# SERVICE STANDARD PREVENTION SERVICES

**COMMUNITY EDUCATION PROGRAMS**

**REGION 3 AND REGION 4**

**2024-2025**

Areas of Focus:

* Drug Education, youth and adult
* Parenting Education/Groups
* Domestic Violence
* Healthy Relationships for youth and middle school
* Child Abuse & Neglect and Reporting
* Suicide Prevention

# Prevention Definitions

* 1. **Primary Prevention**

The first level of prevention, primary prevention, focuses on strategies for the general public. Primary prevention strategies often seek to strengthen family functioning. The philosophy of primary prevention is that keeping children safe from abuse and neglect is the responsibility of the entire community. The long-term goal of such strategies is to educate the entire community to create social change that is intolerant of child maltreatment.

# Secondary Prevention

This level of prevention services focuses on those who are at-risk for abuse and neglect of their children. These include high stress familial situations, lack of familial or community support and young maternal age. Possible goals of at-risk based (secondary) prevention services could be to: increase parents’ parenting skills and strategies; enhance bonding and communication between at-risk parents and their children; increase the connection between at-risk parents and resources or services in the community; increase parents’ skills in coping with stresses of caring for child with special needs; and to increase access to social and healthcare services for all community members. These goals ultimately seek to strengthen family functioning and keep children safe from abuse and neglect.

# Service Description

**Note: Services must meet the child abuse prevention definitions above. Please feel free to utilize the child abuse risk factors in the RFP instructions to assist with this.**

Provision of educational programs designed to increase the awareness of risk factors for child maltreatment and/or reduce the risks and incidences of maltreatment. This includes child abuse awareness, drug/ alcohol abuse, and domestic violence programs. Efforts may include any of the following:

# Components

* Convocations or assemblies
* Classroom presentations
* Community events / presentations
1. Services will be conducted with behavior and language that demonstrates respect for sociocultural values, personal goals, lifestyle choices, and complex family interactions and be delivered in a neutral valued culturally competent manner.
2. Participants will be connected to formal (paid) and informal (unpaid) supports.

# Target Population

Services are available to children, youth, and adults in the general community.

# Goals and Outcome Measures

**Goal #1**

To prevent child maltreatment (abuse and neglect) by increasing knowledge of proper parenting skills and understanding of ages and stages of child development.

Outcome Measures:

1. 90% of participants will demonstrate/report increase in knowledge of parenting skills.

# OR

**Goal #2**

To increase knowledge of child maltreatment and protective factors. Outcome Measures:

1. 80% of surveyed participants will demonstrate increased knowledge of child maltreatment and protective factors.

# Supervision and training

1. Staff receives appropriate support to make their work experience positive. This is to include a minimum bi-weekly staff meeting.
2. All staff is qualified to present child maltreatment prevention education.

# Billable Units

**Per Presentation** – includes face-to-face presentations with identified audience

* + Groups include a minimum of four participants, not to exceed $250.00/ hour.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours.

***Reminder:*** *Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time, and no shows. These activities are built into the cost of the face to face and shall not be billed separately.*

# Case Record Documentation

Necessary documentation shall include the following:

1. Case or contact note that documents client contacts and participation in programming.
2. Sign-in sheets for program.
3. Documentation of assessment(s), goals, plans.

# Service Access

Services have open referral process, as defined by the provider.