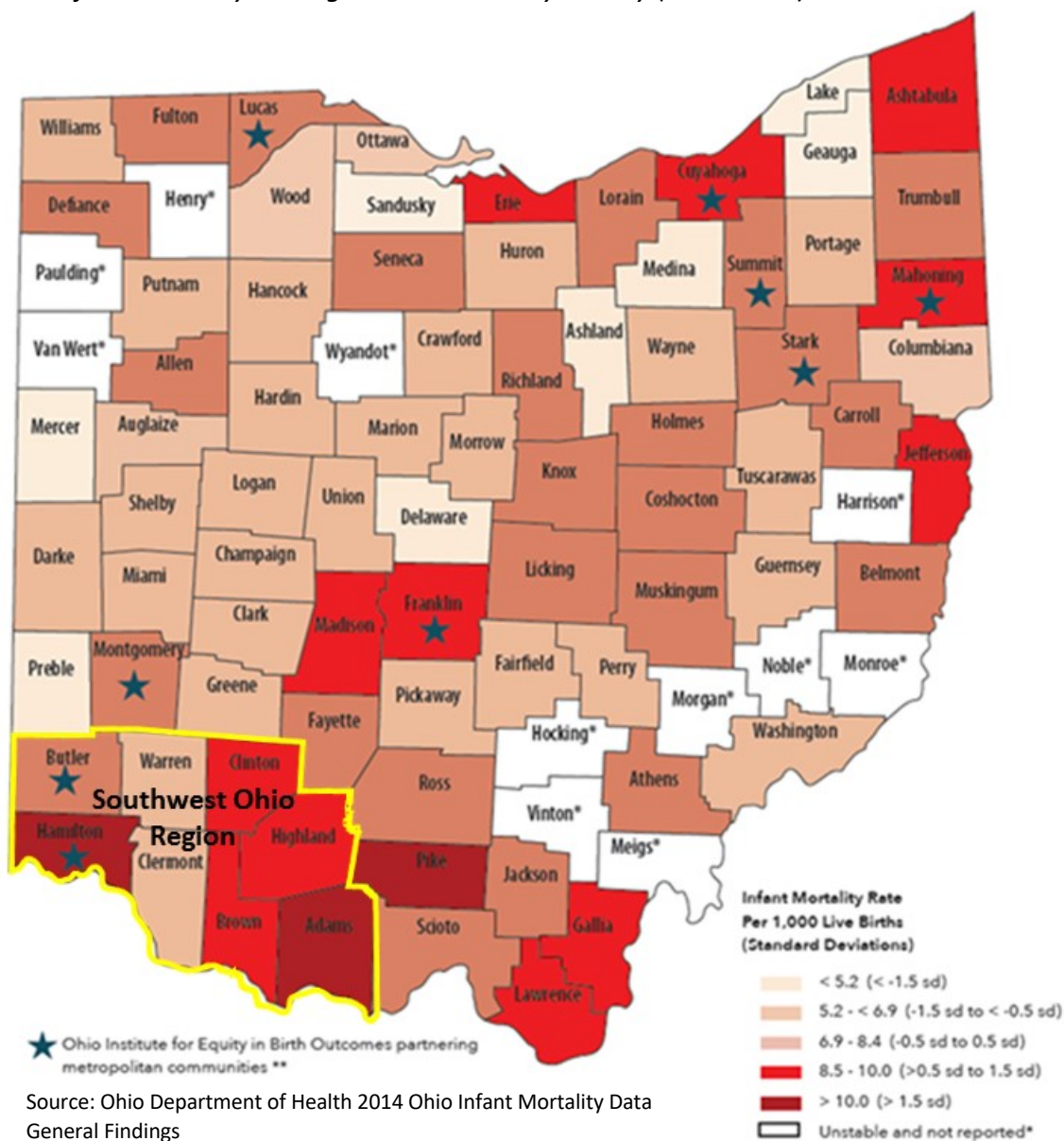
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<sup>32</sup> Peterson, L., Tremblay, G., Ewigman, B., Saldana, L. (2003). Multilevel Selected Primary Prevention of Child Maltreatment. *Journal of Consulting and Clinical Psychology*. (71) 3. 601-612.

<sup>33</sup> Ibid

<sup>34</sup> "Child Abuse and Neglect Fatalities 2014: Statistics and Interventions," Child Welfare Information Gateway

Ohio Infant Mortality Average 10-Year Rate by County (2005-2014)



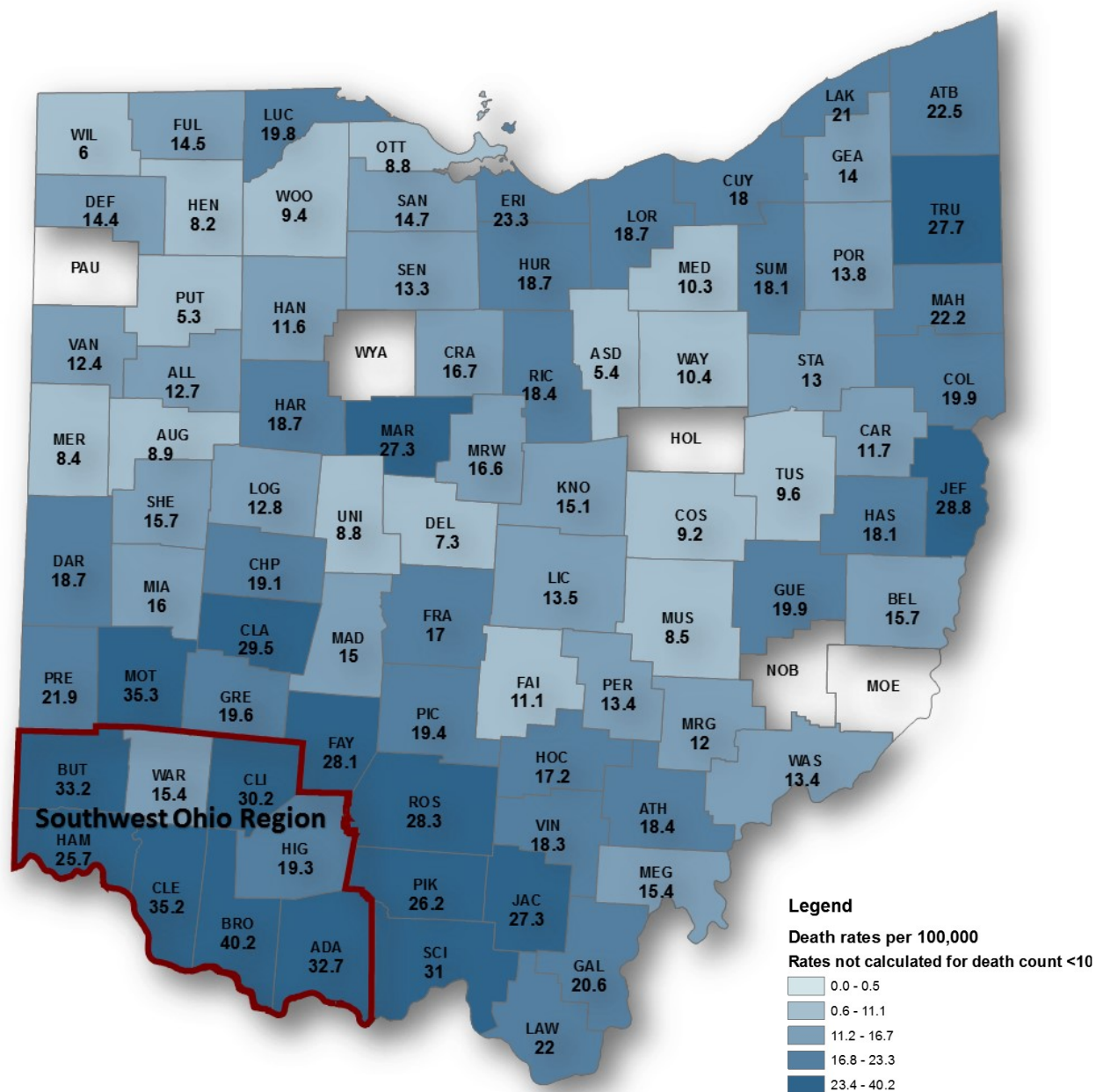
Source: Ohio Department of Health 2014 Ohio Infant Mortality Data General Findings

Communities in Ohio are becoming overwhelmed by the prevalence of drug overdose deaths. A key challenge is attending to the children of adults who both overdose and die or who are abusing heroin or opioid painkillers. A recent survey by the Public Children Services Association of Ohio<sup>35</sup> found that at least half of all Ohio children taken into custody last year had parents using drugs, a majority of which were opiates. **Children Services tries to find an appropriate relative to care for a child if the child's removal from parents who abuse opioids becomes necessary for the health and safety of the child.** If they cannot find a kinship provider, they place the child with foster families; however, many counties and communities are facing a

<sup>35</sup> Tiltz, T. "These States are Struggling with a Drug Addition-Fueled Crisis in Foster Care," PBS News Hour, October 7, 2016.

shortage of foster families. Another emerging area of increased numbers of at-risk youth pertains to children who are victims of placement disruption due to family instability (substance use, etc.). This is currently a very prevalent problem as reflected in the increased child welfare placement numbers and kinship placements. **In the majority of instances, however, a child's residency with kin is through informal means.**

*Average Age-Adjusted Unintentional Drug Overdose Mortality Rate per 100,000 Population, by County, Ohio Residents, 2010-2015*



Source: Ohio Department of Health, Bureau of Vital Statistics; Analysis by ODH Injury Prevention Program; U.S. Census Bureau (population estimates). Includes Ohio residents who died due to unintentional drug poisoning (primary underlying cause of death ICD-10 codes X40-X44). \*Rate suppressed if < 10 total deaths for 2010-2015



Each year in the U.S., an estimated 40,000 babies are born with a Fetal Alcohol Spectrum Disorder (FASD); while neonatal abstinence syndrome (NAS) is on the rise nationally and in Ohio. NAS is a group of problems that occur in a newborn who was exposed to addictive opiate drugs while in the mother's womb. These infants have difficult-to-manage conditions (such as high-pitched screaming and excessive crying), which increase their risk for child abuse and neglect.

**Many studies have been conducted associating physical and mental health disabilities in children with child maltreatment; children with disabilities are at greater risk for child abuse and neglect.**<sup>36</sup> The prevalence of children diagnosed with neuro-and other developmental disabilities, as well as behavioral challenges or disorders is increasing at an alarming rate. About 1 in 6 children in the U.S. have one or more developmental disability or other developmental delays. About 2 to 3 percent of children are considered to have an intellectual disability. Since 2000, the estimated prevalence of Autism Spectrum Disorder (ASD) in the U.S. increased from approximately 1 in every 150 children to 1 in every 68 children in 2012. ASD is 5 times more common among boys than girls. Furthermore, nearly 12% of Ohio's 4 to 7 year olds have a current diagnosis of attention-deficit/hyperactivity disorder (ADHD); ADHD is also more prevalent in boys.

Further research indicates that children with **conduct disorders, moderate to severe learning disorders, and speech and language disorders are at higher risk for abuse**, but children with autism or sensory disorders were not at greater risk.<sup>37</sup>

During the two focus group discussions with parents of children with disabilities, the challenges they expressed underscore and amplify the research. Several parents agreed that children in the disabilities community are oft-neglected because "they simply don't have a voice or they don't have a voice that is valued."

Moms of children with disabilities discussed **child safety concerns in schools**. Moms described situations where teachers have created their own procedures and practices, such as locking a child in a room for the school day, or leaving a child sit in feces in a separate room because the school is not required to clean him. All of the moms in the focus group had children who experienced such abuse or neglect at school for which they have involved legal authorities.

**Suggestions by the Moms for improvements** to better support them include greater parent support, especially for parents who are former child abuse victims, those with their own history of mental illness, and those who have cognitive delays. Another request pertained to better geographic disbursement of services, the need to lessen the burden of "proof of need" and the requirement of time on parents to take off work, and better coordination between agencies.

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<sup>36</sup> "The Risk and Prevention of Maltreatment of Children with Disabilities," Child Welfare Information Gateway, 2012

<sup>37</sup> Spencer, N., et al. (2005), Disabling Conditions and Registration for Child Abuse and Neglect: A Population-Based Study. *Pediatrics*. 116. 609 – 613.

Moms agreed, “**Better technology and supports and empowerment can only lead to a better, safer life for our children.**” And there should be **standard training and practice**--“Even within the same school district, there is great discrepancy between school buildings of what is offered to children with developmental disabilities.” A Mom said, “Safety in the disabilities community has been ignored for far too long. The intervention happens only after the abuse occurs.” And another said, “**Where is there representation of parents** within the schools? Parent mentors are hired by the schools, so they are vested in the schools and not objectively advocating for the parent.”

The **child protective factors include social-emotional development, nurturing, attachment, and resilience.** One broad measure of child social emotional competence is in the Kindergarten Readiness Assessment, which shows that kindergarten children in Brown, Hamilton, and Highland Counties are assessed as *approaching* rather than demonstrating social-emotional competence (referred to as “social foundations” which include social and emotional development, and approaches toward learning).

*Kindergarten Social Foundations & Physical Well-being*

County	Social	Physical Well-being
<b><i>Southwest Ohio Region</i></b>	<b>268.8</b>	<b>268.8</b>
Adams	273.2	268.7
Brown	267.1	268.9
Butler	270.2	270.0
Clermont	270.7	270.4
Clinton	271.1	271.5
Hamilton	266.5	266.7
Highland	266.6	267.5
Warren	272.3	272.2

Scores: Demonstrating (270-298); **Approaching (258-269); Emerging (202-257)**

Source: Ohio Department of Education

The Individualized Family Service Plan (IFSP) is a written plan for providing Early Intervention services to an infant or toddler with a disability and to the child’s family. The figure below presents the number and proportion of children in Southwest Ohio receiving early intervention services. While the average is 1.9% of 0-3 year olds serviced by an IFSP, the minimum value is 1.3% in Highland County versus 3.3% in Clinton County. This statistic provides another insight as to the number of young children at-risk for child abuse and neglect due to a developmental disability.



*Individual Family Service Plan Children Served, Birth to 3 Years of Age, 2016*

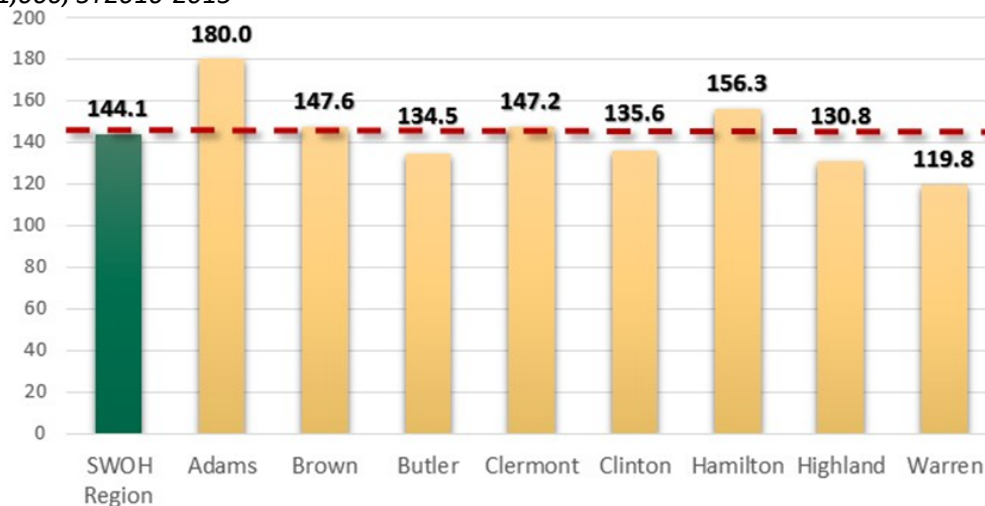
County	2016	Total 0-3	Proportion Receiving IFSP
<b>Southwest Ohio Region</b>	1,635	88,490	1.8%
Adams	32	1,313	2.4%
Brown	36	1,943	1.9%
Butler	453	18,153	2.5%
Clermont	229	9,424	2.4%
Clinton	70	2,148	3.3%
Hamilton	580	43,091	1.3%
Highland	27	2,124	1.3%
Warren	208	10,294	2.0%

Source: Ohio Department of Developmental Disabilities, Early Intervention (EI)

Moving from the early intervention program to public schools occurs after age 3, and is a most stressful transition for the parent and the child. “[This is a] crucial transition point, you leave your protected EI phase and it stops. All representation and familiar faces are gone, and you go to public education and sit at a table where you are far outnumbered.” A Developmental Disabilities staff person in a focus group said, “It’s almost like parents are dropped after the Early Intervention phase. And there isn’t always an answer.”

The IEP or Individualized Education Program is a plan that explains what help/services a child will receive in special education beyond age 3. The figure below presents the percent of students on an IEP for each county in Southwest Ohio, with the red line in the chart indicating the average percentage. **Adams and Hamilton counties have rates substantially higher than the regional average**, while Adams County has the 11<sup>th</sup> highest prevalence among all 88 counties.

*Students with Disabilities Receiving Individualized Education Program Services, 6-year Average Rate per 1,000, SY2010-2015*

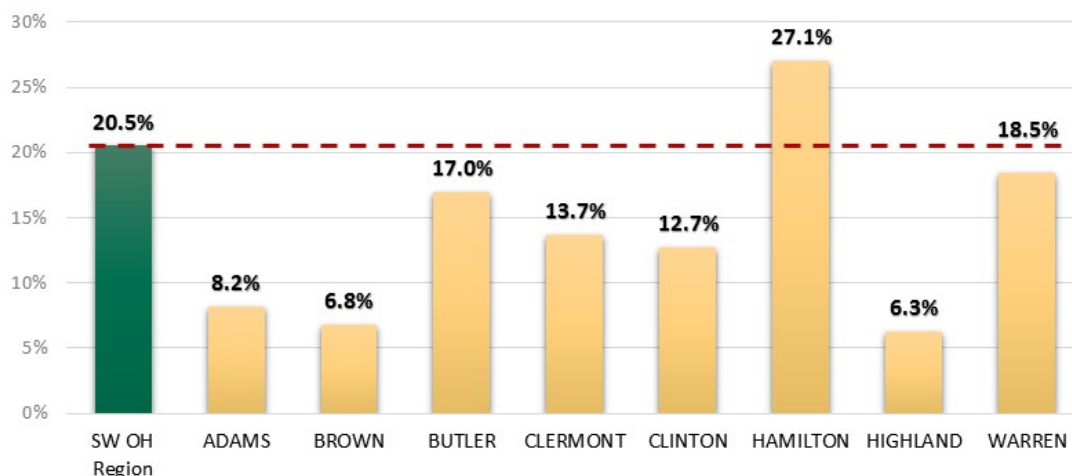


Source: Ohio Department of Education

**At the community-level, quality child care is one means of building protective factors in children and parents/caregivers.** Two measures of quality ratings for child care facilities are the Step Up to Quality Ratings and the certification of child care facilities. In Southwest Ohio, **of the 1,498 child care facilities only 231 (or 15%) participate in the Step up to Quality program.** In terms of licensed child care facilities in Ohio, about half have some type of certification (NAEYC, NECPA, NACCP, NAFCC, COA, and/or ACSI certification). There is a great deal of variation in child care facilities across the counties in Southwest Ohio, where there are only 7 child care facilities in Adams County (2 have at least one certification), and 12 in Highland County (3 have at least one certification) and Brown County (5 have at least one certification) versus 1,082 in Hamilton County (668 have at least one certification).

The figure below compares the proportion of all children ages 0-14 to the maximum child care capacity of providers in Southwest Ohio, indicating that, depending on the county, only 6%-27% of children could be served.

*Maximum Day Care Capacity vs. Population under 14 Years of Age, 6-Year Average, 2010-2015*



Source: Ohio Department of Job and Family Services

### Need and Gap Analysis

**Gaps Identified by Southwest Ohio Regional Prevention Specialists:** The gap analysis identified areas for future investment. These areas are not addressed by the current array of child abuse and child neglect prevention programs and activities already being implemented throughout the region. The categories of need are underlined with characteristic comments from Prevention Specialists to elucidate the need.

#### The threat of child abuse and neglect runs far and wide:

- 74% of all parents/caregivers in Southwest Ohio have experienced as children at least one form of child abuse or neglect that can lead to chronic stress. This percentage holds true in rural and metropolitan counties.

- 24% of all Southwest Ohio adults—232,765 people between 18 and 60 years of age—experienced four or more forms of adverse childhood experiences.
- 25% of all Southwest Ohio adults ages 18-60 experienced physical or sexual abuse as a child. At the same time, according to the literature, one-third of all individuals who were abused or neglected as children will subject their children to maltreatment.
- 1 in 5 parents/caregivers in the Southwest Ohio region have misguided beliefs (e.g., 21% believe that their child misbehaves just to upset them, according to survey results)
- Agencies and institutions are providing inconsistent care to children—
  - “Even within the same school district, there is great discrepancy between school buildings of what is offered to children with developmental disabilities” (Parents/caregivers in focus groups)
  - Moms in focus groups who have children with disabilities described situations where teachers have created their own procedures and practices, such as locking a child in a room for the school day, or leaving a child sitting in feces in a separate room because the school is not required to clean him.

#### What is Needed:

- Messaging and Awareness Campaigns
  - Consistent messaging about child abuse and neglect
  - Promotion of protective factors and the role each person can play to support families and prevent child abuse and neglect
  - Common data to convey messages about trends in child well-being
- Community and Parent Education
  - Community education about what keeps kids safe
  - Parenting education in general and parenting education that addresses target populations, as well as supports and education for adoptive parents/kinship care providers
  - Parent/caregiver coping-skills training
  - Training refreshers or booklets for sentinels on how to recognize and refer parents who are struggling, prior to child abuse and neglect occurring
  - Consistent and high-quality policies and practices in institutions and family-serving agencies
- Early Childhood Education
  - Changing how service providers interact with families to support them in building protective factors
- Building up Child Protective Factors
  - Teachers in schools, in Head Start, and early childhood development organizations need help and consultation in managing challenging child behaviors

- Empowerment of children with special needs and behavioral challenges in self-regulating behaviors, and using words and language skills to communicate needs and emotions effectively

#### The threat of child abuse and neglect runs deep:

- The prevalence of children diagnosed with neuro-and other developmental disabilities, as well as behavioral challenges or disorders is increasing at an alarming rate.
- Children with disabilities are 3.4 times more likely to be a victim of some type of abuse compared to children without disabilities.
- Behavioral challenges are a risk factor for child abuse and neglect.
- Financial distress is the 10<sup>th</sup> most prevalent risk factor for child abuse and neglect in Ohio; and while pockets of extreme poverty exist in every Southwest Ohio county, rural counties have far fewer family-service providers and resources to meet the need.

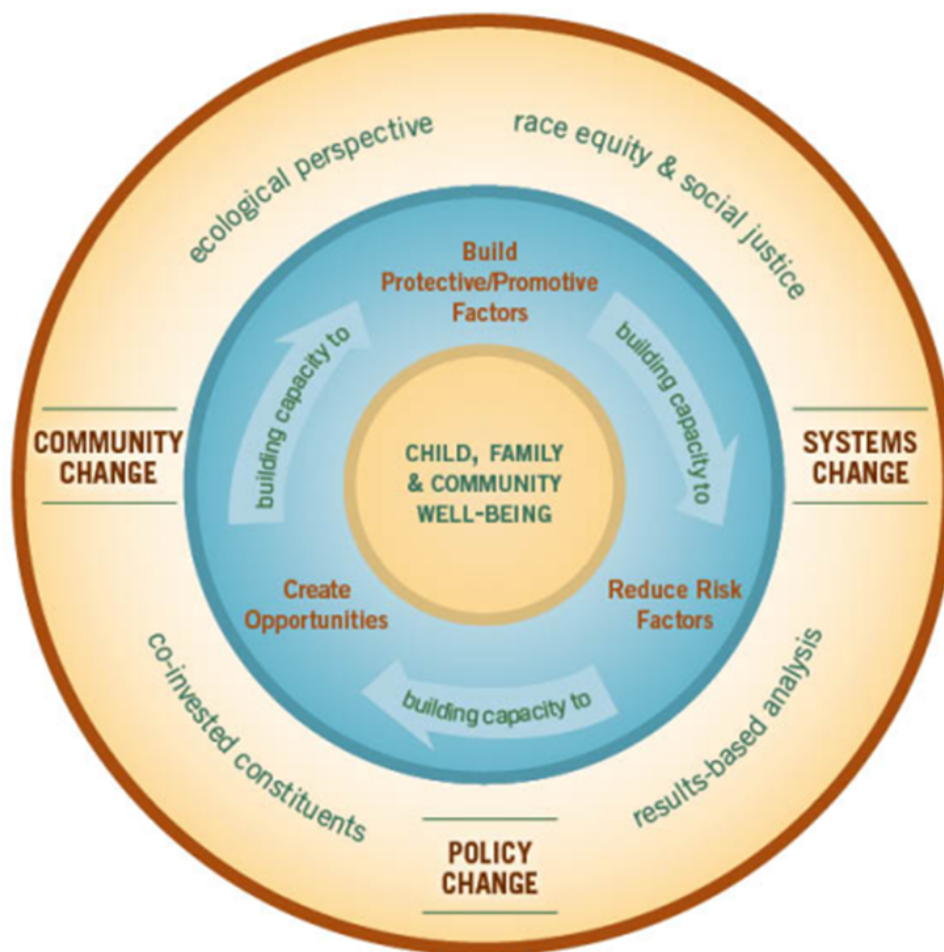
## II. Current Strategies to Prevent Child Abuse and Neglect in the Region

The purpose of this Plan is to support the Ohio Children's Trust Fund (OCTF) prevention planning efforts and develop targeted strategies to reduce and prevent instances of abuse and neglect in Southwest Ohio. Research conducted by the National Alliance of Children's Trust & Prevention Funds, the Child Welfare Information Gateway, and many others underscores that successful prevention strategies must reduce risk factors and build protective factors to best safeguard and enable the well-being of children. The Southwest Ohio Prevention Plan has that two-pronged focus of reducing risk factors and increasing protective factors. All five protective factors are addressed: Parental Resilience, Social Connections, Concrete Support in Times of need, Knowledge of Parenting and Child Development, and Social and Emotional Competence of Children. The two most explicit protective factors addressed are:

- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children

The aim of the Strategic Prevention Plan is to articulate Southwest Ohio's vision and plan for preventing child abuse and neglect. The plan describes the guiding principles that will direct the work that the Southwest Ohio Regional Prevention Council does as expressed in its goal, impact areas, objectives, and strategies. The Plan will be used by the Council to direct program and funding activities over the next five years (2017-2021).

The funding potential for this Southwest Ohio Regional Prevention Plan will enable a strategy that includes but goes beyond programming as has been funded by OCTF in the past. This Southwest Prevention Plan addresses all the components of the region's adopted theory of change, including community, systems, and policy change; as well as strategies to build the protective factors, reduce risk factors, and create opportunities for children, family, and communities.



**Vision:** Every child grows up safe and healthy.

**Mission:** To inform and empower communities and families so that child abuse and neglect are prevented.

**Goal:** Increase the capacity of communities, parents, and caregivers to improve the well-being of children.

**Guiding Principles:** The Southwest Ohio Prevention Plan provides a blueprint for priority activities. Priority activities align with the goal and strategies and address unmet prevention needs. Cost-benefit is a consideration in that the strategies were selected due to their ability to impact multiple risk factors. Whenever possible, the Southwest Regional Prevention Council will leverage funding while it promotes a child maltreatment prevention agenda with public, private, and philanthropic partners. The principles that guide the work of the Southwest Ohio Prevention Plan are:

1. Promoting and investing in strength-based, well-supported by research evidence, supported by research evidence, promising research evidence approaches: Adults, particularly families, can be the lever for both prevention and amelioration of child maltreatment. Resilient families, with knowledge of parenting and resources to meet their needs, are better equipped to address life's challenges and adversity in ways that also protect children. The Southwest Regional Prevention Council promotes the wide-spread incorporation of family strengthening approaches.
2. Engaging and empowering parents/caregivers and increasing family support: Engagement of at-risk, marginalized and/or under-serviced parents/caregivers is crucial to any significant change in child abuse and neglect rates. Parents/caregivers are not only the beneficiaries of prevention-focused services but are critical stakeholders. Parent input is also essential to inform region-wide prevention efforts.
3. Focusing on child and adult vulnerable populations: The Southwest Ohio Regional Prevention Council is committed to maximizing the participation of vulnerable populations to meet local and regional needs. Primary focus populations (and therefore priority funding) will include parents, racial and ethnic minorities, children with disabilities and other at-risk children, adult former victims of child abuse and child neglect or domestic violence, and kinship caregivers.
4. Being culturally competent: Southwest Ohio is enriched by a multitude of cultures and perspectives. The Council will seek to ensure that culturally responsive communication, resources, and evidence-based practices are integrated into activities supported by the Council and OCTF.
5. Committing to data-informed decision making and program evaluation to identify scalable and/or replicable practices: The Southwest Regional Prevention Council will promote the use of evidence-based practices whenever possible. Emerging, innovative approaches have the potential to inform the field but may not yet meet the evidence-based evidentiary standard. In those cases, partnering with a University or other partner to capture and report the evidence is supported, recognizing that programs funded by the State are State property. Specific, focused attention to implementation is necessary. All prevention approaches advocated by the Council are the best available evidence and are data-informed, implemented with fidelity, and employ high-quality assessment strategies to monitor outcomes.
6. Providing resources and programming to every county in the Southwest region: The Southwest Ohio region includes several rural counties as well as Rural Appalachian counties. Uneven access to resources, services, and service providers has been the norm. An important benefit of this regional consortia is to identify ways to distribute evidence-based practices and approaches as far and wide as the needs.

## Strategies:

The following strategies inform, train, and support parents/caregivers, professionals, agencies, communities, and policymakers in efforts to improve the lives of children. The strategies focus on (1) universal awareness campaigns, (2) kinship caregivers and parents & children, and (3) professionals in early childhood development organizations.

**Strategy 1:** Deliver universal prevention awareness campaigns...all people have both the obligation and the privilege to protect children from harm.

**Need Identified:** Parenting stress is linked to parenting difficulties and is associated with harsher and more inconsistent parental discipline and less parental warmth. A strong proxy for measuring the prevalence of chronic stress in adults is to identify those who have experienced four or more adverse childhood experiences or ACEs. The percentage of adults who have four or more ACEs in Southwest Ohio is 23.5%. Applying this percentage indicates a population of 232,765 adults in Southwest Ohio with chronic stress due to ACEs. This prevalence supports the need for prevention strategies that reach everyone.

**Service to be Implemented:** Awareness of child abuse and neglect and its prevention will be increased across southwest Ohio through global awareness campaigns that reach both vulnerable populations and general members of the community.

- Promote protective factors and the role each person can play to support families and prevent child abuse and neglect.
  - Promote how to recognize and refer parents who are struggling, prior to child abuse and neglect occurring.
  - Spread awareness about child abuse and neglect first, then provide consistent messaging about child abuse and neglect.

**Background and Rationale:** Success in engaging the broader community requires greater awareness throughout the community.<sup>38</sup> There may be some members of the community that feel just far enough removed from the problem of child abuse and neglect that they don't immediately make the connection to what role they may have as a teacher, church member, or other community member in preventing abuse and neglect. By honing in on the message that everyone has a role to play in preventing abuse, and then creating awareness through media placements, print media, social media, and other digital media, the Council will be able to educate and engage the community at large. This awareness campaign will include a call to action so that community members can find out where to find more information, or get more involved.

**Target Population:** This is a primary prevention strategy; the aim is to communicate to the general population.

**Projected Numbers to be Involved:** Awareness above current regional baseline (to be established using current outreach metrics across region). Aim is to meaningfully market to 10% of the population, which equates to about 180,000 people.

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<sup>38</sup> Child Welfare Information Gateway. Public Awareness & Creating Supportive Communities. <https://www.childwelfare.gov/topics/preventing/communities/>



**Proposed Method for Securing Service Provider:** An advertising firm has been secured via contract with OCTF after a competitive bid process.

**Minimum Funding Criteria:** Experience with similar awareness campaigns; must benefit all counties and unique cultures in the region.

**Outreach Activities for Special Populations:** Ensure culturally competent messaging that communicates well to all vulnerable populations: parents, racial and ethnic minorities, children and adults with disabilities, homeless families and those at risk of homelessness, unaccompanied homeless youth, adult former victims of child abuse and child neglect or domestic violence, members of other underserved or underrepresented groups, fathers, and any other special populations that meet local and regional needs.

**Parent Leadership Involvement:** Identified over 20 parents/caregivers to provide feedback on the universal awareness campaign initial draft messaging.

**Evaluation Mechanism:** Reach and distribution for all campaign materials (social media metrics, website hits and online surveys, print and email distribution).

**Alignment with OCTF Outcomes and Evaluations:** Increase awareness of evidenced-based practices designed to reduce child abuse and neglect at the community level.

**Strategy 2.A.:** Provide prevention services to support the non-offending/non-abusive kinship caregiver as well as kinship caregivers in informal arrangements and the children in their care.

**Need Identified:** At least half of all Ohio children taken into custody last year had parents using drugs. The adult unintentional drug overdose mortality rate is comparatively higher in Southwest Ohio. Children Services tries to find an appropriate relative to care for a child if the child's removal from parents who abuse drugs becomes necessary for the health and safety of the child. In the majority of instances, a child's residency with kin is through informal means. Increasing numbers of grandparents and other kin are becoming surrogate parents, while the children are typically in that care because of such predicaments among their parents as substance abuse, child abuse and neglect, teen pregnancy, death, illness, divorce, and incarceration. Such predicaments bear numerous risks of psychopathology among children. Furthermore, kinship caregivers experience challenges such as inadequate support, social stigma, isolation, and financial strain. The child abuse and neglect literature shows that caregivers have lower access to care that could be preventive.

**Service to be Implemented:** In SFY 2019 at least 475 parents/caregivers will engage in approaches that strengthen families through kinship caregiver models in each county. The estimate for SFY 2020 and 2021 is 400 families per year.

**Background and Rationale:** Building parent/caregiver resilience, social connections, and awareness of concrete supports is a core element of the Strengthening Families Protective Factors Framework. To this end, this strategy is directly aimed at parents/caregivers, providing them with training and an environment for respectful involvement through peer support.

**Target Population:** Use community-based, population-based, and agency-based methods to recruit kinship caregivers.

**Projected Numbers to be Served:** The aim for total number of families to be served by county in SFY 2019 are: Adams, 10; Brown, 10; Butler, 200; Clermont, 50; Clinton, 50; Hamilton, 75; Highland, 30; and Warren, 50.

**Proposed Method for Securing Service Providers:** Four community-based service providers were selected after a competitive Request for Proposals process.

**Minimum Funding Criteria:** Primary or secondary prevention programming; Alignment with Prevention Plan strategy; use of well-supported, supported or promising research; MOU or MOA among partners (where applicable); Use of PFS is required; Provider must address at least two of the five protective factors

**Evaluation Mechanism:** Pre and post parent evaluations and FRIENDS National Resource Center Protective Factors Surveys will be administered to kinship caregivers participating in this program. A regional program evaluation will also be conducted of the kinship navigation models being implemented across the eight-county region, including a process, performance, and outcome evaluation. The process for securing this evaluator will be a competitive Request for Proposals process.

**Alignment with OCTF Outcomes and Evaluations:** Increase in parental knowledge of behaviors that promote healthy child and family well-being, building protective factors, the importance of children's social and emotional development; increase in behaviors designed to build protective factors; increase in natural positive supports

**Strategy 2. B.:** Build the capacity of parents/caregivers to have nurturing and responsive caregiving relationships with children. This is the last year of funding for this strategy, because the Southwest Ohio Regional Prevention Council has shifted its caregiver strategy to a focus on kinship caregivers within a kinship navigation model.

**Need Identified:** Stress among adults is the eighth most prevalent risk factor for child abuse and neglect in Ohio and is a foundational child abuse and neglect issue for many parents and adults in the region. Parenting stress, stress related to fulfilling the parenting role, can be understood as the negative emotional reactions individuals experience vis-à-vis the demands of being a parent.

**Services to be Implemented:**

In SFY 2018:

- 122 parents/caregivers in Adams, Brown, and Highland counties were engaged in approaches that strengthen families through the ACT Raising Safe Kids program.

In SFY 2019:

- 260 parents/caregivers in Butler, Clinton, Clermont, Hamilton, and Warren counties will engage in approaches that strengthen families through the Parenting with Confidence (PWC) program.
- 200 parents/caregivers in Butler, Clermont, and Hamilton counties will be screened for resilience, 120 parents/caregivers will be screened for adversity/stress, 50 parents/caregivers will participate in the Common Sense Parenting (CSP) program, and 60 parents/caregivers will receive consultation for possible toxic stress; 300 children will receive a social-emotional assessment and 60 children will receive consultation services.

- 250 preschoolers in Brown County will be assisted in building resiliency skills via a social emotional learning program using the Kimochis curriculum.

**Background and Rationale:** Building parent/caregiver and child resilience, and parent/caregiver social connections and awareness of concrete supports is a core element of the Strengthening Families Protective Factors Framework.

**Target Population:** Parents and kinship caregivers and children

**Projected Numbers to be Served:** The aim for total number of parents/caregivers to be served by county in SFY 2019 are: Butler, 100; Clermont, 85; Clinton, 20; Hamilton, 205; and Warren, 50. The aim for total number of children to be served by county in SFY 2019 is: Brown, 250; Butler, 80; Clermont, 70; Hamilton, 150.

**Proposed Method for Securing Service Providers:** Three community-based service providers were selected after a competitive Request for Proposals process.

**Minimum Funding Criteria:** Service providers are responsible for any logistical work to recruit parents/caregivers and to implement the programs described above, including ordering and distributing program materials and supplies, and using the PFS and developer evaluation tools.

**Evaluation Mechanism:** Pre and post FRIENDS National Resource Center Protective Factors Surveys will be administered to parents/caregivers participating in the PWC and CSP programs, and the developer evaluation tools will be applied in each program.

**Alignment with OCTF Outcomes and Evaluations:** Increase in parental knowledge of behaviors that promote healthy child and family well-being, building protective factors, the importance of children's social and emotional development; increase in behaviors designed to build protective factors; increase in natural positive supports.

**Strategy 3:** Train professionals in early childhood development organizations to support parents'/caregivers' ability to parent effectively.

**Need Identified:** At the community level, quality child care is one means of building protective factors in children and parents/caregivers. In Southwest Ohio, of the 1,498 child care facilities only 231 (15%) participate in Step up to Quality programs. Only about half have some type of certification (NAEYC, NECPA, NACCP, NAFCC, COA, and/or ACSI certification).

**Services to be Implemented:** In SFY 2019, at least 260 teachers/early childhood providers will participate in training that will result in expertise in strength-based strategies for connecting with and partnering with parents.

**Background and Rationale:** This strategy makes explicit the important front-line role that early care and education providers play in preventing child abuse and neglect. The purpose of this strategy is to advance the use of the Strengthening Families Protective Factors Framework by working with early care and education programs so that they become exemplary providers and build protective factors into their day-to-day work with families.

**Target Population:** Early childhood development organizations in all 8 counties. A special focus needs to be made in Adams, Brown and Highland counties in the region, as they did not receive services in SFY 2018.

**Projected Number to be Served:** At least 310 teachers/early childhood providers will be served. The numbers to be served by county are: Adams, 7; Brown, 37; Butler, 61; Clermont, 29; Clinton, 11; Hamilton, 125; Highland, 7; Warren, 33.

**Proposed Method for Securing Service Providers:** An Request for Proposals will be released to potential service providers across the Southwest Ohio region.

**Minimum Funding Criteria:** Use of well-supported, supported or promising research; use of developer tools for measuring outcomes wherever possible.

**Evaluation Mechanism:** Strengthening Families Staff Survey and DECA checklist or other appropriate developer tools.

**Alignment with OCTF Outcomes and Evaluations:** Increase use of evidence-based practices designed to reduce child abuse and neglect; increase coordinated efforts designed to reduce child abuse and neglect.

### III. Previous Strategies to Prevent Child Abuse and Neglect in the Region

**Strategy: Build the prevention network by aligning public, private, philanthropic partners with a shared agenda to end child maltreatment.**

This strategy was part of the original Southwest Ohio Prevention Plan submitted to the OCTF Board in November 2016. The Board rejected this strategy because building a prevention network is the responsibility of the OCTF staff.

**Strategies: Develop a Child Well-being Dashboard as a means of demonstrating and uniting the many partners contributing to child well-being.**

This strategy was part of the original Southwest Ohio Prevention Plan submitted to the OCTF Board in November 2016. The Board rejected this strategy at the regional level so as to avoid duplication of services, because the OCTF staff is developing common dashboards for each of the eight RPC regions in Ohio.

**Strategy: Invest in tangible, high quality supports for early education environments and build networks of support.**

The Southwest Ohio Regional Prevention Council formally amended its Prevention Plan to have this strategy removed from the Southwest Ohio Prevention Plan.

Since the time that the Prevention Plan was developed, the Southwest Ohio Regional Prevention Council members identified a number of new statewide high quality supports that the Southwest region could connect to and promote without having to invent/invest in something else. Examples of high quality support initiatives include: Grow Power (OMHAS), The Early Learning Challenge Grant (ODE), RedTreehouse, and Early Childhood Mental Health (ECMH) consultants for pre-school expulsion reduction (OMHAS).

Prior to these initiatives, the Southwest Ohio RPC released two RFGA's to obtain a vendor to create high quality supports, and received only one vendor response which was determined to be nonviable. At the same time, the amount of money allocated to family supports was deemed to be inadequate for such a large region as parenting/caregiver/child programs are expensive to implement. Therefore, the Southwest Ohio Regional Prevention Council requested to redirect the funding for high quality supports to parent/caregiver direct services in late 2017.

**Strategy: Build the capacity of parents and caregivers of children with special needs, behavioral challenges, in kinship care, and/or in high poverty zip codes in rural counties to have nurturing and responsive caregiving relationships with children. And Provide training, guidance and coaching to home-based and public early childhood providers & educators who care for at-risk children, on how to promote children's development of targeted social-emotional skills. And invest in tangible, high quality supportive early education environments and build networks of support in areas of targeted need.**

The original Southwest Ohio Prevention Plan included primary and secondary prevention strategies that mirrored each other. Through experience, the Southwest Ohio Regional Prevention Council found that service providers commonly deliver services to the general and the at-risk populations. Therefore, having "mirrored" strategies was determined to be unnecessary, and the Prevention Plan was formally amended to remove them.

**Strategy: Provide instruction in social skills and emotional regulation to at-risk children.**

This strategy has been rolled into the kinship caregiver strategy, which addresses both kinship caregivers and the children in their care.

#### IV. Outreach Activities for Special Populations and the Region

The Southwest Ohio Regional Prevention Council's goal is to increase the capacity of communities, parents and caregivers to improve the well-being of children throughout Southwest Ohio. This plan exists to support that goal and to maximize the impact of the Council's efforts and the vulnerable populations' participation in child abuse and neglect prevention services in the region. In order to maintain peak efficacy, this plan may necessarily be adjusted as needed during the course of the prevention plan's execution.

##### Outreach Methods

**Centrally Located and Accessible Information.** Throughout the Council's meetings, research, and work on both the needs assessment and the prevention plan, the awareness of resources, or rather lack thereof, *especially among vulnerable populations*, has been thematic. Thus, the linchpin to this outreach plan is to create a central point of access for resource guidance, and ensure all other access points are connected to this information. In the first two years of the Southwest Ohio Regional Prevention Council, this type of outreach has been accomplished through a simple website, with the Coordinator updating and maintaining website information.

The website has three main areas: the home page provides an overview, one page presents council meeting information, and one page distributes funding information such as Requests for Proposal (RFPs) to identify service providers to carry out the Council's Prevention Plan strategies. The OCTF is currently developing a state and regional website; however, until it is operational, the Coordinator can continue to maintain the Council's website.

From its initial Prevention Plan, the Council envisioned a more extensive website that could provide a listing of resources, programming, and services across the eight-county Southwest Ohio region. The Coordinator will add a fourth area to the regional website to accommodate these information needs in SFY 2019.

**Email Campaigns and Updates.** The central website will include a lead-generator/email collection mechanism for those who wish to receive email updates as they are available. The lead generation form will be crafted so that individuals can self-identify as specific audience types. This, coupled with other pertinent and appropriately vetted contact information from the eight-county region, will serve as the basis for distribution lists for email campaigns and general awareness updates. An email newsletter from the region can be compiled and distributed on a quarterly basis. Additional email blasts can be sent to the distribution lists to amplify the state and regional awareness campaigns in the month of April and throughout the year as appropriate. Lists can be segmented into the various audience groups and key messages or program specific updates can be tailored for each as appropriate.

**Social Media.** A central Facebook and Twitter account has been created for the Southwest Ohio region and it can serve as an amplification tool for the programming and prevention offices around the region, re-sharing, re-posting, and generally promoting programs through photos and links to more information from around the region. The Coordinator has carried out this task during April Prevention Month and needs to ramp this up on a regular basis.

**Additional Program Outreach.** In addition to these centralized resources and efforts, as more detailed programming emerges, each program should develop informational material tailored to its audiences (example: a parenting program may include a training guide). As these materials are developed, service providers will be required to include these on any applicable program-related site as well as send these materials to the Coordinator for inclusion on the central website as well as on redtreehouse.com and other event-promoting websites. The Coordinator can also facilitate information distribution via local libraries and other relevant sources. Service providers are informed of the Coordinator's supporting role in implementing outreach activities.

#### Measuring Outreach

This marketing and outreach plan will use a number of metrics to track its progress. This includes "rack card" readership via distribution, social media shares and "likes," as well as website traffic metrics, and email campaign metrics.

### Branding Guidelines: OCTF Awareness

To ensure branding unity and to promote the awareness objectives in OCTF's current strategic plan, all materials included in this outreach plan will include the OCTF logo, and where applicable and appropriate, will include a link back to the OCTF website.

### Maintaining an Up-to-Date Resource Inventory

To ensure the success of this plan, a representative group for the Council must commit to meet on a regular basis, either in person or via phone to share updates so that editorial calendars and plans for the website, printable companion, social media and email campaigns and newsletters always contain the most up-to-date and relevant information available.

Utilization of/referral to existing resources including 211 and redtreehouse.org are also essential to ensure that there is no duplication of effort. These sites can also be used to promote OCTF funded initiatives and programs.

Key Partners: In addition to advisors from the Council, a staff member from the coordinating entity, will be included on a Marketing Committee to work with the marketing contractor. Critical partners will necessarily include those whom are a resource for information to vulnerable populations. A key role is played by Council members in ensuring the information is shared locally using their distribution networks.

## **V. Plans for Parent Leadership and Involvement for the Region**

The Southwest Regional Prevention Council will build the capacity of parents and at-risk parents to engage in and contribute as system partners and advocates on the Southwest Regional Prevention Council. A three-pronged strategy will build the capacity of parents to participate and provide a leadership role in making decisions regarding the needed prevention strategies.

1. The Regional Prevention Coordinator, Wright State University APRI, will provide leadership training and support for parent leaders to participate on the Council and in decision-making. The Coordinator will meet with the Council parent representative prior to Council meetings. The Council agenda and financial information will be reviewed with the parent, as well as all read-ahead and to-be-distributed materials, to enable the Parent member to have a comfort level with the meeting information and thereby increase participation.
2. Several Southwest Prevention Plan strategies pertain to various system changes and improvements (especially school and early childhood improvements). The plan is for the Coordinator to ensure that Parent/Caregiver insights are obtained prior to releasing RFGAs and after initiating funded projects. The Coordinator will also work with Parents/Caregivers who can provide insights into the design systems and services that work for families, and they can advise on policies to advocate for system change/alignment.



3. The Council understands that all the ways Parents/Caregivers may need to be involved are not currently known. Therefore, the Council, recognizing the important role of parents, is setting aside a portion of its budget to enable parent engagement, participation, and leadership. For example, parents may need to be reimbursed for travel; software may need to be purchased to enable webinars to make it easy for parents to participate; parents will be provided with child care provider stipends; and parents will receive a \$35 per meeting stipend for their role on or with the Council.

**Strategy:** Build the capacity of parents to engage in, and contribute as system partners and advocates on, the Southwest Ohio Regional Prevention Council.

- Provide leadership training and support for parent leaders to participate.
- Partner with parents/caregivers to design systems and/or services that work for families.
- Designate specific resources for parent engagement, participation, and leadership to benefit all the parent/caregiver programs delivered as part of this Prevention Plan.

**Service to be Implemented:** At least twenty parents/caregivers will be active informants to the RPC via focus group sessions, and one parent will participate. The purpose of the focus groups is for parents/caregivers to inform at least one program/service/system/policy to be formally addressed by the RPC annually.

**Background and Rationale:** A central hallmark of the Strengthening Families Framework is that parent leadership is demonstrated at all levels. The Southwest Ohio strategy is to provide training and resources to a critical number of parents/caregivers so that they can participate at a high level on the Council as well as serve as consultants in policy, system, and community change strategies. CSSP identifies parent partnerships as one of their three levers for change. The guiding principle of parental participation is that parent partnerships work best when many parents/caregivers are consistently involved as decision makers in program planning, implementation, and assessment. The approach is strength-based, which recognizes that parents/caregivers are experts with unique strengths, knowledge, and competencies to contribute. Parent contributions ensure that programs, practices, and policies engender the best possible outcomes.

**Target Population:** In focus groups, kinship caregivers will be the target population.

**Projected Numbers to be Served:** At least one parent will be targeted to continue to serve on the RPC. At least 20 kinship caregivers will be targeted to participate in focus group sessions. Therefore, 21 parents at minimum will be involved in Council decision-making activities annually.

**Evaluation Mechanism:** Council agendas include a standing parent advocate report; at least one system, service, or policy improvement that is formally “moved” and voted on in a Council meeting is advanced each year.

**Alignment with OCTF Outcomes and Evaluations:** Parent/caregiver leadership in child abuse and neglect prevention.

## VI. Evaluation Plan

The Southwest RPC uses the Strengthening Families Protective Factors Framework (SFPFF) for evaluation tools to apply to prevention strategies. The Framework incorporates the five protective factors that strengthen family wellness. One of the Framework tools is the Strengthening Families Staff Survey which is a tool that can assess changes in child educational/care providing settings in terms of resources and new behaviors. Elements of the DECA checklist (to self-assess teaching and parent connecting practices) may also be used as a pre- and post-test tool, as well as the DECA-P2 (to assess child behaviors and moods). The Protective Factors Survey (PFS) will be used to assess parent and caregiver practices and supports before and after parent/caregiver-centered strategies, as well as conducting the PFS across the region every five years as was accomplished for the SFY 2016 needs assessment. Service providers are also required to use developer tools that accompany evidence-based programs. In quarterly reports, service providers are required to report on performance (using the PFS, DECA, and/or other appropriate tool), participants served, success stories, and budget expenses. The Coordinator summarizes all service provider quarterly reports, by strategy, and provides that overall report to OCTF. An example of outcome reporting via quarterly reports is presented below.

Outcomes	Has outcome been met?	# Participants who completed program	# Participants who completed both pre and post evaluation	# Participants who achieve each outcome or measurement
90% of parents/caregivers will report learning something new to help them as a caregiver	Yes	16	16	16

The evaluation approach has both qualitative and quantitative elements. In terms of qualitative approaches, Wright State/APRI will conduct at least one site visit to observe each service provider's program implementation to visually assure fidelity to the evidence-based, well-supported, supported, or promising practice model. For that observation, a simple rubric is used. The Coordinator will also rely on document review during those site visits.

Beyond these overarching evaluation approaches, the Southwest Ohio RPC is also pursuing an expert program evaluator to assess the kinship navigation model, including process and performance evaluation, as well as consultation for how to develop an outcome evaluation. The intent is to evaluate fidelity of implementation, provide guidance for continuous improvement, and obtain guidance on how to apply a consistent method to capture SFPFF and living stability results toward an outcome evaluation.

## VII. Southwest Ohio Prevention Plan Logic Model

**Goal: Increase the capacity of communities, parents, and caregivers to improve the well-being of children.**

INPUTS		OUTPUTS		OUTCOMES/IMPACT		
Resources/Assets	Strategies	Activities	Comprehensive Needs Assessment	Short-term 1/1/2017-6/30/2018	Intermediate 7/1/2018-6/30/2021	Long-term
<ul style="list-style-type: none"> <li>A common agenda across 8 Counties</li> <li>Organizational expertise in strengths-based approaches with a capacity to reach a multi-county area</li> <li>A council of prevention specialists</li> <li>OCTF guidance &amp; knowledge of what works</li> <li>The OCTF 8 regions that can formulate a policy advocacy approach</li> <li>Backbone Organization (WSU/APRI) has expertise in guiding vision, strategy, &amp; communications; supporting aligned activities; establishing shared measurement; and advancing policy</li> <li>Consistent funding (based on performance)</li> </ul>	<ul style="list-style-type: none"> <li>Increase community, parent, and caregiver knowledge to promote optimal child development and reduce child abuse and neglect</li> <li>Facilitate the social-emotional development of children who have challenges.</li> </ul>	<ul style="list-style-type: none"> <li>Support parent leaders to participate in the Council</li> <li>Deliver universal prevention awareness campaigns.</li> <li>Provide prevention services to support the non-offending/non-abusive kinship caregiver as well as kinship caregivers in informal arrangements and the children in their care</li> <li>Invest in &amp; provide training programs to early education professionals</li> </ul>	<ul style="list-style-type: none"> <li>Concurrent initiatives &amp; investments being made (e.g., infant mortality &amp; VOCA funding) but not aligned</li> <li>74% of all adults in SW Ohio have 1 ACE score; 232,765 adults have chronic stress (4+ ACEs) and the proportion is even greater among caregivers.</li> <li>ODJFS analysis shows largest gap in service in Ohio is for parenting/caregiver services</li> <li>Need for standard training and practice</li> <li>Opioid epidemic &amp; kinship care</li> <li>Children diagnosed w/developmental disabilities and behavioral challenges/ disorders increasing at an alarming rate</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge, awareness &amp; access to information</li> <li>RFGA released, subcontract in place, marketing group increasing awareness of EBP to reduce CAN</li> <li>RFGA released, subcontract in place, contractor use of well supported, supported, promising, and emerging/evidence informed programs and practices in carrying out strengths-based training to increase knowledge of protective factors, and behaviors that promote healthy child &amp; family well-being with caregivers &amp; early childhood organizations</li> <li>RFGA released, subcontract in place, contractor improving social/emotional development &amp; improving protective factors for children</li> </ul>	<ul style="list-style-type: none"> <li>Policy/Advocacy agenda informed by parents</li> <li>Awareness campaigns inform &amp; influence 250,000 people</li> <li>5,100 more caregivers &amp; children in their care receive prevention services</li> <li>1,500 more teachers/early childhood professionals apply strengths-based strategies</li> </ul>	<p>Decrease in child maltreatment</p> <p>Increase the proportion of children meeting appropriate educational milestones</p> <p>Improve child and family stability by training, informing, or educating 10% of targeted &amp; general population. Scientists at Rensselaer Polytechnic Institute have found that when just 10 percent of the population holds an unshakable belief, their belief will always be adopted by the majority of society.</p>

## VIII. Budget for the Region

Regional Strategies	SFY 2017-2018 (18-months)	SFY 2019	SFY2020 (Forecasted)	SFY 2021 (Forecasted)
Strategy I: Conduct a universal child abuse and child neglect prevention awareness campaigns	\$112,450	\$25,500	\$40,000	\$40,000
Strategy II A.: Provide prevention services to support the non-offending/non-abusive kinship caregiver as well as kinship caregivers in informal arrangements and the children in their care	N/A	\$675,000	\$800,000	\$800,000
Strategy II B. Build the capacity of parents/caregivers to have nurturing and responsive caregiving relationships with children.	\$283,000	\$232,082*	N/A	N/A
Strategy III: Train professionals in early childhood development organizations to achieve positive outcomes for children and parents/ caregivers.	\$262,500	\$150,000	\$300,000	\$300,000
Strategy IV. Invest in Tangible, high quality supports. (Strategy later removed)	\$92,050	N/A	N/A	N/A
Strategy V. Provide instruction in social skills and emotional regulation to children with challenges	\$146,250	N/A	N/A	N/A
Plan for Regional Outreach & Recruitment	\$5,839	\$5,387	\$5,387	\$5,387
Plan for Parent Leadership and Involvement	\$26,250	\$14,519	\$14,519	\$14,519
<b>Grand Total Received</b>	<b>\$928,339</b>	<b>\$1,102,488</b>	<b>N/A</b>	<b>N/A</b>
<b>Grand Total Requested</b>	<b>\$1,230,000</b>	<b>\$ 1,259,906</b>	<b>\$1,159,906</b>	<b>\$1,159,906</b>

In SFY 2019, the Southwest Ohio RPC had \$232,082 in carryover funding from SFY 2018.

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