**Children’s Trust Fund**

**Community Based Child Abuse Prevention Program (CBCAP)**

## FY 2015 Annual Report

**(Reporting Period July 1, 2014 - June 30, 2015)**

**Instructions:** Please use the following information to help you complete the annual CBCAP program report. Discussion should focus on activities between July 1, 2014 and June 30, 2015. There is no limit with regard to length of the report, however **all questions** should be answered completely and thoroughly. Reports are due Friday, August 15, 2015. Please email the report to CTF Program Coordinator Laura Malzner (laura.malzner@oa.mo.gov). **Each report should indicate the name of the CTF CBCAP site, and the name, title, and signature of the person or persons completing the report.**

1. Describe the overall strengths of the CBCAP program in your community. What added

value or impact has the CBCAP project brought to your community thus far? What new things has the CBCAP project brought to your communities that were not already in place prior to the CBCAP? If possible, name three milestones or successes that your site has been able to achieve in the past year.

1. Discuss how the CBCAP organizational structure and integrated service delivery network

Functions within your community. Site specific examples of successful networking and collaboration and how the network and service delivery system has enhanced, expanded, and improved the existing service delivery system. Site examples in which coordination is being improved and services provided to enhance the lives of children and families in the community.

1. What are some of the barriers, if any, in your communities that have hampered collaboration or implementation of service coordination? Identify any challenges over the past year and describe how your CBCAP site has or is dealing with overcoming these challenges.
2. How many children, adults (parents/guardians) & families have been served through the CBCAP project **unduplicated** from July 1, 2014 - June 30, 2015? Please list the number of intakes and assessments completed, the number of care plans developed, and the number of persons receiving services as a result of this program. Provide specific numbers and a description of the diversity of families served, including families with children with disabilities, and any other specific data you wish to provide.
3. How many were carried over from state FY 2014?

# of adults (parents/guardians) carried over from FY 2014: \_\_\_\_\_\_

# of children carried over from FY 2014: \_\_\_\_\_\_

# of families carried over from FY 2014: \_\_\_\_\_\_

1. List all outputs and activities accomplished by the CBCAP project during the past year, ie: # of home visits, # of cribs distributed; health fairs, newsletters, brochures developed, etc. Please add services as necessary.

|  |  |  |
| --- | --- | --- |
| Type of Service | # Provided/Served | Comments |
| Home Visits conducted |  |  |
| Baby Cribs distributed |  |  |
| Parent Groups/trainings (including parent education classes) offered |  |  |
| Community Meetings/PresentationsTrainings for professionals offered |  |  |
| Other (Please list) |  |  |

1. What program **outcomes** have been demonstrated in your community thus far? How are the lives of children and families improving as a result of the CBCAP project? How is child abuse/neglect prevention being addressed? Please site any specific data as well as anecdotal information regarding program outcomes (i.e., Parent and child factors as well as stressful life events as measured by the Parenting Stress Index (PSI), CA/N potential as measured by the Child Abuse Potential Inventory (CAPI), Client satisfaction as measured by the Client Satisfaction Scale, knowledge of child development).
2. Describe ways in which parent consumers are being engaged/involved in the governance and decision-making structure and into the project as a whole. How is the network involving parents with disabilities or parents who have children with disabilities and special needs? Share some successes with regard to parent involvement. Discuss some of the barriers and challenges with bringing parents to and keeping them at the CBCAP table. List and discuss any results you may have of the consumer satisfaction questionnaires.
3. Please provide a complete inventory of the services provided to families by your local service coordination system that meets identified community needs.
4. Discuss the use of the flex pool. How many persons has the flex pool helped this year? For what types of services has the flex pool been accessed? How was payer of last resort documented? Please site specific examples of how the flex pool has been accessed to help families in your community. Also describe how the flex pool has helped to maximize funding and collaboration in your community as a result of collaboration.

1. How is the CBCAP program in your community identifying and addressing gaps and unmet service needs to families? How are those needs/gaps being filled. Please site at least one example of a specific gap/need identified and how that has been or is being addressed. What are the services most frequently needed by the CBCAP families? What are the services most frequently accessed or used by the CBCAP families?
2. Describe how the project promoted any of the following protective factors: Refer to the “Strengthening Families Framework” (Appendix 1) for additional information on the five protective factors or visit <http://www.cssp.org/reform/strengthening-families>. Expand table as necessary to address each protective factor.

|  |  |
| --- | --- |
| **Protective Factor (PF)** | **Description of how proposed project incorporated/addressed PF** |
| (1) parental resilience |  |
| (2) social connections |  |
| (3) knowledge of parenting and child development |  |
| (4) concrete support in times of need |  |
| (5) social and emotional competence of children |  |

1. Discuss any feedback given by the service providers/provider network? What is the overall level of satisfaction with the CBCAP project to date (i.e., CBCAP Provider Assessment of Agency-To-Agency Coordination; CBCAP Provider Assessment of Professional-To-Professional Coordination)? How have issues/conflicts been resolved among the providers? Site at least one example. To what extent are members of the provider network taking increasing responsibility for service coordination within the lead agency model (i.e., Please site number of network agencies/professionals participating in family-centered self-directed teams; Number of network agencies/professionals serving as the “lead agency” for self-directed teams; Equity of the collaborative’s distribution of caseload across the CBCAP provider network) . Please complete Appendices 1 & 2.
2. What has your site achieved as a result of networking or sharing information with other CBCAP sites? Reference at least one example.
3. Describe any special efforts or outreach activities conducted by your community network to promote Child Abuse/Neglect Prevention month (April 2015).
4. List any additional resources beyond CTF funding, cash or in-kind, used to support the CBCAP project over the past year.