



KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES  
Office of Health Data and Analytics  
Division of Analytics

Evaluation Proposal Brief  
An Evaluation Proposal of the Kentucky Department for Community Based Services Community Prevention Pilot  
Kailyn L. Conner, PhD, MPH & Matthew T. Walton, PhD, MSSW

**Evaluation of a Community Child Maltreatment Prevention Pilot in Kentucky**

**What is Known on This Topic?**

There is a connection between a family’s experience of poverty and their risk of involvement with child protective services (CPS). While this relationship between poverty and involvement with CPS is well-established, very few state child welfare agencies have been given the resources to meaningfully resolve the material hardships of the families that they serve. Research has demonstrated the capacity of certain anti-poverty and economic support programs, such as the Earned Income Tax Credit or federal housing vouchers, may have to prevent CPS involvement among families at risk.

**What Does This Brief Describe?**

The Department for Community Based Services has designed a pilot program that intends to prevent CPS involvement among families living in poverty but are otherwise at low risk for child maltreatment. This brief will outline some of the evaluation proposal elements developed by the Division of Analytics. Research questions, data requirements, and questions to guide further discussion are offered.

**Introduction**

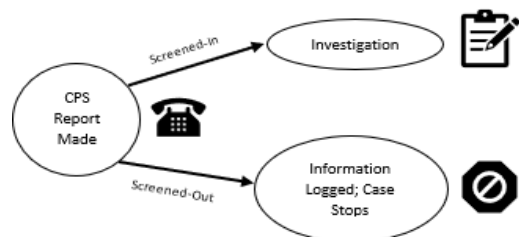
One of the most significant population-level predictors of CPS involvement is poverty.<sup>1,2</sup> This relationship is especially strong for reports of child neglect compared to child abuse.<sup>3</sup> It has often been difficult for CPS agencies to distinguish between poverty and deliberate child neglect.<sup>3</sup> In practice, this leads to disproportionate reports to CPS and involvement with child welfare services.

Previous work has observed that each additional \$1,000 that states spent on public benefit programs per person living in poverty was associated with a 4.3% decrease in CPS reporting, 4.0% decrease in substantiations, 2.1% decrease in foster care placements, and 7.7% decrease in fatalities.<sup>5</sup> Favorable results have also been observed related to the Earned Income Tax Credit,<sup>6,7</sup> housing services,<sup>8</sup> and policies that enhance child support income.<sup>9</sup> As a result, there have been several efforts around the US to reduce the incidence of child welfare involvement by targeting initiatives towards helping families achieve greater economic security. In one example, researchers found that when families received anti-poverty services (e.g, assistance with housing, utilities, food, etc.) they were significantly less likely to have subsequent CPS reports or placements of children into out of home care (OOHC).<sup>10</sup>

**Mandated Reporters and the Misallocation of Resources to Serve Families**

Children experiencing poverty frequently encounter professionals who are “mandated reporters”, or those who are legally required to call CPS when they believe a child has been abused or neglected.<sup>11</sup> Prominent examples of mandated reporters are teachers, law enforcement professionals, healthcare providers, and social workers. While these professionals are a valuable source of information to alert CPS when a child may have been harmed, they also generate far more reports than can be effectively vetted.<sup>12</sup> This forces CPS hotlines to make difficult judgments about which cases warrant pursuing further (“screen in”) and those that do not warrant any further action (“screen out”). In the federal fiscal year 2020, Kentucky CPS screened out 51.5% of reports for alleged child maltreatment.<sup>12</sup> Figure 1 illustrates the current process for these screened out reports.

**Figure 1. Kentucky’s Current Procedure for Screened Out Reports**



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In the absence of better alternatives, mandated reporters call CPS, either due to a lack of understanding of the capacity of CPS to meet non-protection needs of children or because they believe this part of their role as a mandated reporter.<sup>4,13-15</sup> There is evidence that diverting these screened out calls from CPS towards other more appropriate venues may simultaneously help resolve the underlying problem and prevent future contact with CPS.<sup>13</sup>

These insights suggest that there is a need for intervention. The child welfare field has increasingly called for addressing material needs instead of only investigating child abuse and neglect.<sup>4</sup> Kentucky's Department for Community Based Services (DCBS), the agency charged with administering the Commonwealth's child welfare system, is among those authorities interested in this approach.

Kentucky has both a relatively high poverty rate and a high rate of child maltreatment cases involving child neglect when compared to other states.<sup>16,12</sup> Research posits that fewer of these families would become involved with CPS if they received anti-poverty services.<sup>17</sup> In partnership with other agencies, DCBS has designed a Community Prevention Pilot (CPP) program to determine whether some screened out families can be effectively served by referrals to alternative service providers.

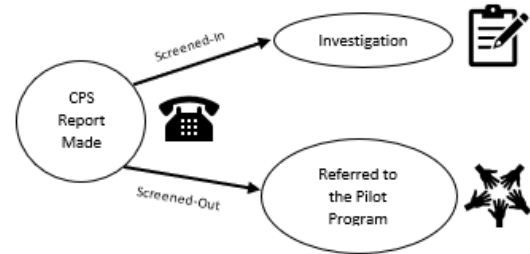
#### The DCBS Community Prevention Pilot

This community prevention intervention will involve a partnership between DCBS and school-based Family Resource Youth Services Centers (FRYSCs) in two counties (Barren and Perry) and DCBS and Gateway Children's Services locations in two other counties (Clark and Montgomery). FRYSCs are staffed by helping professionals called "coordinators" who serve the Division's stated mission to "remove non-academic barriers to learning to enhance student academic success."<sup>18</sup> Gateway Children's Services is a not-for-profit organization in Kentucky that provides services to children and families involved with the child welfare and juvenile justice systems.<sup>19</sup>

In these four counties, screened out reports will be referred to participate in the pilot program, and will be referred to a FRYSC or a Gateway location. Once referred, these families will be assessed to determine which benefits and services would be most beneficial. Once these needs have been identified, the FRYSC coordinators and Gateway staffs will assist families to access services and benefits.

Figure 2 illustrates the difference between the present practice of stopping a case once a report is screened out (Figure 1) and the CPP approach, where those cases will now be referred to a FRYSC or to Gateway.

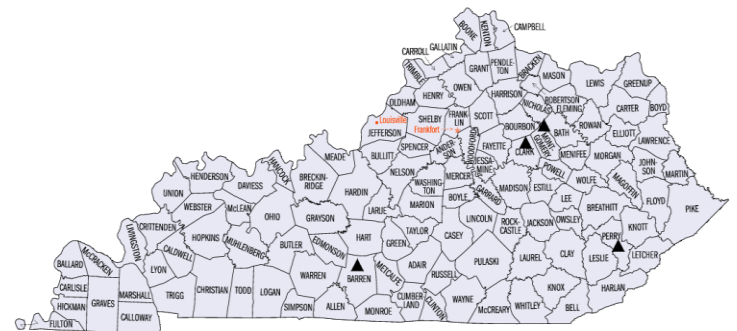
Figure 2. Community Prevention Pilot for Screened Out Reports



DCBS expects the kynect benefits platform to be an important component of the prevention intervention as well as the program evaluation. This platform serves as an access point to enroll in many of the benefits that are administered by the Cabinet for Health and Family Services (CHFS). Some of the most prominent benefits programs that can be enrolled in via kynect benefits are Medicaid, the Supplemental Nutrition Assistance Program (SNAP), the Kentucky Transitional Assistance Program (KTAP), and the Child Care Assistance Program (CCAP). DCBS has reached out to the Office of Data Analytics to design and implement a program evaluation to test whether the CPP is effective.

Figure 3 illustrates where in Kentucky the CPP program will be implemented.

Figure 3. Community Prevention Pilot Counties



▲ = County where the pilot program will operate

#### Components of the Program Evaluation

The proposed program evaluation will be constructed in three parts:

1. The evaluation team will investigate the historical trends of CPS reports in Barren, Clark, Perry, and Montgomery counties.
2. The evaluation team will describe some of the facets of implementation.
3. The evaluation team will model and describe some important child welfare outcomes for families that have received the Community Prevention Intervention.

**Evaluation Step #1: Describing the Population At-Risk**

It will be important to understand the baseline CPS reporting in the four pilot counties to evaluate whether significant changes are observed after the intervention. This will first involve calculating statistics surrounding the population of families that have been reported to CPS in the past. This step will allow the evaluation team to investigate and empirically test assumptions related to which factors appear to be most prominently represented among families that receive screened-out reports to CPS.

Step #1 will be guided by these two questions:

1. Which families seem to be at the greatest risk of receiving a screened-out call in the four intervention counties?
2. Among these families, what is a typical amount of time between an index report to CPS and a subsequent one?

**Evaluation Step #2: Investigation of Implementation Dynamics**

The second step of the evaluation will be primarily concerned with what are often called “process” measures. In this step, the evaluation team will be able to report on measures such as the volume of families that are referred to the intervention, the reasons that CPS reports are made for those families (medical neglect, educational neglect, etc.), and some of the more prominent services that families utilize after they are referred.

This component of program evaluation is often important as a means of informing program staff about whether families are utilizing their new intervention. If one county or implementation site has a notably low rate of uptake, it could serve as a signal to the program that additional outreach is necessary. Several past child welfare studies have described the procedural elements and challenges of implementing operational changes in child protection settings.<sup>20,21</sup>

Step #2 will be guided by these two questions:

1. How many families are being referred to the Community Prevention Pilot program, and how many appear to be engaging with the services?
2. Among families that accept services, which benefits (SNAP, KTAP, etc.) seem to be the most utilized?

**Evaluation Step #3: Commenting on Pilot Program Outcomes**

The final step of the evaluation will aim to summarize the Community Prevention Pilot. It will highlight outcomes that can be measured after families have received the intervention. There will be a set of useful ways to approach investigating whether the Community Prevention Pilot has been an effective means of reducing involvement with CPS in the four intervention counties. The evaluation team will be able to describe trends in the volume of screened-out calls for the entire county as well as those families that directly receive services via the intervention.

Step #3 will be guided by these three questions:

1. Compared to families who experienced a prior screened-out CPS report, but did not participate in the program, did participating families experience fewer subsequent CPS reports?
2. Compared to families who experienced a prior screened-out CPS report, but did not participate in the program, did participating families experience fewer subsequent CPS investigations?
3. Compared to families who experienced a prior screened-out CPS report, but did not participate in the program, did participating families experience fewer subsequent investigations with a finding of “substantiated”?

**Necessary Data to Complete Analyses**

Beyond the data fields that are currently available in CHFS data systems, the following list outlines three data points that are necessary to complete an evaluation of the outcomes of the Community Prevention Pilot:

1. A flag variable that identifies whether a family was referred to the community prevention intervention.
2. A variable that describes which of the pilot county sites the intervention was delivered in.
3. A flag variable that describes whether the family that was referred for services engaged with them.

**Conclusion**

Poverty and involvement with CPS are connected, especially for cases associated with child neglect. By linking families to public benefit programs that help them meet their material needs, DCBS aims to divert cases that likely do not require the activities or attention of CPS. Using a combination of data systems and other sources of information, OHDA will perform a program evaluation of this initiative.

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**Companion Brief – Demographics and Benefit Receipts in Pilot Counties**  
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**Table 1. Demographic and Economic Profile of Community Prevention Pilot Counties (2021)**

County	Population Estimate	Child Population Estimate	Median Household Income	Percent of Persons in Poverty	Persons without Health Insurance	Number of Households	Median Gross Rental Cost
Barren	44,544	10,468	\$41,674	17.3%	8.1%	17,392	\$681
Clark	36,871	8,185	\$54,871	14.4%	6.8%	14,576	\$724
Montgomery	28,219	6,575	\$46,998	15.7%	7.5%	10,653	\$697
Perry	27,929	6,424	\$39,594	22.0%	8.0%	11,334	\$703

**Note:** Statistics in Table 1 are reported from the US Census Bureau’s Quick Facts tool. Population data presented is dated July 1, 2021. The child population estimate is calculated by multiplying the county population estimate by the percent of persons under 18 years reported by the Census Bureau. Persons in poverty is a measure defined by the federal government using an equation that considers household income, household size, and other relevant information to determine whether a household falls below poverty thresholds. The number of households and median gross rental cost measures are based on estimates from 2016-2020. Median gross rental cost is a measure that includes the monthly price of renting a housing unit, the monthly price of utilities, and the price of fuels.

**Source:** US Census Bureau; QuickFacts.

<https://www.census.gov/quickfacts/fact/table/montgomerycountykentucky,barrencountykentucky,clarkcountykentucky,perrycountykentucky,US/PS/T045221>

**Table 2. Utilization Rates of Supplemental Nutrition Assistance and Kentucky Transitional Assistance Programs in Pilot Counties (2021)**

County	Supplemental Nutrition Assistance Program (SNAP)		Kentucky Transitional Assistance Program (KTAP)			
	# of Households Participating in SNAP	% of Households Participating in SNAP	# of Households Participating in KTAP	% of Households Participating in KTAP	Total Dollars Issued to County via KTAP	Average Dollars per KTAP Participating Household
Barren	2,935	16.9%	167	1.0%	\$340,189	\$2,037.06
Clark	2,544	17.5%	182	1.2%	\$403,816	\$2,218.77
Montgomery	2,323	21.8%	121	1.1%	\$270,781	\$2,237.86
Perry	4,035	35.6%	307	2.7%	\$757,899	\$2,468.73

**Note:** The “# of Households Participating in SNAP” measure is the reported value for the number of families that received SNAP on the legislative data sheets for the respective counties. This is similar for the “# of Households Participating in KTAP” measure. The “Total Dollars Issued to County via KTAP” measure describes the dollar value of benefits distributed via KTAP to a given county for state fiscal year 2021. Percentages are then calculated as the number of households that received these benefits divided by the number of households in that county as reported by the Census Bureau.

**Sources:** (1) Cabinet for Health and Family Services; Legislative data sheets; (2) US Census Bureau; QuickFacts.

<https://www.census.gov/quickfacts/fact/table/montgomerycountykentucky,barrencountykentucky,clarkcountykentucky,perrycountykentucky,US/PS/T045221>

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**Table 3. Utilization Rates of Medicaid and Child Care Assistance in Pilot Counties (2021)**

County	Medicaid		Child Care Assistance Program (CCAP)		
	# of Medicaid Beneficiaries	% of County Covered by Medicaid	# of Childcare Providers Participating in CCAP	Total Dollars Issued to County via CCAP	Average CCAP Dollars Issued per Child in County
Barren	18,628	41.8%	175	\$432,425	\$41.31
Clark	14,546	39.5%	422	\$1,402,914	\$171.40
Montgomery	13,042	46.2%	95	\$196,052	\$29.82
Perry	22,296	79.8%	146	\$352,862	\$54.93

**Note:** The “# of Medicaid Beneficiaries” measure is the reported value for the number of individuals that received Medicaid on the legislative data sheets for the respective counties. The “Total Dollars Issued to County via CCAP” measure describes the dollar value of benefits distributed to childcare providers via CCAP to a given county for state fiscal year 2021. Average CCAP Dollars Issued per Child in County is calculated as the number of children in the respective counties (irrespective of whether they received CCAP) divided by the number of dollars issued via the CCAP program as reported by the legislative data sheets.

**Sources:** (1) Cabinet for Health and Family Services; Legislative data sheets; (2) US Census Bureau; QuickFacts.

<https://www.census.gov/quickfacts/fact/table/montgomerycountykentucky,barrencountykentucky,clarkcountykentucky,perrycountykentucky,US/PS/T045221>

**Table 4. FRYSC Operations & Utilization Rates of Women, Infants, and Children Benefits in Pilot Counties (2021)**

County	FRYSC			Women, Infants, and Children (WIC)		
	# of Full-Time FRYSC Staff	# of Part-Time FRYSC Staff	Total Dollars in FRYSC Funding	# of WIC Participants	Total Dollars Issued to County via WIC	Average Dollars per WIC Participant
Barren	13	4	\$696,093	1,740	\$762,627	\$438.29
Clark	8	0	\$497,525	1,583	\$766,871	\$484.44
Montgomery	5	2	\$311,826	1,498	\$649,878	\$433.83
Perry	11	0	\$561,140	1,439	\$623,025	\$432.96

**Note:** The “# Of WIC Participants” measure is the reported value for the number of individuals that received WIC on the legislative data sheets for the respective counties. The “Total Dollars Issued to County via WIC” measure describes the dollar value of benefits distributed via WIC to a given county for state fiscal year 2021. Average Dollars per WIC participant is calculated as the number of WIC participants in the respective counties divided by the number of dollars issued via the WIC program as reported by the legislative data sheets.

**Sources:** (1) Cabinet for Health and Family Services; Legislative data sheets; (2) US Census Bureau; QuickFacts.

<https://www.census.gov/quickfacts/fact/table/montgomerycountykentucky,barrencountykentucky,clarkcountykentucky,perrycountykentucky,US/PS/T045221>