



COMMUNITY-BASED CHILD ABUSE PREVENTION: *EXEMPLARY PRACTICES*



FRIENDS National Resource Center for Community-Based Child Abuse Prevention
A Service of the Children's Bureau



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FRIENDS would like to thank the many people involved in the development and writing of this report. Rosie Gomez, the CBCAP Federal Project Officer (FPO) with the Children's Bureau (CB) within the Administration for Children and Families, led the development of the plan to highlight sixteen states in eight categories for this Exemplary Practices report. The topics selected mirror areas outlined in the Program Instruction issued to the states each year by the CB. States use this to submit their annual reports and applications for each federal fiscal year (FFY).

FRIENDS worked with a group of consultants to review all 52 reports submitted for the FFY 2013 including the 50 states, the District of Columbia and Puerto Rico with the consultants highlighting exemplary practices that fell within the eight categories. FRIENDS Training and Technical Assistance staff then narrowed the list of states and their highlighted information based on direct knowledge of work being conducted, attention to widespread geographic representation, and selecting a diversity of states based on CBCAP funding levels. The Project Coordinator worked in conjunction with the FPO to finalize a list of 16 states to include in this document.

Finally, an additional three states are highlighted under the section, *Adaptations and Innovations*, with three practices implemented in 2013 selected because of their innovation and potential interest to many other state lead agencies.

This production was a difficult task because all 52 CBCAP state lead agencies manage and coordinate an array of impactful child abuse prevention services in their states with minimal resources. Their leadership and management skills support collaboration and implementation of evidence-based and promising prevention programs that support children and families throughout the United States.

A special thank you to Dr. Susan Janko Summers the lead author of this report.

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INTRODUCTION

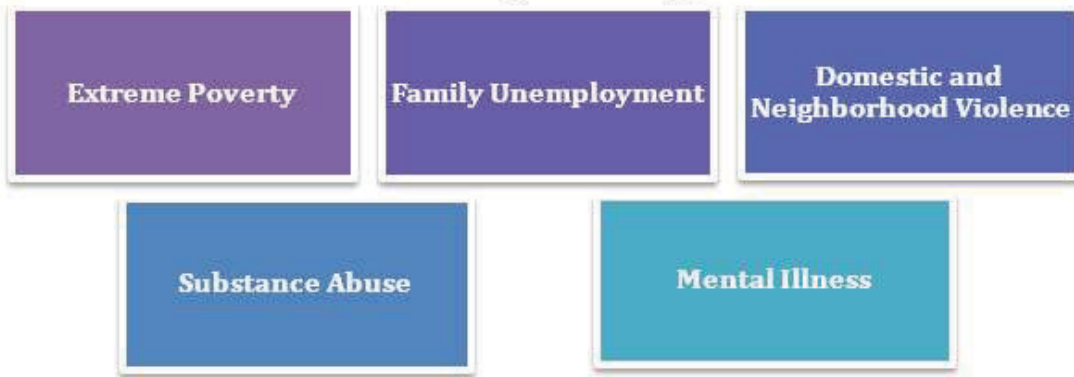
What does it mean to prevent child abuse and neglect? And how can we know whether actions we take to prevent child abuse and neglect really work?

Since the Child Abuse Prevention and Treatment Act (CAPTA) was established 40 years ago, policy-makers, researchers, state agencies, community programs and parents have grappled with the complexities underlying these questions.

One way that CAPTA and the federal Office of Child Abuse and Neglect (OCAN) seek to answer these questions is by examining data on reported incidents of child maltreatment year-by-year to see how the numbers change over time. According to the Fourth Federal National Incidence Study on Child Maltreatment in 2010, based on counts of abused and neglected children from official Child Protective Services (CPS) statistics and from community professionals, the rate of physical, sexual and emotional abuse decreased a significant 26 percent over the previous 13-year period.

However, during that same 13 year period, the prevalence of neglect did not decrease. In fact, the number of children identified as emotionally neglected nearly doubled. Some of this increase is undoubtedly due to increased awareness of neglect and the increased focus placed on it by CPS. But it is also true that chronic conditions such as extreme poverty, family unemployment, domestic and neighborhood violence, substance abuse and mental illness continue to place children in our country at risk for child maltreatment and poor developmental outcomes despite efforts toward prevention. Prevention of child maltreatment is a complicated and intractable problem situated in a human ecology of personal relationships, economic and policy influences, and neighborhood and community environments.

Factors Contributing to Neglect and Abuse



For 40 years, CAPTA has provided the legislative foundation for and reflected work to address child maltreatment and its prevention through a series of changes in laws, policies, funding, establishment of agencies and programs, and research and evaluation initiatives. During those four decades, child maltreatment prevention has evolved far beyond its initial narrow focus on responding to reported incidents of child abuse. Through leadership from OCAN, there now exists a broad multi-agency and multi-disciplinary national network working collaboratively to address risk, provide protection, and promote prevention of child maltreatment.

The success of this network depends in part on close ties between national leaders and those working on the front lines of child maltreatment prevention, with families in their homes and communities. Because they can make the already challenging job of raising children even more difficult, it is by considering the contexts of home and community in which families raise children that child maltreatment is best understood. The national leadership that provides a vision and a scaffold of policies, training and resources for child maltreatment prevention, informed by input from the front lines, understands that these contexts—home and community—provide the best opportunities to prevent child maltreatment.

It was to address the home and community contexts for child maltreatment that CAPTA authorized the establishment of the Community Based Child Abuse Prevention (CBCAP) program. CBCAP programs in 50 states, the District of Columbia and Puerto Rico, and three tribal nations and migrant programs, blend federal, state and local funds, and create interagency networks, to support coordinated prevention services and family support, and to foster parent leadership.

Importantly, CBCAP programs also promote and encourage evidence-based and evidence-informed practices, and continuous evaluation. The knowledge generated by continuous evaluation conducted in hundreds of local CBCAP programs across the nation is used to gauge progress within those programs, and also shared with national leaders to inform decision-making and influence future directions for the CBCAP program as a whole.

The eight key strategic areas discussed below represent elements critical to the effective prevention of child maltreatment. Derived from research and through ongoing collaboration among local CBCAP programs, the FRIENDS National Resource Center for Community Based Child Abuse Prevention (FRIENDS) links to a comprehensive logic model that describes in broad terms what it takes to foster the human ecology of individual and family strengths and community support that make good parenting possible.

Eight Key Areas Represented in Report



The following examples from CBCAP State Lead Agencies and programs demonstrate innovation and leadership that each implemented during the last year in these eight key areas. They also provide insight into what it means to prevent child abuse in the context of individual children and families within their communities and provide evidence that child abuse and neglect prevention matters.

1

ADVOCATING FOR SYSTEMS CHANGE

In 1990, then Secretary of the U.S. Department of Health and Human Services, Dr. Louis Sullivan, made the prevention of child maltreatment a personal priority, and an unprecedented priority for the entire department. Dr. Sullivan proposed three strategies to effect system-wide change:

1. Increasing public awareness of the need to prevent child maltreatment;
2. Promoting intra- and interagency coordination of activities related to preventing and addressing child maltreatment; and
3. Encouraging all sectors of society to participate in preventing child maltreatment.

Dr. Sullivan's call for change was answered with a number of transformative actions. A meeting of national leaders in social services, criminal justice, education, from the public and private sectors including religious organizations was held to exchange ideas and identify actions that states and localities could take to address child maltreatment. This collaborative, multi-sector meeting serves as a model for how CBCAP lead agencies are often governed and function, as well as for how regional, community and individual CBCAP programs and partnerships typically operate.

As part of the prevention initiative led by Dr. Sullivan, graduate fellowship programs were instituted around the country to establish a network of future researchers and leaders in the field. A blueprint for Federal policy was issued, foreshadowing the cooperative needs assessment and planning carried out in CBCAP community programs across the nation every year. The cross- and interagency communication and cooperation in planning and

delivering prevention and intervention services modeled in Sullivan’s initiative has since been institutionalized, as evidenced by increased requirements for collaboration in funding decisions.

Dr. Sullivan’s and the Department of Health and Human Services’ foresight and influence are apparent today in advocacy efforts for systemic change at all levels—policy, practice, and community.

***Advocating for
Systems Change:***
**EXEMPLARY
PRACTICES**



ARIZONA’s Department of Child Safety, the state’s CBCAP lead agency, participates in a range of systems change initiatives and activities including: interagency collaboration, the child welfare system’s required Program Improvement and Title IV-B plans, and early childhood systems building.

As a key strategy to enhance awareness of issues related to child maltreatment and to promote evidence-based prevention and treatment policies and programs, the lead agency participates in the state’s Adverse Childhood Experience (ACE) Consortium. The *ACE Consortium* is a community collaborative comprised of representatives from agencies and organizations concerned with child well-being and with those who have experienced ACEs. Participants include those representing pediatric health care, child advocacy, social services, early childhood and K through 12 education, child welfare, public health, behavioral health, peer support and recovery, the media, and juvenile justice.

The *ACE Consortium’s* “Strong Communities Raise Strong Kids” Initiative is a social media campaign to build awareness of the link between ACES, including child maltreatment, and adult health status. Based on the latest research demonstrating the most

effective practices to promote the global health and well-being of children and to prevent child maltreatment, the Initiative focuses on the critical need for primary prevention. All training materials and social media messages use up-to-date, best practice research and recommendations from leading researchers and organizations including the Centers for Disease Control, the Frameworks Institute, and the Prevention Institute's Spectrum of Prevention.

Some of the activities sponsored by the *ACE Consortium in 2013* include:

- A Train-the-Trainer Seminar attended by 55 participants;
- ACEs workshops attended by more than 100 participants, at no cost to them;
- Development and distribution of an ACE toolkit containing factsheets, questionnaire, brochures, posters, PowerPoint presentation, protective factor guide, strategy guide, and community resources;
- The launch of a social media campaign including primetime specials, a blog, Twitter, Facebook, and a website: <http://www.azpbs.org/strongkids/>, and
- In partnership with ASSET Eight, Arizona Public Television, the development of videos posted to YouTube.

Regional Child Abuse Councils worked closely with the *ACE Consortium* to disseminate information and provide training in their communities across the state.



IDAHO's Children's Trust Fund, the state's CBCAP lead agency, uses the following five key elements for the successful implementation of systems change from FRIENDS' *Putting What Works into Practice* brief to guide sustainable systems change in the state's

human services delivery systems, and to integrate child abuse prevention strategies throughout the statewide service delivery system:

1. Vision and Values;
2. Leadership and Commitment;
3. Stakeholder Involvement;
4. Capacity and Infrastructure; and
5. Environment.

Key Elements for Implementing Sustainable Systems Change



In order to support implementation of this model, the Idaho Children’s Trust Fund advances a shared vision and values through ongoing discussions and work at the *Strengthening Families Roundtable*, a diverse group of stakeholders who work at the state level. The Trust Fund capitalizes on the *Strengthening Families Roundtable’s* stable base of existing, ongoing relationships among professionals and parent partners to plan systems change and

spawn new programs based upon collaborative planning. It also works to create and maintain an environment where diverse perspectives are invited and respected, innovative ideas are fostered, and creative solutions are recognized and rewarded. *Roundtable* participants have worked to create an open, welcoming environment in what they view as an ongoing learning community and implementation workshop. For more than four years, participants have been coming together through this forum to discuss and move projects forward. They come together to learn best practices. And they keep coming together because they enjoy one another and the unique environment that this group of colleagues has created between each other.

An example of how this collaborative community works is currently underway in Idaho's correction system. Working across systems, the Idaho Association for the Education of Young Children, the Director of Women's Programs within the correctional system, the Boise-based Family Advocates organization (currently in the process of building a Parents Anonymous® chapter), the Discovery Church, and the Children's Trust, have created a training and support project for incarcerated mothers of young children as they are released from prison. The project includes a parenting component using a protective factors approach, training through Stewards of Children on child sexual abuse prevention, and parent groups through Parents Anonymous®. This powerful collaboration took shape as a result of people connecting through the *Roundtable* and sharing vision, values, leadership and commitment.

Finally, the Children's Trust Fund actively seeks ways to create links among people and organizations, across separate programs and funding streams, to effect the mutual promotion of the protective factors shown by research to reduce child maltreatment and promote well-being. Child care, corrections,

faith-based organizations, domestic violence groups, educators and other public and private agencies use this organizing principle and common goal in order to embed child abuse and neglect prevention across systems.

COORDINATING & COLLABORATING

The nature of child maltreatment is best understood within an ecological model. This model recognizes that the developmental path of an individual child is embedded in and influenced by interpersonal relationships with intimate caregivers, who are in turn influenced by the neighborhood and community in which they live, and that these neighborhood and community contexts are themselves influenced by the broader economic, social, political contexts in which they are embedded.

Imagine a child with special developmental needs born to an unemployed single parent with chronic mental illness who cannot provide adequate nutrition and safe housing for their child, and who lacks support from their extended family, neighborhood and community. When that child and parent arrive at a CBCAP program, the program must assess their strengths and needs and develop a helpful plan. Should the program focus on the child's developmental needs? The parent's mental health? The parent's unemployment? The lack of safe housing? The need for nutrition? The need to promote ongoing, nurturing relationships in the midst of so many hardships?

Individuals and single programs or agencies are too limited in scope and influence to address all of the complex causes and consequences of child maltreatment. The complex realities associated with child maltreatment demand that prevention efforts become a shared responsibility of programs from many different professional disciplines.

Sharing responsibility requires coordination and collaboration at multiple levels: within programs through a team approach and use of consultant models; across programs through collaborative planning, resource referral and individual case follow-up; through partnerships formed with parents, families, programs and agencies; and through community, regional and state needs assessment and strategic planning to provide a net of interrelated services that strengthen families and make positive parenting possible.

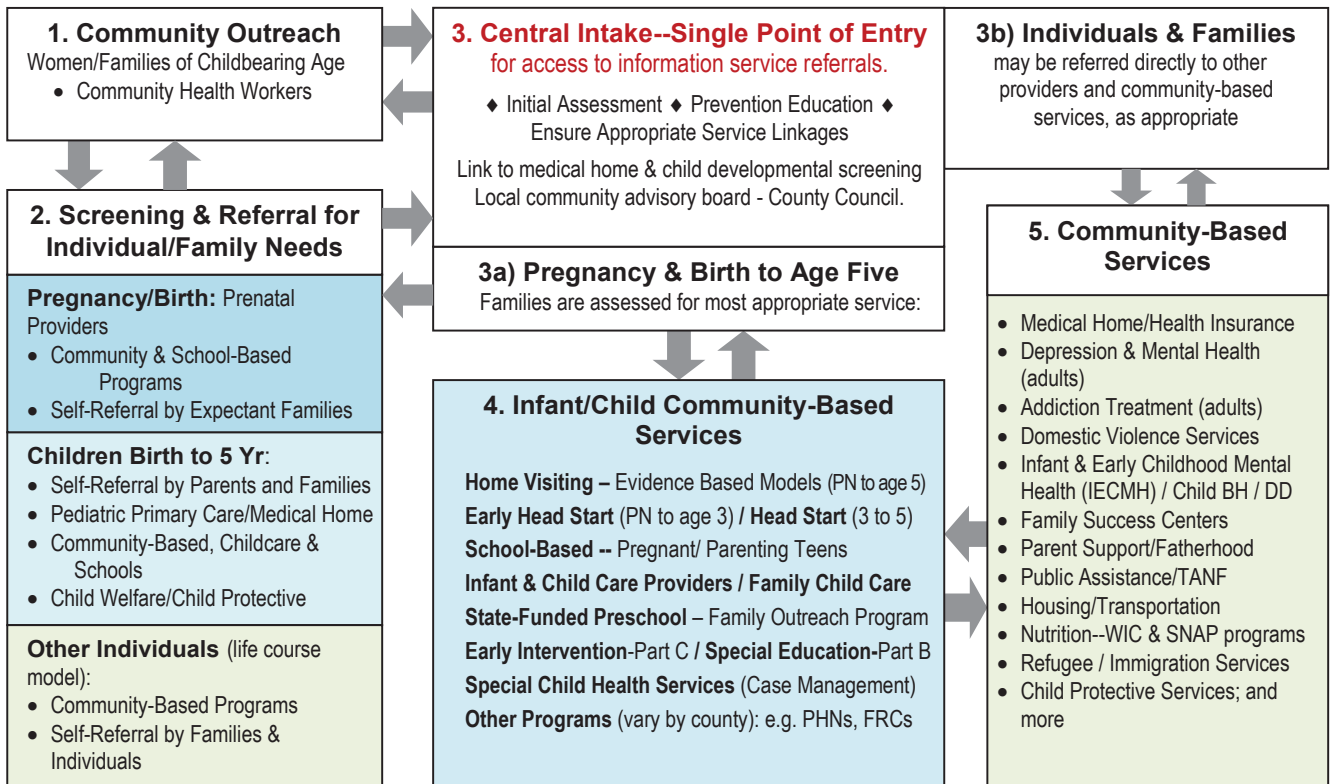
The following examples demonstrate what shared responsibility looks like in action.

***Coordinating and
Collaborating:***
**EXEMPLARY
PRACTICE**



NEW JERSEY's Department of Children and Families, Division of Family and Community Partnerships, the state's CBCAP lead agency, along with other programs and agencies in the state, supports *Central Intake*, a comprehensive prevention system that provides a single point of entry for families to access assessment and referral to support services in their local communities. *Central Intake* addresses both care coordination and systems integration by improving communication among families and providers across programs and disciplines. The county-based single point of entry allows easy access to information, as well as eligibility screening, assessment and referral to local family support services. The resulting reduction in duplicated services and increase in supports for families is designed to improve prenatal care, birth outcomes, early learning, preventive care, and other community supports.

Figure 4: New Jersey Prevention System of Care (January 2014)
Life Course and Early Childhood Comprehensive Systems (ECCS) Model



New Jersey's CBCAP lead agency also works in partnership with Strengthening Families New Jersey, using the Center for the Study of Social Policy's Protective Factors Framework, to build protective factors in children and families using childcare services. The following strategies represent the core of the collaborative effort.

1. The lead agency works collaboratively with the New Jersey Department of Human Service, Division of Family Development, to provide core training in the protective factors to key personnel in county Child Care Resource and Referral agencies. These key personnel, in turn, provide hands-on support to local center- and family-based childcare providers. Staff also meet regularly to share challenges and successes, and to develop new ideas to advance their work with centers, staff and families.

2. Participating Strengthening Families childcare centers submit annual work plans outlining planned program activities designed to promote protective factors among the parents and families they serve.
3. Each county sponsors a countywide parent leadership event where parents, community agencies and the Child Care Resource and Referral agency work together to host activities such as workshops that teach parents successful parenting strategies and ways to advocate for their families.
4. Quarterly Strengthening Families trainer meetings are organized by Child Care Resource and Referral to share information about strategies for integrating Strengthening Families' concepts into early childhood programs.

The CBCAP lead agency also partnered with the New Jersey Coalition for Battered Women and the Division of Child Protection and Permanency to form the *Domestic Violence Liaison*. The *Domestic Violence Liaison* co-locates domestic violence professionals in local Division of Child Protection and Permanency offices to provide on-site case consultation to staff; support and advocate for domestic violence spouse or partner victims and their children; and to strengthen the Division's capacity to provide appropriate assessments and effective intervention to families experiencing domestic violence. The *Domestic Violence Liaison* provides mentoring and training for local office staff in the areas of intake and permanency as they relate to the unique needs of adult victims and their children. In 2013, the *Domestic Violence Liaison* served 6,350 non-offending parents, helping to increase their personal safety and to improve outcomes for non-offending parents and caregivers and their

children. Services are tracked, and data are used in an ongoing outcomes evaluation.



SOUTH DAKOTA's Department of Social Services, Division of Child Protection Services, the CBCAP lead agency, works actively to provide outreach and improve access to parenting education and support programs among the state's Native American population. The *Common Sense Parenting* curriculum is available statewide, and 218 parents, or 34 percent of participating parents who attended the program in 2013, are Native American. The majority of these parents were served in programs located on the Reservations. There are four Native American instructors in the state who provide training on *Common Sense Parenting*.

The Division of Child Protection Services with funding from CBCAP, contracts with the Great Plains Psychological Services located in Sioux Falls to provide *Positive Indian Parenting* training to Native American parents. *Positive Indian Parenting* is a program specifically designed to integrate traditional Indian parenting culture into a curriculum focusing on contemporary parenting practices in the context of everyday life challenges. In October 2012, the Division of Child Protection Services sponsored a *Positive Indian Parenting* train the trainer session for tribal representatives conducted by the trainer from Great Plains Psychological Services. Then goes on to "Nine representatives, from three tribes....." Nine representatives, from three tribes, participated in the training. In follow-up to the training, Sicangu Child and Family Services contracted with the Division of Child Protection Services to provide *Positive Indian Parenting* on the Rosebud reservation. These two contracts include three Native American instructors. The Division of Child Protection Services will be

inquiring with the tribes in the state to see if there is an interest in offering the train the trainer session for the *Positive Indian Parenting* curriculum again.

The six protective factors which are incorporated into the *Common Sense Parenting* and *Positive Indian Parenting* training curricula focus on developing parent and caregiver skills in nurturing their children of all ages and provide a platform for parent leadership. Leadership skills development and training are included in each of the *Common Sense Parenting* sessions.

To improve collaboration with services to Native American children and families, the Division of Child Protection Services, Indian Child Welfare Act Program Specialist serves as a liaison between the tribes and the Division of Child Protection Services. The Indian Child Welfare Act Program Specialist serves on the Parenting Education Advisory Board. Information about the *Common Sense Parenting* classes is communicated through the Indian Child Welfare Act Program Specialist to tribes in South Dakota.

NEEDS ASSESSMENT AND STRATEGIC PROGRAM FUNDING

Historically, policy directed most human service funding into categorical funding streams; that is, the funding programs received typically came from a single agency with a specific mission and focus. This kind of funding may have made administrative and accounting sense, but often created challenges for children and families with complex needs that were beyond the funding agency's focus.

Categorical funding and single focus programming often results in splintered services for families, including service duplication and service gaps. For example, funding policies might have driven very different service agency responses to a five-year-old whose

mother had chronic mental health problems resulting in periods of neglectful parenting. A child welfare program might have seen only issues of safety. A child development program might have only screened the child to learn of possible developmental delays. A public health outreach program may have discovered dental problems and malnutrition. A community mental health clinic might have treated the mother but remained unaware of how the mother's mental health status impacted the child-caregiver relationship and the child's well-being.

This situation is improving. As understanding of the complex systems in which children and families are embedded increases, policy makers and service providers have begun to see the need for increased collaboration across programs and systems and the wisdom of blended funding that supports broader, cross-categorical program goals. They also have begun to recognize the importance of prioritizing funding to areas of highest need within communities, based on current assessments of need. Consequently, policies have evolved that favor blended as opposed to categorical funding. Often these funding streams come with requirements for needs assessments, collaboration, adherence to quality standards, and application of best and innovative practices.

Blended funding serving collaborative efforts has the advantage of allowing programs operating in partnership to refine their focus in response to assessed needs, and resist the temptation to become everything to everyone. It encourages cross agency and cross program resource sharing that decreases service duplication and eliminates service gaps. Blended, leveraged funding also has the advantage of increasing program stability during times of change in funding sources. If one source of funding decreases or is no longer available, programs can maintain services by

reconfiguring according to existing resources and child and family needs.

***Needs Assessment &
Strategic Program
Funding: EXEMPLARY
PRACTICE***



MICHIGAN's CBCAP-funded direct services programs are tied to the work of the statewide network of local child abuse and neglect prevention councils. Any competitive direct services grant submitted to the Children's Trust Fund must be reviewed by the local prevention council to assure that the proposed services reflect local prevention priorities as determined by the council's needs assessment. A local council's needs assessment process typically includes working with several entities within a community, such as the community collaborative, Great Start Collaborative, Head Start, or United Way, and reviewing local data, including KIDS COUNT. The local council also reviews proposals to assure that the strategies being proposed are effectively coordinated and appropriately aligned with existing community services. In order to receive funding, direct services programs applying for funding must illustrate how they plan to address needs particular to their community, and how they will link the target population and the services they propose to their local council's needs assessment. Grants are awarded based on a number of strategically selected criteria including: CBCAP funding priorities; the ability to meet local needs identified by the needs assessment; collaborative support; and the quality and capacity of the program.

Scoring for funding applications is also weighted according to the prevalence of four specific, county-based risk factors Michigan wishes to address: infant mortality rate; teen birth rate; child poverty rate; and the number of confirmed cases of child abuse and neglect. Risk factors for child maltreatment, along with local

priorities and unmet community needs, are then addressed through the proposed services, and by integrating the Strengthening Families/Protective Factors Framework into direct service programming.

Direct services programs are required to report their progress toward goals in biannual reports, thereby assuring that funding was not only targeted toward state priorities, but that it was also used to efficiently and effectively support families with higher risk in a given community. Additionally, all funded programs complete a year-end outcomes report to assess both their successes and challenges in reaching their intended outcomes. Direct service programs that receive CBCAP funding also regularly administer the Protective Factors Survey. Aggregate data from the survey helps to show that families receiving services from CBCAP-funded programs are building protective factors and decreasing their risk for child maltreatment.



WISCONSIN's Children's Trust Fund, the state's CBCAP lead agency, developed a request for proposals for a new *Innovation Fund* grant, part of its investment strategy to improve the lives of children and families in Wisconsin by advancing the child maltreatment prevention field. The grant was awarded to one of Wisconsin's county departments of human services for the evaluation of the county's *Early Childhood Initiative*.

The *Early Childhood Initiative* is a home visiting and employment program, based on an ecological model, that emphasizes the following objectives: decreasing maternal depression; promoting healthy attachment between the primary parent and child; increasing job placement and retention; and ensuring children meet development milestones. Because the majority of the family

support specialists working in the program are masters' level social workers or marriage and family therapists, the *Early Childhood Initiative* has a workforce with the professional training and skills necessary to engage families with complex needs, and integrate clinical services into case management services. Seen as a promising practice, the *Early Childhood Initiative's* evaluation will provide evidence of its effectiveness, and inform the development of an *Early Childhood Initiative* program curriculum for broader dissemination.

Wisconsin's Children's Trust Fund also engages in long-term strategic planning and systems change through their investment in the Adverse Childhood Experience (ACE) and Trauma Workgroup. In 2010, Wisconsin began including an ACE module in the Behavioral Risk Factor Survey (BRFS), a telephone survey of state residents 18 years or older. The Workgroup, comprised of state leaders in child maltreatment prevention and trauma-informed care, is expanding its work by focusing on four key areas:

1. Building public awareness and fostering public education on how ACES impact adult health and work success.
2. Working to address co-occurrences of childhood trauma among children of incarcerated parents by partnering with the Wisconsin Department of Corrections to identify strategies for improving outcomes for children growing up with an incarcerated parent or household member. ACEs questions are being incorporated into the Department of Correction's data system, and every person entering the corrections system will be asked about childhood adversity during the intake process so that support services to mitigate adverse consequences can be identified.

3. Partnering with the Wisconsin Department of Health Services to incorporate ACE questions into the Medicaid process. Data will be used to guide the development of a benefits package for those children and families who have experienced childhood adversity.
4. Fostering the collection and use of ACE-related data throughout Wisconsin by: over sampling Wisconsin's Native American population; translating the BRFSS into Spanish; and adding questions about poverty and child neglect to it, thereby allowing increasingly complex analyses of the association of ACEs to health outcomes, as they vary by race and income.

The Wisconsin Children's Trust Fund has released two reports based upon data it has collected thus far, making them widely available on their website. In 2015, it will release the 2014 ACE module data from the Behavioral Risk Factor Survey on Adverse Childhood Experiences, including data on the impact of child neglect and poverty on adult health outcomes.

REACHING SPECIAL POPULATIONS

CBCAP programs focus on serving a broad population of children and families, but they pay particular attention to reaching those populations who are at increased risk or difficult to reach. Special populations on which CBCAP programs often focus include new parents, single parents, fathers, and adolescent parents—especially those with few supports—and those who may be stressed by caregiving and lacking in knowledge about child development or nurturing parenting practices. The special populations served by CBCAP programs also include racial and ethnic minorities who may be socially isolated or ineffectively served by 'mainstream' programs. Homeless youth and families,

and families at risk of homelessness or who lack the residential stability necessary to provide consistent caregiving to children, are also a focus of CBCAP programs. Families that include a parent and/or child with special needs—including physical or developmental disabilities, mental health issues, or chronic illnesses—are also important to reach in order to ease the burden of extra caregiving responsibilities. Finally, adult former victims of domestic violence or child abuse or neglect can be another focus of CBCAP prevention programs.

Often by reaching out to these special populations during pregnancy or early in the course of their parenting, CBCAP programs are more likely to foster strengths and protective factors, and minimize the risk of child maltreatment.

Reaching Special Populations: *EXEMPLARY PRACTICE*



GEORGIA's Governor's Office for Children and Families, the state's CBCAP lead agency, has established a particular focus on reaching and serving commercially sexually exploited children and their families. These children have been manipulated or forced into a life of sex trafficking that jeopardizes their emotional and physical health and safety and increases their risk of contracting sexually transmitted diseases, dropping out of school, and becoming homeless.

During the past six years, the Governor's Office for Children and Families has led a statewide task force comprised of representatives from state and local government agencies, service providers and advocacy organizations to address issues of sex trafficking. The task force developed a uniform protocol for serving children who have been commercially sexually exploited. Based on their systems-wide plan, Georgia has developed a care

system for these children that offers assessment, treatment and aftercare services in the greater Atlanta area.

To reach a broader audience, the Governor's Office for Children and Families publishes quarterly reports and makes them available on its website. In collaboration with Children's Healthcare of Atlanta, the CBCAP lead agency also developed four webinar modules for medical experts on identifying and serving youth who have been commercially sexually exploited, and during 2013 provided 89 community trainings, educating more than 1,650 participants from law enforcement, medicine, and mental health, as well as concerned community members and volunteer trainers.

Georgia's CBCAP lead agency also seeks to reach special populations through *Navigator Teams* that work to identify children with special needs and connect them and their families with information, resources and services. Trained Volunteer Navigators worked in every one of Georgia's 159 counties. In 2013, 101 parents served as *Navigator Team Leaders*, and 605 families of children with special needs were actively involved with the Teams. Navigator Team events, including Resource Fairs, Town Hall meetings, camp, family recreation activities, individual assistance, and trainings, were attended by 31,962 children and families.



PENNSYLVANIA's Department of Public Welfare, Office of Children, Youth and Families, the state's CBCAP lead agency, has

a strong focus on reaching fathers who are geographically isolated or unable to access services, and engaging them in services that motivate and challenge them to become involved in

their children's lives. CBCAP's *Promoting Responsible Fatherhood Initiative* uses targeted outreach and innovative service delivery to improve parents' knowledge, attitudes and skills; to increase fathers' education level and job skills; to increase the number of non-custodial fathers who regularly and responsibly provide financial support for their children; and to encourage and support fathers to become positive role models for their children.

CBCAP supported 27 *Promoting Responsible Fatherhood Initiative* programs in 20 counties in Pennsylvania in 2013. Each program tailors the services it offers to particular community characteristics, and to participating fathers' individual strengths and needs. One grantee focuses on increasing fathers' involvement in case planning for their children. Another involves fathers in identifying ways to reach other fathers in need of services. Other grantees focus on offering education to fathers about parental roles and responsibilities in a manner that is culturally sensitive to family dynamics and to cultural traditions.

Promoting Responsible Fatherhood programs also offer programming to incarcerated fathers. For several reasons, this large population of fathers has historically been challenging to engage. In particular, *Promoting Responsible Fatherhood* programs have found that their mission to promote nurturing parent-child relationships is often incongruent with the mission and goals of the prisons. Some *Promoting Responsible Fatherhood* programs seek to overcome this barrier by offering family-friendly visiting services at their centers or through the prisons. Programs have found this practice to be helpful in encouraging connections between fathers and programs, as well as helpful in building trust between prison personnel and program staff. These relationships, in turn, serve as a foundation for promoting the nurturing father-child relationships so important to children's development.

PROMOTING PARENT LEADERSHIP AND INVOLVEMENT

Uri Bronfenbrenner, the developmental psychologist and educator who in the 1970's introduced the model of human ecology, called the relationship between a child and parent *the essential partnership*. Bronfenbrenner argued that the early relationship between children and parents serves as the foundation for all of the child's subsequent development of social, emotional and cognitive skills. Most in the child maltreatment prevention field agree with Bronfenbrenner that the importance of this essential partnership can't be overstated, and that it provides the foundation for the work of many CBCAP programs.

If supporting the development of a healthy essential partnership between parents and children is foundational to the prevention of child abuse, "doing to" parents isn't the answer. To make deep and meaningful differences in the lives of children and families, CBCAP programs recognize that they must also "do with." This is a concept that emerging research increasingly recognizes. Programs know that to be effective, they must truly understand the perspectives of caregivers, learn from the family's lived experience, and seek to promote protective factors in the long term by fostering individual strengths and leadership within programs and in the greater community. For meaningful change to occur, relationships between parents and programs also represent an essential partnership.

CBCAP focuses on involving all parents—including adolescent parents, single parents, fathers, and those parents with disabilities—in program planning and implementation. Programs know that involvement means more than merely inviting parents to the table; it means supporting parents in their involvement by devoting resources such as funding, space and staff time to promote parent leadership. CBCAP programs make sure that meetings and gatherings are accessible and convenient, and that

parents who need them receive the stipends and childcare that make their participation possible. They create opportunities for parents to engage in conversations that influence the direction of the program, minimize the use of professional jargon, and make sure parents have opportunities to contribute their ideas in ways that are comfortable and sensitive to cultural differences. They involve parents in education and training both as learners and as teachers. And importantly, they check to see if parents perceive their involvement as meaningful.

***Promoting Parent
Leadership and
Involvement:***
**EXEMPLARY
PRACTICE**



MINNESOTA's Department of Human Services, the state's CBCAP lead agency, partners with Prevent Child Abuse Minnesota to recruit, train and support parent volunteers to actively participate in reforming Minnesota's child welfare system. Their efforts, known as *Parent Leadership for Child Safety and Permanency*, center on involving parents in:

1. rethinking and improving policy strategies, and practice initiatives;
2. advancing family-centered practices at the local level;
3. promoting the protective factors that help keep parents and families strong; and
4. addressing systemic and program issues related to race, ethnicity and culture.

To accomplish these, parents are recruited through community-based social service organizations where they may be nominated by an agency, or they may self-nominate. The CBCAP lead agency and Prevent Child Abuse Minnesota review parents' applications and recommendations from local supporters, and, with current parent team members, conduct a telephone interview with nominees. Intentional efforts are made through the selection

process to ensure equity in geography, culture, race and ethnicity. Selected parents, known as *Parent Consultants*, receive support, guidance and training for their commitment of three years of active participation, as well as a stipend for their time.

Parent Consultants receive on-site training once a month along with opportunities for web-cast and online learning. Training for *Parent Consultants* includes: an overview of the child welfare system; the protective factors; Adverse Childhood Experiences; brain development; and trauma informed practice. Parents are also trained to conduct Parent Cafés using the Minnesota Café Model, which focuses on children birth to five years-of-age.

In 2013, five *Parent Consultants* were selected to participate in the Department's Training of Trainers. Following completion of the training, two were enrolled in the directory as contracted curriculum developers and trainers. Two *Parent Consultants* worked with the Minnesota Child Welfare Training system to develop and deliver a curriculum: *Working Effectively with African American Parents In the Child Welfare System*. Following pilot curriculum training to child welfare social workers, *guardians ad litem* and Department of Human Services staff, the course will be offered to all 87 counties and 11 federally recognized American Indian Tribes across the state.

The *Working Effectively with African American Parents In the Child Welfare System* curriculum two-day training offers parents' perspectives and guidance for working effectively with African American families. The first day of training allows participants to explore stereotypical views professionals may hold of African American families involved in child protection. Training also includes an overview of the Adverse Childhood Experiences study to give participants a lens through which to view African American child protection clients, as well as ways to alter child

protective services to better match their clients' needs. The second day of training allows participants to discover aspects of African American people, communities and diverse ways of life, and to develop and practice communication skills, including methods of summarizing conversations for clarification and shared understanding.

In addition to developing the curriculum and training, *Parent Consultants* participate as members of Citizen Review Panels; Family Group Decision Making grantee selection teams; the Minnesota Child Maltreatment Screening Guidelines Committee; and the Human Services Performance Management Workgroup.



OHIO's CBCAP lead agency, the Ohio Children's Trust Fund, recognizes education and support of all parents as an important strategy for building strong and healthy families and communities. It cites reductions in child maltreatment incidents, the reunification of families, and children's improved emotional development as some of the positive outcomes associated with strong parent-program partnerships. Accordingly, The Trust Fund ensures meaningful involvement and satisfaction of all parents, including those with disabilities, through parent leadership in planning, implementing, and evaluating policy decisions at state and program levels.

In one of a number of exemplary practices, the Trust Fund worked collaboratively with multiple government agencies and departments, Public Children Services Association of Ohio, Casey Family Programs and Ohio parent leaders to support the development of a statewide primary parent network. Throughout 2013 the workgroup met regularly, and accomplished the following:

- They identified birth parents, organizations and systems that could provide support to a statewide or county primary parent network.
- They defined the essential elements of a statewide or county primary parent network, and the infrastructure needed to support it.
- They defined strategies for identifying and supporting birth parents.
- They identified strategies for supporting organizations that can mobilize and support birth parents.
- They conducted a scan of existing entities supporting birth parent voices in child welfare systems reform, and shared this information in a report.

Drawing upon the group's work, with support from Casey Family Programs and in partnership with the Ohio Department of Jobs and Family Services, three counties will invest needed time and resources for a countywide primary parent program during the coming year.

In a second example, the Trust Fund incorporated relatively small administrative changes to make possible big differences in the number of parents who could participate, and to make participation more meaningful to parents, and to programs. The Trust Fund accomplished these by enhancing its county application-for-funds process to ensure that local child maltreatment advisory boards implement prevention funding plans with a special emphasis on maximizing parent participation. The Trust Fund requires that all applicants for grant funding include in their application a description of activities they will

undertake to maximize parent participation in programming. Further, Trust Fund applicants were required to explain the steps they will take to recruit parents to participate in the development, operation and evaluation of their child maltreatment prevention programming. The Trust Fund also enabled state and local grantees to maximize the inclusion of parents in funded programs and activities by removing barriers to participation. To ensure that change actually occurred as planned at program levels, the Trust Fund required funded programs to detail their activities and recruitment steps in their semiannual and annual reports, and they monitored and supported these activities during site visits.

The Ohio Children’s Trust Fund also continued supporting Parent Cafés to provide networking and education opportunities to parents. Parent Cafés are a series of structured small group conversations that bring parents, caregivers and family members together to discuss issues important to strengthening families. The overriding goal of these Cafés is to directly engage persons with diverse perspectives in building the protective factors needed to better ensure that every child develops those characteristics necessary for children to thrive. Parent Café grantees conduct multiple forms of outreach to special populations. Some examples include:

- Programs ensure that locations and accommodations of Parent Cafés address the logistical challenges that economically disadvantaged families often face. Transportation, meals and childcare assistance are provided to parents to help remove barriers to attendance.
- Programs recruit participants with identified disabilities or behavioral concerns.
- Specific zip code areas that correlate with challenging life circumstances for families are used to connect with families in need.

SUPPORTING PROFESSIONAL DEVELOPMENT AND PROGRAM QUALITY

A 2003 report by the Annie E. Casey Foundation on the condition of the frontline human services workforce observed that the training and education child welfare workers received did not match the actual roles and demands they encountered in their day-to-day work. In addition to a lack of adequate pre-service education and training, the report noted that workers often did not receive the ongoing training, support and supervision they needed to be competent, feel confident, and meet professional demands. And though they bore heavy workloads, child welfare workers, both those with professional degrees and paraprofessionals, received low pay—much less than for other jobs that required comparable skills.

These workforce challenges remain relevant and important to the child welfare field, including those in abuse prevention, because programs are often challenged to recruit and keep qualified, experienced staff. Child welfare and prevention workers frequently provide the only link vulnerable and isolated families have with education and support services, and prevention workers are frequently the persons closest to families during times of extreme stress and crises that can precipitate incidents of abuse and neglect. Trusting, stable, and caring relationships between families and prevention staff are a model for and prerequisite to close, caring and stable family relationships—the overriding goal of child abuse prevention.

While education and training are necessary, they do not guarantee a qualified workforce, according to the Harvard Family Research Project. Prevention workers also need the organizational supports provided by supervisors, peers and administrators in order to implement best practices.

A qualified workforce is tantamount to quality services. Hiring unqualified staff, paying them poorly, and not providing adequate training or supervision—though possibly saving money in the short term—wastes precious financial and human capital, and results in programs that are neither high quality nor what children and families deserve.

The FRIENDS National Resource Center for Community-Based Child Abuse Prevention programs, funded through a cooperative agreement with the Children’s Bureau, exists solely for the purpose of providing state-of-the-art training and technical assistance to Federally-funded CBCAP programs in support of the creation of a sustainable, quality prevention network and workforce across the nation. FRIENDS and its partners, including other national organizations, have access to cutting edge research, evaluation, and service models. Through their collaborative outreach, FRIENDS provides ongoing access to targeted training and technical assistance designed to meet the unique goals and challenges of CBCAP lead agencies and the programs they support.

***Supporting
Professional
Development and
Program Quality:
EXEMPLARY
PRACTICE***



CALIFORNIA's Department of Social Services, Office of Child Abuse Prevention, the state’s CBCAP’s lead agency, places great emphasis on a qualified workforce and program quality, and works to achieve these through focused training and technical assistance. The technical assistance offered involves addressing specific prevention questions and concerns, as well as more comprehensive support for program planning, selection, evaluation and annual reporting for county child welfare staff and community partners.

The lead agency also has developed an initiative called *Strategies*. *Strategies* provides training and technical assistance designed to strengthen organizations by fostering their capacity to implement effective child abuse and neglect prevention practices that facilitate safety, permanence and well-being. This includes:

1. Providing training and technical assistance to California family strengthening organizations;
2. Disseminating information to family strengthening organizations and networks;
3. Supporting the development of integrated child abuse and neglect prevention/early intervention approaches at state, regional and county levels;
4. Ensuring that Office of Child Abuse Prevention investments in the Supporting Fathers Involvement research is leveraged; and
5. Providing a seamless, statewide system of services.

Data from their 2013 evaluation show that *Strategies* provided training in 56 of California's 58 counties. *Strategies* also provided individualize technical assistance to 667 organizations and 35 networks in 36 counties. Evaluation data show that the 147 trainings and 20 webinars they offered helped to build the organizational capacity of the agencies to strengthen families. Among the many outcomes documented through an evaluation of the training and technical assistance offered were an increase in the number of fathers participating in support activities and case planning, and increased parent and family input into program services and agency decision-making.



MARYLAND's CBCAP lead agency, the Maryland Family Network, prioritizes training and technical assistance that is of high quality and consistent across program sites. The Maryland Family Network provides hundreds of hours of training and technical assistance to more than 30 communities throughout Maryland each year.

To guide the content, approach and focus of training and technical assistance, *Maryland Family Network* employs a family support approach, building on strengths of the service recipients. They also survey service recipients to individualize training materials and opportunities, and to determine what, where, and how much consultation they will need. One example of this tailored approach is the assignment of a multi-disciplinary, multi-cultural team of specialists to each local program. Each program consultant on the team has a specialty area of expertise—child abuse and neglect; adolescent parenting and pregnancy; early childhood development; infant and toddler mental health; or organizational development, for example. Program consultants are assigned as “leads” for specific locations. Program consultants are also cross-trained so that they are conversant in family support disciplines outside their own area of expertise.

Maryland's Family Network program consultants visit local sites and communities and consult with staff; observe activities; review records; facilitate staff interactions; problem solve; attend meetings of local family support advisory boards; assess and meet training needs; and meet with community members and agency representatives to better understand issues faced by local family support programs, and by families in the community.

Maryland Family Network blends CBCAP funding with other resources received through the Maryland State Department of

Education and Health and Human Services, Office of Head Start to deliver high quality technical assistance and training to Maryland family support programs. CBCAP funding is instrumental in the support of training and technical assistance services delivered to local program staff. For example, CBCAP funds support the Spring Training and Professional Development Conference, an intensive two-day skills building training offered to more than 250 staff in the network including directors, child development staff, home visitors, service coordinators, and adult educator. In addition, a portion of CBCAP funding is used to directly fund key program positions responsible for delivering technical assistance, training, and quality assurance services, as well as key management positions that oversee and coordinate these services in Maryland's Family Network.

Maryland's Family Network maintains a "professional training" database for each staff person working in the Family Support and Early Head Start Centers. On each staff person's individual page, the completion of required training may be tracked. The database allows Maryland Family Network to identify which staff members are in need of specific training to meet professional requirements, and to support every staff member in acquiring those skills necessary to make them competent and confident in their current work, and to build a strong professional foundation for future work.

EVALUATING PROGRAMS

Who do CBCAP programs serve? Do they reach those who need their services? What services are offered, and what are the goals and intended outcomes of these services? Are services delivered as intended, and with the appropriate frequency or intensity? How closely do services offered match the individual needs of children and families using those services? Are children and families benefitting from services? Are there any unintended negative consequences from services? Are personnel competent in delivering services? Do they feel confident in their abilities to deliver services? Do those using services consider them useful and meaningful?

These are just a few of the important questions that come to mind related to the important work of CBCAP programs. Answers to these questions come from the evidence gathered from day-to-day program activities. Evidence-based and evidence-informed practices are the terms used by those with a background or interest in program evaluation. But whether or not these terms are used, collecting evaluation data day-to-day is the foundation for high quality and effective CBCAP programs.

Beginning in 2004, an increased emphasis was placed upon providing evidence-based and evidence-informed programs and practices, as well as on using a continuum of quantitative and qualitative evaluation methods in order to assess the effectiveness of those programs and practices. In 2007, the FRIENDS National Resource Center for Community Based Child Abuse Prevention convened a group of state lead agencies and experts in the field, and based on this collaboration, developed *Integrating Evidence-Based Practice into CBCAP Programs: A Tool for Critical Discussions*. Through this and related capacity building efforts, the percentage of CBCAP programs using evidence-based practices more than tripled during the nine succeeding years.

Evaluating Programs: **EXEMPLARY PRACTICE**



FLORIDA's CBCAP lead agency, the Florida Department of Children and Families, partners with The Ounce of Prevention Fund of Florida, Inc. (The Ounce), to develop prevention strategies, build a knowledge base, and design and implement a comprehensive evaluation plan, including process and outcome components for the *Healthy Families Florida* prevention programs. Each CBCAP-funded program develops a logic model that includes short- and long-term outcomes and the process objectives that link to them, providing the objective criteria by which the quality and impact of programs can be monitored while they are being delivered, and evaluated on completion. In addition, the CBCAP lead agency closely monitors program and fiscal compliance, and uses that information to make decisions about funding continuation, program replication, and policy development.

Evaluation data from The Ounce and *Healthy Families Florida* confirms the positive impact it has had on the prevention of child abuse and neglect. Families who completed or received the long-term, intensive *Healthy Families Florida* intervention are shown to have experienced significantly less child maltreatment than families who received few or no prevention services. Among high-risk families served by *Healthy Families Florida* for a period longer than six months, 98 percent were free from abuse and neglect.

This effect was accomplished in spite of the fact that, in general, *Healthy Families Florida* participants are at significantly higher risk for child maltreatment than the overall population. In addition, *Healthy Families Florida* families were significantly more likely than comparison group members to read to their children at early ages. Evaluation data from *The Ounce* allowed the *Healthy*

Families Florida to celebrate their accomplishments. They met or exceeded their goals for preventing maltreatment, increasing immunizations and well-baby checkups, improving baby spacing, and strengthening participant satisfaction with services.



NEBRASKA's CBCAP lead agency, the Nebraska Children and Families Foundation, emphasizes continuous quality improvement as part of their comprehensive evaluation plan. Nebraska Children and Families has identified, and intentionally develops and supports, three key levers for programs and practices: parent engagement, policy, and professional development. Nebraska Children and Families also uses an *Interactive Systems Framework*. The approach used in this framework includes:

- Translating, synthesizing, and applying data and research to inform new and existing work;
- Providing state level leadership, coordination and support through partnership, funding and peer networks; and
- Applying implementation science, paired with intensive technical assistance, to foster evidence-based programs and practices.

Additionally, CBCAP lead agency staff and consultants, local and state evaluators, and community grantees track and use data and measures from each program and community to determine progress and inform systems-level improvement plans. Programs and communities complete reports for each six- and 12-month period of service. These reports identify strengths and areas for improvement, which in turn are used to guide state, local and program action plans.

The genesis of child abuse prevention as we know it today traces back to a 1962 publication by physician C. Henry Kempe, describing what he called the “battered child syndrome.” Up until that time, child protection in the United States had been comprised of a patchwork of independent, non-governmental charities operating without stable funding or the clear authority to intervene on behalf of children. Services provided were typically after-the-fact rather than designed to prevent maltreatment. Dr. Kempe’s publication provided clinical evidence of non-accidental trauma and chronic neglect, as well as data on the causes and consequences of child maltreatment. His work provided focus and structure to a growing public concern about the welfare of the nation’s children.

Without the public awareness that drove congressional hearings following the release of Dr. Kempe’s publication, CAPTA legislation and the establishment of the National Center on Child Abuse and Neglect (now the Office of Child Abuse and Neglect, or OCAN), targeted research, a National Clearinghouse, and state funding for prevention programs would not exist. Continuing public awareness and advocacy efforts have helped keep CAPTA alive through periodic threats to the legislation and the funding for its implementation.

Importantly, public awareness of child maltreatment prevention shifts responsibility and caring from isolated individual advocates to the collective. Collective caring and responsibility can be seen through non-profit organizations such as Prevent Child Abuse America and the National Alliance of Children’s Trust and Prevention Funds, and through broad-based campaigns to reduce corporal punishment, shaken baby syndrome and child sexual assault. Public awareness is a prerequisite to the community prevention efforts—such as those seeking to promote early

education, safe neighborhoods, community norms valuing family support and social cohesion, available respite, and coordinated individual services—that foster and support child well-being.

***Fostering Public
Awareness:
EXEMPLARY
PRACTICE***



OKLAHOMA's State Department of Health, the state's CBCAP lead agency, established a Child Abuse Prevention (CAP) Action Committee in 2007 that has grown into a powerful force for public education and awareness in the state. CAP Action group members, including representatives from state agencies, non-profit programs, businesses, universities, faith-based organizations, as well as foster parents and concerned citizens, plan and coordinate all April public awareness events, including *National Abuse Prevention Month* and the annual *CAP Day at the Capitol*, and provides assistance with a *CAP Day Mini Conference* on child abuse prevention led by the Oklahoma State Department of Health. Additional activities include:

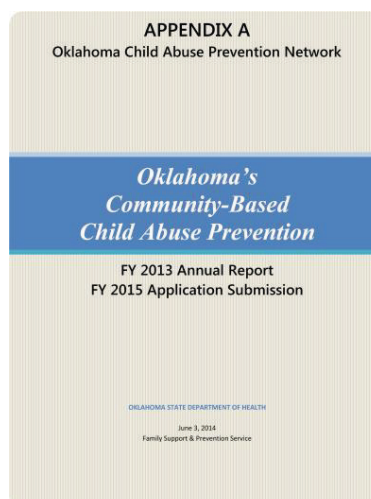
1. Establishing a common message among child advocates;
2. Building a "Blue Ribbon Tree for Kids" campaign that resulted in Blue Ribbon Trees sprouting across the state;
3. Linking with libraries to disseminate information; and
4. Creating a media and marketing toolkit, available electronically, including a governor signed state proclamation; suggestions for participation; and an order form for free posters and goody bags of child abuse prevention materials.

Throughout the year, Oklahoma State Department of Health provides technical assistance, public awareness, and promotional materials to various task forces, home visitation programs, and the community at large. Public awareness and outreach occur at

every opportunity and frequently involve the media through press releases, fact sheets, and numerous radio and television interviews related to child abuse prevention.

Additionally, the CAP Action Committee promotes and facilitates prevention on an ongoing basis through a widely distributed Prevention Newsletter, *E-blast*, that links a critical topic, such as Domestic Violence or Home Visitation, to child abuse prevention, while showcasing an agency that provides exemplary practices, and sharing simple things related to the topic that anyone can do to make a difference. Newsletters include important links to information and resources and, when appropriate, hotline numbers.

Oklahoma's comprehensive efforts to inform and educate the public about their statewide system of services, and provide access to them, complement the range and structure of those services. In their prevention model, Oklahoma identifies four categories of prevention services and programs, including an overarching infrastructure for prevention, and primary, secondary and tertiary prevention programs, totaling 30 programs in all. To learn more about the state's organization and content of prevention services, see: <http://www.ok.gov/health2/documents/APPENDIX%20A%20Oklahoma%20Child%20Abuse%20Prevention%20Network.pdf>





MASSACHUSETTS' CBCAP lead agency, the Massachusetts Children's Trust, views Child Abuse Prevention Month as an opportunity to raise wide-spread awareness about the importance of helping

families create nurturing homes where young children can grow up emotionally and physically healthy. In 2013, targeted activities, as well as special events, designed to foster public awareness included:

1. In February, the Children's Trust held a luncheon and introduced new legislators to the Trust and its Health Families Massachusetts in-home family support and coaching program.
2. In April, as part of the *Step Up! For Prevention* campaign, 66 pairs of children's shoes were placed on the State House Grand Staircase during Child Abuse Prevention Month providing a dramatic representation of the average confirmed number of children abused or neglected in Massachusetts each day. This event centered around the presentation of the Governor's Proclamation, success stories from program participants, and recognition of legislators who have shown strong commitment to supporting children and families. With support from the Boston Bruins Foundation, shoes were purchased and were later donated to families participating in Boston area prevention programs.
3. A second *Step Up! For Prevention* event was held in Western Massachusetts and highlighted the success of Family Support Programs in that region. The involvement of representatives from several prevention programs, as well as city and state officials, illustrates strong

commitment to supporting and strengthening families in the region.

4. The Children's Trust Fund also launched a public awareness campaign titled *Strong Families Equal . . .* during April. The campaign recognized staff members of CBCAP funded programs for their important work. Funded programs received a poster with the words *Strong Families Equal...* Programs were asked to write their ideas for completion of the sentence, and to send their ideas to the Children's Trust, along with a staff photograph. The Children's Trust distributed photos from 14 programs that responded, along with a news release, to local newspapers. Funded programs also submitted photos of families holding a *Strong Families Equal . . .* poster, which the Children's Trust posted on social media.
5. In May, the Children's Trust hosted a forum where experts from across the country, and from Massachusetts, shared the latest research findings showing the effectiveness of evidence-based home visiting. Young parents receiving home visiting services also spoke at the forum, which was attended by nearly 200 community leaders from Boston and surrounding towns.

The Children's Trust used social media and creative strategies to increase public awareness especially effectively. Some highlights include:

- Arranging for a message that promoted strength-based parenting and the Trust's parenting website: onetoughjob.org, to appear on every Massachusetts state employee's April paycheck.

- The Children's Trust's work was also featured on mass.gov, the official website of the Commonwealth.
- Sharing press releases and photographs with local media outlets across the state, and through Facebook, Twitter, Pinterest and Instagram, to raise awareness of Children's Trust sponsored events and campaigns.
- Creating and releasing a Storm Trooper themed YouTube video released for Father's Day that had more than 10,000 views.
- A Valentine's Day campaign focusing on how parents tell their children they love them reached thousands of people online.

ADAPTING AND INNOVATING

Among the fifty-two state reports submitted for Federal Fiscal Year 2013 and reviewed for this report of Exemplary Practices, sixteen states were highlighted in eight categories. The eight topics selected for this report of Exemplary Practices are only a sample of the many important prevention activities CBCAP funded states engage in. The following descriptions highlight three additional practices that emerged during the past year. They stand out in the ways they respond to situational change by adapting and innovating. These three programs will be of interest to those state and local CBCAP programs confronting similar situations and changes.

Kansas CBCAP did an exemplary job of identifying **Contextual Factors** that influence the prevention of child abuse and neglect. Maine CBCAP did an exemplary job of assisting local programs with **Grant Development** during a time of dwindling resources and increased competition among programs for limited funds. And South Carolina CBCAP set an ambitious **Prevention Goal** to reduce first time victims of child abuse and neglect by 2023.

CONTEXTUAL FACTORS



The **KANSAS** Children's Cabinet Trust Fund, the state's CBCAP lead agency, like most state CBCAP lead agencies, identifies and works to address the contextual factors that influence child abuse and neglect prevention. As a foundation for identifying and addressing contextual factors that influence prevention, the Kansas Children's Cabinet Trust Fund makes sure prevention, in the form of addressing risk and promoting protective factors, is well integrated into state and local early childhood efforts. They believe that the contextual factors that present challenges to the prevention system also offer opportunities for increased coordination of services and incorporation of a prevention

framework across child and family service systems. The Kansas Children's Cabinet Trust Fund, as a part of their ongoing strategic planning and implementation, identified and addressed three particular challenges and opportunities during the past grant year including: *funding; implementing evidence-based programs; and increasing awareness of risk among families.*

1. Funding. Despite significant funding challenges the Kansas State legislature faced, to date, they made only limited cuts to early childhood funding in the state. But even those limited funding reductions made apparent the need for increased collaboration, integrated services, and layered funding across early childhood and prevention programs. These cross agency activities require ongoing leadership; therefore, during the reporting year, the Kansas Children's Cabinet Trust Fund in collaboration with Wichita State University, the University of Kansas, multiple business partners, state agency colleagues, parents, and practitioners crafted a new vision and mission statement that incorporates concepts of collective impact, and creates a theory of change to unite constituents around a common early childhood agenda—the Blueprint for Early Childhood. The Blueprint will be used to provide guidance and direction and create sustainability for early childhood programs in the state.

2. Implementing Evidence-Based Programs. Likewise, implementing evidence-based programs has presented opportunities for systems development. The number of Evidence-Based Programs in Kansas continues to increase, providing evidence that CBCAP grantees are serving families with proven, effective practices. Along with the increase in Evidence-Based Programs, the need for

technical assistance related to program implementation and fidelity has significantly increased. A paramount issue for grantees is finding an Evidence-Based curriculum that aligns with the population they are serving. In practice, grantee programs sometimes find that the Evidence-Based curriculum they chose does not provide the best fit, and grantees are faced with submitting adaptations to the developer or opting for another practice. While this can be somewhat challenging, the necessary adaptations also provide learning opportunities for CBCAP grantees that can be shared within their immediate Community of Practice. And because of the scope of the work that the Kansas Children's Cabinet Trust Fund oversees, lessons learned from implementation of Evidence-Based Programs are used to inform practices in a wide-range of settings across the State, increasing the impact of CBCAP far beyond the funded programs and their participants.

3. *Increasing awareness of risk factors among families.*

Families using CBCAP funded services increasingly are facing economic challenges, and they require concrete services in their communities in order to engage in prevention programs. When risk factors increase, service delivery becomes more complex. While many grantees provide resources and referrals for families who are struggling financially, the growing number of families without employment is creating a greater need than has been seen in previous years. To help alleviate financial burdens before they become overwhelming, many CBCAP grantee programs have begun offering financial literacy sessions through partnerships with the Federal Deposit Insurance Corporation (FDIC). This low-cost strategy has

been and will continue be explored in other CBCAP programs in the coming year.

As a result of their efforts, grantees report an increase in parents' and caregivers' awareness of the definition of childhood trauma, and the conditions that contribute to it. CBCAP grantees and state partners in Kansas have started a process of creating trauma-informed communities, as well as identifying multi-generational approaches to preventing adverse childhood experiences. In the coming year, strategies for family engagement in discussions about adverse childhood experiences and ways to foster resilience will be further explored.

GRANT DEVELOPMENT



The **MAINE** Children's Trust Fund, the state's CBCAP lead agency, uses diverse funding sources to fund grants for local programs. In light of the increasingly competitive nature of the application process due to reduced funding opportunities, the Maine Children's Trust Fund Grant Allocations Committee put together "hints" that focus on topics that will help programs create sound grant proposals: *collaboration*; *budget*; and *evaluation*. The examples they offer are fictional, but they are universally applicable and helpful. Three of the hints provided in this document developed in 2013:

1. *Collaboration*

- When addressing collaboration with other agencies and individuals, describe *how* collaboration will be employed rather than simply list organizations with which you have worked in the past, and/or those with whom you hope to work.

- Help the reviewers answer this question: Who are the proposed collaborators? And specifically, what will be their part in the project for which funding is requested?
- It is better to demonstrate that you have already worked out the details and obtained a specific promise of cooperation than to state that you "will" or "plan to" collaborate with others.

2. Budget

- The budget that is requested on an application form is the budget for the proposed use of the funding organizations' monies, not the budget for your entire organization. If the application funds would support only a portion of the activities of a larger program within your organization, make that distinction clear in the program description, and show on the budget form how the grantors funds would be used.
- Although you may not be asked to provide a formal budget narrative, it helps the reviewers understand how you plan to use grantors funds when you are specific in the lines on the budget form and/or provide an explanation elsewhere in the proposal. Reviewers should never be left to wonder about the reason for a budget item or the justification of its amount. The best budget presentations tie the work plan to the items in the budget. Some hypothetical examples follow.

- If you have "Postage" as a line item in your budget, you should make it easy for reviewers to see that the postage is for "mailing approximately 200 recruitment letters to potential participants in the parent group, the cost of postage-paid return envelopes, and for sending acceptance letters and follow-up materials to 40 parents."
- If you have mileage allowances in your budget, make sure the reviewers can see that mileage reimbursement is a reasonable expenditure for the program you propose. Describe who will be reimbursed (e.g., parent educators); what the travel is for (visiting homes after four weeks of parent training); at what rate will you reimburse (\$.36/mile); and for what expected number of miles (average 30 miles round trip per visit to an estimated 30 families). If travel is included on a budget line but is not an obvious part of the program delivery, the reviewers will wonder what it is for and whether it is an expenditure they wish the grantor to support.
- If you have an amount for "Consultant fees," describe the expected consultants or what organization they represent, what will they do, and how their charges are determined: per day, per task? For example: "A 2 day training session and materials to be provided by XYZ Consultants, at \$250 per participant."

- If you have to include "indirect costs" or "overhead" according to some formula in your organization, explain as much as you can about it. For example: "Standard overhead charge for XXX organization. This supports a portion of expenses such as building rent, computers, office equipment acquisition and maintenance, utilities, and support staff who work with multiple programs." Make sure that if the grantor were to inquire, your organization really does have an overhead rate and will acknowledge it. "Overhead" is not just a miscellaneous category.

3. Evaluation

The best evaluation plans are tied to specific objectives. For each objective, the best evaluations describe:

- What measurements will be used (For example: Standard questionnaires that come with a "canned" program? Ones you design? Interviews with participants, providers? Counts of people, events? Numbers of participants? Characteristics of participants? Counts of reports of abuse or neglect?)
- How and when data will be collected (For example: At the end of each session? At the end of the project? After four weeks? By mail? Over the phone? From sign-in sheets? From systematic staff observation? From records or reports obtained from authorities?)
- How you will analyze the data, and what results you will look for? (For example: Use a computer-based data

system? Hand-tally responses? Look for patterns of results by categories such as the age of the parents, or the towns they come from, or some other relevant factor? Compare responses from pre-tests with post-tests for each participant? Compare pre-post answers from a group, but not at the individual level?

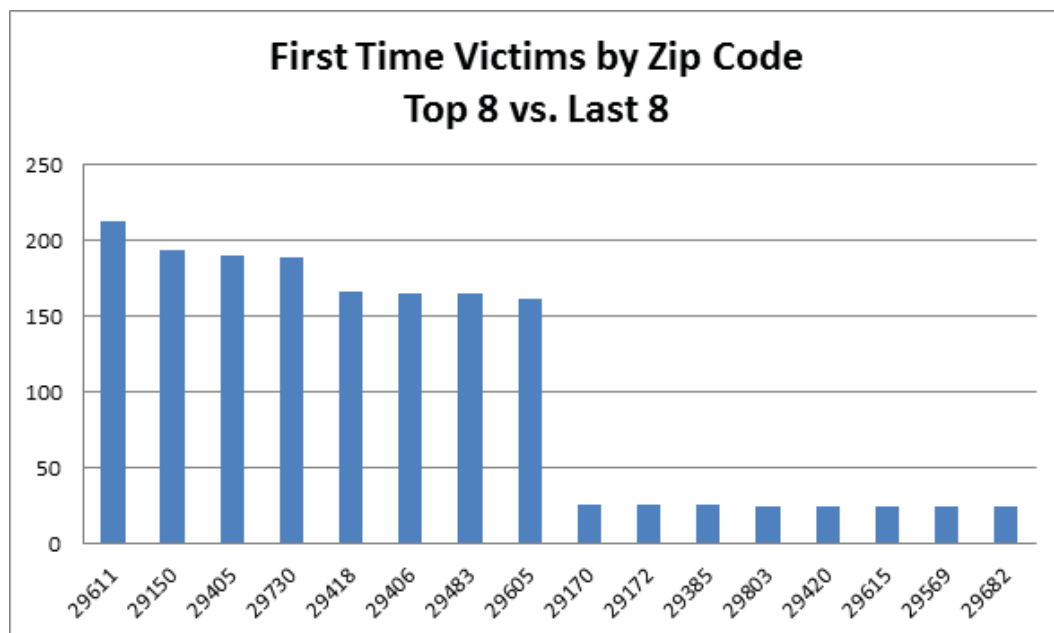
PREVENTION GOAL



The **SOUTH CAROLINA** Children's Trust, the CBCAP lead agency in South Carolina, bases their prevention approach on CBCAP's stated purpose, the prevention of child abuse and neglect, and focuses their efforts on preventing children from ever becoming confirmed cases in the South Carolina Department of Social Services, Child Protective Services Division. The mission of the South Carolina Children's Trust is to reduce unintentional injuries among children, and reduce the confirmed number of child abuse and neglect cases in South Carolina by 50 percent, by 2023. Because first time victims comprise most of the child abuse and neglect cases in South Carolina, this mission aligns with the CBCAP outcome measure to reduce the rate of first time victims.

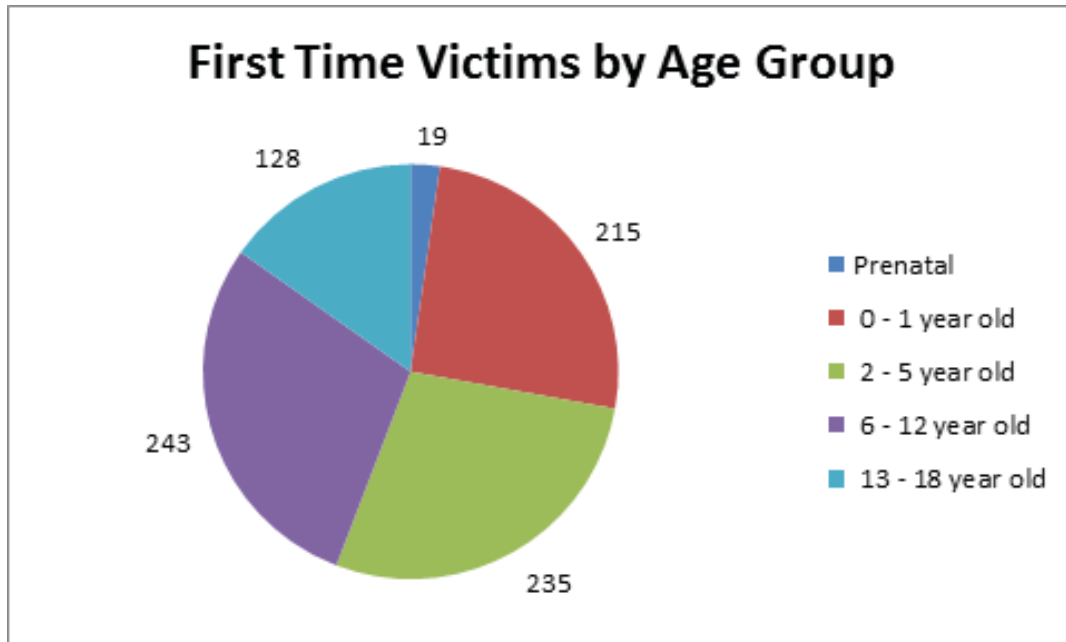
During the past 5 years, South Carolina Children's Trust has been working collaboratively with the South Carolina Department of Social Services to obtain data from their child abuse and neglect case records that would serve as a measure and benchmark for tracking first time victims. "First time victims" is defined as a child without a confirmed child abuse or neglect case during the previous 5 years in the South Carolina Department of Social Services database.

South Carolina has collected 8 years of “first time victim” counts by county, for the state. For the last 3 years, data have been generated for 90 of the state’s 506 zip codes. Data were collected by age, type of abuse and neglect, and type of reporter. Cross tabs were also generated across the state for age, by type of abuse and neglect, and for age by type of reporter. For grantees focusing on Latino populations, data by zip code have been provided to them for their service area. Data generated for the state based upon ethnicity demonstrated that there were no significant differences in the incidence of child abuse and neglect among the groups.



In order for CBCAP grantees to reduce the number of first time victims, grantees must target individuals who are likely to become confirmed cases of child abuse and neglect. Of the approximately 1,000,000 total children in the state, the number of confirmed first time victims in the

state is close to 10,000 per year. Grantees are trying to locate and serve that one individual or family out of every 100 children or families. With very limited funds, Children's Trust grantees need to target their resources, and in order to reduce the rate of first time victims, grantees must attract those individuals who are likely to become confirmed cases of child abuse and neglect.



Based upon their analysis of first time victim data, Children's Trust decided to revamp their CBCAP grant process. In fiscal year 2012-2013, Children's Trust began granting three-year, renewable grants with a required match, and they began supporting a smaller number of targeted programs across the state of South Carolina. The match begins with 25% during year 1 and increases to 50% in year 3. The five funded programs addressed: fatherhood and parent education program with the justice system; parent education with a Hispanic community; and parent education and support. Parent education and support programs included: a focus on low-income working

mothers; a Latino community program; an in-home visitation program; and a one-on-one therapy program.

With the beginning of this three-year grant cycle, grantees were required to align their outcomes with two of the protective factors. Since neglect cases represent 60 percent or more of all first time victims, concrete support was a required factor. Grantees are also required to use the Protective Factor Survey, in addition to other assessments, to track and evaluate their efforts. All funded programs from the previous grant cycle documented success based upon specified outcomes and measures. In the table below are characteristics of the programs newly funded in 2013.

South Carolina's CBCAP Funded Programs 2013			
PROGRAM (Award)	LOCATION	TARGET and PROGRAM TYPE	EXPECTED RESULTS/GOALS
Hope Center for Children (\$57,529)	Spartanburg and Cherokee Cos. District 4	Level 4 Triple P for alternative response DSS program. **Home visitation**	Prevent child abuse in families with challenging behaviors by children. Provide connections to resources for all families, particularly families with children with disabilities.
Hope Haven of Low Country (\$57,529)	Beaufort and Jasper Cos. District 2	Parent Child Interaction Therapy (PCIT) low to moderate risk families **Individual Parenting Education**	Prevent child abuse in families with challenging behaviors by children, some with autism.
Julie Valentine Center (\$43,435)	Greenville District 4	Court-ordered (drug/alcohol) fathers and mothers, fatherhood coalition participants, Hispanic communities. **Fatherhood and Parenting Education and Support**	Non-custodial fathers become a positive influence in their children's lives and work cooperatively with their children's mother. Parenting Education for Drug/Alcohol court clients and for Hispanic community.
Lighthouse Ministries (\$24,000)	Florence District 6	(50) Working, poor mothers of 60 small children. **Parenting Education and Support**	Prevent child abuse with working poor mothers by providing parenting and money management skills for enhanced job opportunities.
SC Research Foundation (\$40,000)	Richland and Lexington Cos. District 2	Triple P for Latino community in Richland and Lexington Counties. Involved with PASOs prenatal program. **Parenting Education and Support**	Manage child behavior in a nurturing effective manner. Know the importance of supervision and monitoring of children. Understand age appropriate typical development. Adding parenting skills for the new baby to current prenatal support.

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