IMPLEMENTATION INSIGHTS FROM THE COLORADO CHILD MALTREATMENT PREVENTION FRAMEWORK FOR ACTION

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BACKGROUND

In 2014 the Colorado Department of Human Services Office (CDHS) of Early Childhood (OEC) partnered with Chapin Hall at the University of Chicago, the federal Children's Bureau, the Children's Trust of South Carolina, the Child Abuse and Neglect Technical Assistance and Strategic Dissemination Center, and the Ben and Lucy Ana Walton Fund of the Walton Family Foundation to design a community planning road map for the prevention of child maltreatment. The road map became the Child Maltreatment Prevention Framework for Action (CMP Framework) and is a tool that guides community planners through three major strategic thinking tasks: framing the scope, planning for action, and monitoring progress.

1. Framing the Scope: Tasks 1.1-1.4
    - Forming a leadership group
    - Developing a community profile
    - Securing parent input
    - Cataloging local services
2. Planning for Action: Tasks 2.1-2.2
    - Setting priorities
    - Outlining the implementation plan
3. Monitoring Progress: Tasks 3.1-3.2
    - Monitor short-term achievement
    - Sustaining change

In 2017, 26 Colorado community lead organizations applied for community planning grants and 15 were selected (see Appendix A) to participate in an eight-month planning process using the CMP Framework (November 1, 2017 through July 31, 2018). Through funding from the ZOMA foundation and the Colorado Department of Human Services, each of the 15 grantees received technical assistance (i.e., facilitation, individualized support) from Early Milestones and $15,000 to $17,000 in financial support.

The following process and outcome evaluation was conducted with the first cohort of community planning grantees to (1) identify which aspects of the CMP Framework planning process (i.e., Tasks 1.1-2.2) worked well and which could be improved for future cohorts and (2) to document preliminary outcomes and community benefits to taking part in the CMP Framework planning process. The evaluation was completed with assistance from all 15 community grantees and consisted of:
- Pre- and post-planning period surveys
- Post-planning period interviews
- Implementation checklists
- 90-day follow-up surveys

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METHODOLOGY

Leadership team coordinators, core team members, and broad team members completed evaluation surveys at the start of the planning period (i.e., pre-planning), at the end of the planning period (i.e., post-planning), and again approximately 90 days following the end of the planning period (i.e., 90-day follow-up). Throughout the planning process, facilitators collected detailed implementation data. In addition, leadership team coordinators and core members took part in qualitative interviews at the post-planning period evaluation.

Pre-Planning
At the start of the planning period, leadership team coordinators distributed an online survey via Survey Monkey to all core and broad leadership team members. Responses were recorded for 100 participants across 15 sites. In addition to descriptive information, the survey included a measure of community readiness (Colorado State University Tri-Ethnic Center, 2014; See Appendix C) and collaboration effectiveness (adapted from Chrislip & Larson, 1998 and the OMNI Institute; See Appendix C). For the measure of community readiness, participants were asked to rate the level of readiness of their community on a scale from Level 1 (*low readiness*) to Level 9 (*high readiness*) across five domains: (1) community knowledge of prevention efforts, (2) leaderships' understanding of / support for child maltreatment prevention, (3) community climate (e.g., values, attitudes) related to child maltreatment, (4) community knowledge of child maltreatment (e.g., what it is, how often it occurs), and (5) community resources available for prevention efforts. The measure of collaboration effectiveness included three scales: (1) seven items related to team structure, (2) six items related to team membership, and (3) seven items related to team collaborative processes. The three scales included a rating scale of 1 (*strongly disagree*) to 5 (*strongly agree*), or 0 (*our group is too new to answer this question*). Reliability was adequate for each scale (i.e., α's between .85 and .96).

Post-Planning
At the end of the planning period, leadership team coordinators again distributed an online survey via Survey Monkey to all core and broad leadership team members. Team coordinators and core team members were invited to participate in a qualitative interview as well. Survey responses were recorded for 102 participants and team coordinators or core team members from all 15 leadership planning teams took part in the qualitative interviews. In addition to descriptive information and the measure of collaboration effectiveness measured in the pre-planning survey, the post-planning survey also included an additional collaboration effectiveness outcome scale, a measure of engagement in the planning process on a scale from 0 (*not involved at all*) to 10 (*highly involved*), and open-ended questions related to what worked well and what did not work well. Reliability was adequate for each collaboration effectiveness scale (i.e., α's between .76 and .85). The qualitative interviews were conducted using an online conference call program. With consent, all conversations were recorded for coding purposes. The interview protocol and list of questions can be found in Appendix C.

Implementation Checklist
All three facilitators collected detailed implementation data during each of their site visits. Facilitators tracked each leadership team's progress through tasks 1.1– 2.2 described above. The implementation data collected included whether each task was completed and the extent to which the leadership team encountered any issues completing each task. The data collection tool is included in Appendix C.

90-Day Follow-Up
Approximately 90 days following the end of the planning period, leadership teams were contacted to participate in a final evaluation survey. The 90-day follow-up survey was sent to 200 participants via Qualtrics and 93 responses were recorded. A total of 35 coordinators and core team members and 58 broad team members completed the survey from 13 of the 15 community planning sites. The survey included questions related to skills gained throughout the planning process, use of skills, community support, community and media engagement, leadership team relationships, use of materials or products, and advice for future planners. In addition, coordinators and core team members were asked questions related to securing implementation funding or resources, and the extent to which public involvement had changed since the planning period ended. All questions can be found in Appendix C.

KEY PROCESS EVALUATION FINDINGS

Framework Language. In post-planning interviews, nearly all teams reported that common language across the state is important for prevention, but that the language used in the framework was challenging to understand and grasp in a short period of time. It was difficult for parent representatives and leadership team members who do not work in early childhood professions to understand. Other sites mentioned that including "Child Maltreatment Prevention" in the title of the framework was misleading to partners who were not familiar with the state's primary prevention strategy and expected to learn more about how to recognize and prevent maltreatment among at-risk families.

Forming a Team; Duration and Frequency of Meetings. Most leadership planning teams reported no problems partnering with other members and were able to engage several new partners. However, several teams struggled with maintaining consistent membership at each meeting.

Community Profile. Most groups found the community profile to be valuable for their community. However, some teams struggled with the community profile because they had limited experience with locating and analyzing data.

Securing Parent Input. Many teams did not have the capacity to conduct a parent survey on their own, but were able to partner with researchers at the University of Denver to administer a survey previously developed for state-wide data collection and analyze the data. Some teams mentioned that the surveys could be revised to better match their communities' needs and that the focus groups were especially beneficial. It was particularly important for the teams to have a neutral person (e.g., their facilitator) lead the focus groups.

Catalogue Local Services. Many teams were able to build on existing catalogues of services to complete this task. For others, it was a time consuming task and some teams completed it informally via group discussions. For some, it was particularly useful because their communities did not previously have a way to locate relevant community services.

Training and Facilitation Support. The facilitator role was critical for this planning process. All teams discussed at length the importance of their facilitator to group success. Several teams that were less ready or less prepared reported needing additional training or support. Most teams indicated that this type of planning process requires that facilitators have an in-depth understanding of child maltreatment prevention and the CMP framework.

KEY OUTCOME EVALUATION FINDINGS

Organizational Capacity. Survey results demonstrated that the planning process resulted in teams becoming more structured, collaborative, and process-oriented by the end of the planning period. In addition, on average, participants reported being more confident after the planning period ended across a variety of skills and the majority of participants (94.4%) reported using at least one skill within the 90-day post-planning period. Most (90% of all participants, 86% of core members) attributed their use of skills to (1) connections made during the planning process, (2) skills or knowledge gained in the planning process, and/or (3) their team plans or goals.

Alliances. Most teams included at least one member from a health or human services agency or department; a representative from a school district, school board, city, or county; a child and parent service, program, or nonprofit organization; and a parent or family representative. In post-planning interviews, several teams mentioned that connecting with such a wide range of partners provided them with a greater understanding of the resources available to their community and stronger relationships with other organizations they do not typically work with. Similarly, in the 90-day follow-up survey, between 13-25% of leadership team members (40-60% of core members) had shared skills or knowledge with people at work, service providers, or community members or leaders. Most participants reported that relationships with other leadership team members improved as a result of the planning process.

Base of Support. By the 90-day follow-up, all leadership teams that participated in the survey (N =13), had applied for at least one public or private funding opportunity. Nearly all sites (85%) were awarded at least one grant within 90 days of completing the planning process. A few sites were still awaiting funding decisions. In addition to grant funding, two sites were planning to redirect existing sources of funding or resources. Aside from financial support, the majority of teams also observed increases in the number of partners supporting family strengthening or child maltreatment prevention efforts, the number of unlikely partners and local government officials showing interest in their efforts, and in the number of discussions related to strengthening families or child maltreatment prevention at school meetings.

Policies and Programs. Policy and program improvement is a long-term outcome. However, within 90 days, the majority of leadership teams (77%) were actively working on intermediate activities related to improving policies or programs.

Social Norms. Change in community members' attitudes towards child maltreatment is also a long-term outcome. By the 90-day follow-up survey, however, some teams had already begun to work on intermediate activities. For example, one team had begun targeting community norms and knowledge by posting social media blasts of parent educational information. Another leadership planning team had already held four parent education meetings. The majority of leadership team coordinators reported that community leaders' levels of concern for prevention and community members' knowledge or awareness of child maltreatment had improved since the planning period ended, though more rigorous measures of social norms will need to be assessed in the future.

Impact. The CMP framework outlines several overarching outcomes, including child well-being and achievement, consistent high-quality caregiving, caregiver well-being and achievement, and safe and supportive neighborhoods. Specific indicators that align with national surveys are also listed in the CMP framework and can be used to measure each of the overarching outcomes are also listed in the CMP framework. The next phase of the CMP framework development, the CDHS OEC will develop a data dashboard to monitor the overarching outcomes at each participating site.

CMP FRAMEWORK PROCESS EVALUATION: SUCCESSES AND AREAS FOR IMPROVEMENT

Task 1.1: Form a Core Leadership Group

The lead agency grantees included nine family resource centers, two early childhood councils, one child abuse coalition, one Department of Public Health, one Department of Human Services, and one regional care collaborative. In most cases, the leadership planning teams consisted of members who had already worked together in other capacities (6 of 15 teams) or of some members who had worked together and others who were new (8 of 15 teams). One team consisted of members who had not previously worked together.

In post-planning period interviews, most leadership planning teams reported no problems partnering with other members and were able to engage several new partners. Some teams (6 of 15), however, mentioned that it was difficult to integrate new members to the team due to a lack of shared language or knowledge, or due to inconsistent attendance at meetings. Two communities attributed issues they experienced to the size of their community, in that many people in leadership positions are stretched too thin.

> *"Hardest one to get somebody to represent was from the business community because where we live everybody wears multiple hats and everybody does multiple things … So it's like the people who are really moving and shaking have too much committed to other things already."*
>
> *"You know I think in [our county] we ran into more challenges [getting business representation]. I mean as we learned, in [our] county 75% travel 45 minutes to work so no one was there to meet with us, or they were running their small business."*

One of the guiding principles of the framework is to honor family and participant voices in decision-making and nearly all (14 of 15) teams had parent representation for at least one meeting. The one team that did not have parent representation did attempt to recruit parents to join but the parents did not ultimately attend either of their meetings for reasons discussed below.

Parent engagement appeared to work best when parent representatives had prior leadership experience (e.g., Early Head Start Policy Council membership, Family Leadership Training Institute graduates), already knew members of the team (e.g., through Early Childhood Council meetings or through receiving services at a leadership team member's agency), or were made to feel comfortable in other ways (e.g., offered child care support or flexibility). For example, one community planning team invited a parent and her parenting class leader to attend the meeting together, and another team invited a group of parents to attend together.

As one parent put it, "*I felt comfortable because staff was there, and I could bring my kids with me. I didn't know what to expect just from being there, but it was very comfortable to answer the questions that I was asked and share my input on what I thought or what I've experienced.*"

Even so, most community planning teams mentioned that engaging parents was challenging because the framework language was not family-friendly and was time consuming for the leadership team to translate, the process was intimidating, and they were unsure how to incorporate parent feedback into the plans.

> *"I think simple language for the entire process was needed. That was a barrier because it was so complicated. With all the professionals in the room, the assumption was to the parent that everyone else in the room understood all of this. I think the parent felt like 'they all know what they're talking about, and they're all kind of speaking the same language, and this is not my language.'"*

Two leadership teams said their teams could have used additional training in how to better integrate parents into the group.

> *"Being able to pay parents to come to the meetings was helpful, but I am not convinced it leveled the playing field. We could have benefited from having more time and being more thoughtful about how best to integrate them early on. I feel fortunate in that I have had training in that before - on how to level those power dynamics - but I am still not convinced that we executed that fully."*

> *"Having someone who is an expert talk to those of us who were designated as project leaders about suggestions, stories, or ideas would have been really helpful so we could have then shared with the broader team so they could think through how we can integrate parents more meaningfully in our communities. Maybe that is a place for technical assistance next time."*

Others noted that the team didn't expect the parent representatives to represent all parents - just their own experiences - which limited feedback to one family's particular situation. The one team that was unable to recruit parents to join noted that adjusting the schedule to accommodate other leadership team members (i.e., scheduling long meetings less frequently to reduce travel time) may have made it difficult for the parents to attend.

A few teams suggested that hosting focus groups early on and that going to the parents – instead of having them come to their meetings – at the start of the planning period could have helped improve parent engagement.

Task 1.2: Developing a Community Profile
Most groups found the community profile to be valuable for their community, and several teams already had worked on a similar project before.

> *"I think one thing that was more useful than I expected was the community profile. We pulled together a lot of data across the community and even using the survey that we gave out to families. Just a lot more helpful than I expected it to be because we have been using it in a lot of other work as well. It's nice when you can use something like that from more than one project."*

The facilitator implementation checklists indicated that nearly all teams shared or presented their profiles to the broader team, and some reviewed their community profile in depth as a group. For example, a few teams spent time reviewing the profile at the start of their meeting and then used the rest of their meeting to determine what the top data-driven goals should be moving forward.

> *"The community profile piece wasn't hard in the sense of a challenge, it just took a lot of time. But I feel like it has been such a wonderful tool to communicate with other parts of our*

community that were involved in the planning process about some of the challenges facing our community - it was definitely worthwhile to go through that exercise."

The community profile required the use of data which for many teams was not overly challenging but took a lot of time and required assistance from facilitators and others with access to data. One team suggested that having a list of data sources and best practices for using the data would have been helpful. Another smaller rural team said it was challenging to find data at the local level, rather than at the county level.

Two teams noted that it was hard to know how to use the profile to make decisions about prevention at the broader community or policy level. Others completed the community profile near the end of the planning period, which made it difficult to be used to inform brainstorming. A couple teams reported that too much time was spent trying to make the profile look professional without access to graphic designers and recommended that a profile template be provided to groups ahead of time.

Task 1.3: Secure Diverse Parent Input

Because parent input was a focus of this planning process, all teams were directly asked in the interviews about how they secured parent input. Seven teams gathered parent input through survey alone, seven teams conducted focus groups or community café conversations in addition to surveying parents, and one team secured input from parents on their leadership team in addition to the survey data. A research lab at Denver University (DU) provided technical assistance to any teams that wanted help by providing a survey that had been previously used to gain parenting insights statewide and by analyzing survey responses and creating a summary report. Thus, the purpose of the parent survey was two-fold: (1) communities were able to gain local parent insights, and (2) the state was able to add the data collected by leadership teams to the broader statewide database of parent insights.

Ten teams partnered with DU and one team partnered with another research organization to collect and analyze survey data. One team created their own survey because they had a data team at their agency. A few teams partnered with their facilitators to conduct focus groups, others already had methods in place for gaining parent focus group input (e.g., community café conversations).

A couple of the teams that partnered with DU tailored the survey to their community by distributing it in paper-and-pencil format instead of online, translating it to Spanish, and/or changing the description of the survey to read as though it were coming from their team and not a state agency or university.

Most teams that partnered with DU found their assistance to be helpful.

> *"The parent survey was not something we had the capacity to do before … I felt having a survey built for us and then the data analyzed for us and tools for distributing electronically made all the difference in the world to us."*

> *"We got 259 responses in our tiny area and we would have never been able to pull that off without DU but now we use the data and it's part of our strategic plan in our organization."*

Some teams also reported aspects of the state-wide survey that did not work well for their communities:
- Language was not family-friendly

- Survey was too long
- Needed paper-and-pencil copies to get responses, but didn't have the capacity to manually enter all the data
- Limitations of data (i.e., small sample, couldn't be sorted by region)
- Services listed on the survey were not applicable to their region

> *"We ended up having to add a column to the survey. So in the survey that asked about … auxiliary activities like home visitation, parenting classes, even specialists for doctors. All those extra things we don't have but also, we have to know would people even use them if we had them? We were able to see that even though we don't have a service that was okay because people didn't really want it, or we could see if they wanted it but it didn't exist. And so in a rural community with limited resources that was especially important."*

Other challenges with gaining parent input through a survey was that the time frame did not allow for the survey to be out in the field long enough, especially for the teams that distributed paper copies or needed to translate from English to Spanish.

> *"I think we could have done a little more robust survey with more time. We were really time-crunched and DU had that survey but we couldn't modify it too much cause it took too much time and then we had to wait two weeks for it to be translated into Spanish and that was challenging."*

Others who distributed the survey online noted that the survey was unable to reach some of the more isolated families without access to internet and that was a major limitation for their team. Similarly, it was hard to gain information that would inform the various types of maltreatment (e.g., sexual abuse versus neglect) within one sampled population. Challenges related to the survey highlighted a broader issue, that it is difficult to balance the need for communities to use reliable and valid survey tools (i.e., the statewide survey) with practical community needs (e.g., shortening the survey, modifying questions).

In terms of focus groups, most teams found them to be particularly informative. As one group put it, "*if you change anything I think that it should be a requirement - us sitting in a room talking about the statistics is much different than listening to what [parents] feel is their biggest challenge.*"

For some teams, facilitators held the focus groups, and for other teams, community cafés were a form of focus group that the already held, and still others used existing parenting programs as the basis for their focus groups. Teams that had their facilitators lead the focus groups noted that it was extremely helpful to have the help of a facilitator and the feedback they received benefited from having a neutral person leading the group. Another group combined focus groups with social media outreach in order to secure their parent input.

> *"We went with four focus groups with some existing groups that we knew there were parents for demographics we were not going to get through the survey. We ended up doing a social media boost to try to get more participation. Had we realized how successful the social media boost was we probably would have done that from the get-go."*

Two rural teams found that it was challenging to get participation from immigrant or refugee families and, more generally, to get parents to open up about what they needed help with.

"Parents aren't as open with parenting skills or knowledge; we're in rural Colorado it's kind of a private, pull yourself up by your bootstraps kind of way."

Task 1.4: Catalogue Local Services

Facilitator checklist data indicated that 11 teams created a catalogue of local services, three teams informally completed the task via discussions as a group, and one team already had a catalogue of services from participating in another initiative but needed to add information for this planning process. For teams that have worked on a task like this before, it was not challenging. For others, though, it was time consuming.

"I don't think we had sufficient time to create the catalogue of local resources because that's like a moving target - I thought that task was really challenging and probably got pushed to the side a little bit because we really needed the parent input and we really needed the profile, and we had a good leadership group already established."

Others noted that trying to estimate service utilization rates for this task was difficult and subjective.

"The most challenging was the catalogue. Figuring out the resources here wasn't that bad but then there was a question of utilization rate and we didn't really go too far into that because you know the organizations would have to have measurement numbers about utilization rates and if we asked them everyone is going to say its high or great and that is subjective. Some could be successful if three families come once, others could be if ten families continuously attend."

Tasks 2.1-2.2: Set Priorities and Outline the Plan

Each leadership team set between one and six priorities (average of four). For most teams, results from parent input and the community profile were used to set the priorities. A few teams' priorities were less strongly tied to parent input because they conducted the surveys or focus groups too late to inform the brainstorming session, or because parent input was used to validate established priorities instead of inform the priority setting process. Data from the community profiles helped nearly all teams choose which priorities to focus on.

There were few obstacles with choosing data points from the community profile to focus on and setting priorities. Most groups reported that they were proud of their final plan. However, facilitator checklists showed that at least five teams struggled with action planning and linking indicators to outcomes. This finding was supported through interviews with the leadership teams as well:

"I think probably the hardest was narrowing them down and trying to really dissect where to focus towards the end - setting the priorities."

Most teams reported that facilitation was critical for this part of the planning process. One team mentioned that it would have been helpful to have a team member who had expertise in logic models and matching goals with activities and indicators.

It was specifically challenging for groups to determine how to scale their goals without fully understanding what, if any, resources, they might have access to for implementation.

"Not knowing what resources we had to work with … made it challenging because you become accustomed to working within the parameters of what you are going to be able to do - both in the finances of it but also in the people in the room and how much time everyone is going to be able to spend on this. So, the most challenging part was being as broad as we could, and being as open to as much as we possibly could, but then also understanding that at the end of the day our hope was to drill down to something that was going to make a difference in the community - and we didn't know how big of a difference we could make."

Channels for Change

Each team was required to select priorities that fit within four broad categories listed in the framework, termed *channels for change*: individualized services, organizational and practice change, agency collaboration and community capacity building, and policy reform. Policy reform was one channel for change that often was mentioned by team members as being interesting, but challenging.

"I'm all about the programs and individualized services, and I think that's easier for people to wrap around in their minds, rather than policy change. It's big, and it's a little scary, and how does my one voice change policy? It's daunting."

For some groups, such as those within Early Childhood Councils, policy advocacy work was familiar. Some of the Family Resource Center teams also mentioned that they have lobbyists or others who work on policy within their organizations or associations. However, strategizing within the planning team to reform current policies was less frequently mentioned in interviews. Some teams reported that they are not aware of current policies in place, making it difficult to know where change is needed. And many groups reported having low capacity to address larger policy changes, but adequate capacity to address smaller changes within the school board or county agencies.

Thus, the interviews suggested that there was not a clear understanding across teams related to what policy reform means or could mean for this planning process. Some teams discussed the policy channel for change as advocacy or supporting policy issues initiated by other organizations, other teams discussed policy reform within agencies or schools, and still others referred to county- or state-level policy. The framework therefore allowed for flexibility in thinking which benefited brainstorming sessions but the lack of clarity on how to strategize at the various levels of policy deterred some groups from forming actionable priorities.

"Our group was working with policies and we really had difficulty because out of everything there was housing, transportation, and childcare - those were really biggies. There was no way to prioritize those items in order to consider the topic at hand … we just know that they're real problems that exist in our community. So there was no way to eliminate them as a priority, and yet no real way to frame them in a way that we could attack. We didn't have anyone there that really had that content or on-the-ground experience. It definitely affects the topic of child abuse and neglect - how can it not? Yet just because you can't get something through with this planning process how can you remove that from being a priority? You can't, it's impossible."

Others noted that their teams are just beginning to get involved in policy work but are still learning how to take ideas from a process like this and transform them into policy-relevant ideas.

> *"A lot of this policy work … were just starting to see how to implement it into the day-to-day work and so for us I think it's one of those things that is really exciting, but it is new so it's like approaching with caution – in terms of time and also capacity."*

> *"I think part of it is breaking it down. When a lot of people hear policy they think 'Big P' policy, not 'Little P' policy and you have to know how to reframe their input into 'Little P' policy words so that they can see what their recommendations are as a policy strategy."*

Several teams also mentioned that policy work takes much more time and resources than this process allowed for. Others noted it was difficult to know how their team would measure policy outcomes and that teams would benefit from additional training or support from those who specialize in policy work.

> *"If you are going to make policy change then you are going to have to fund someone who gets people together for at least three years, and then have them capacity build with people who are already doing policy work, and that's just not something that any of us are able to do."*

> *"Policy was definitely one of the challenges along the way. We ended up coming out of it with a great plan but that was largely because we had someone from the state at that last meeting and she did policy and we asked her to come to the group to ask what it looked like at a small, local level. So through conversations with her we came up with a good idea but without her having been there we all felt like any policy we wanted to affect was way too big for us as a team to try to tackle – housing or transportation. We know it's an issue but don't even know if the city or county government knows how to handle it."*

A few teams had been already working on policy-related issues in their communities and reported that through this process they realized that what their community needs now does not necessarily need to be addressed by policy.

CONTRIBUTORS TO TEAM SUCCESS

Worked Well / Did Not Work Well. Of the 102 leadership team members who participated in the post-planning period survey, 93 provided feedback on what worked well for their teams, and 78 provided feedback on what did not work well for their teams (see Table 1). Most members reported that collaborating and forming new partnerships was the best part of this planning process. Finding time to bring such a diverse group of members together to meet was the most challenging aspect of this process.

Table 1

Worked Well	%
Collaborating, Forming New Partnerships	26.8
Facilitation, Structure of Meetings, Breaking into Small Groups	22.6
Brainstorming, Using Parent Input and Data to Drive Decision-making	15.1
Having Diverse Views at the Table	15.1
Team Communication	11.8
Forming Shared Vision and Goals	6.5
Having Passion and Excitement for their Work	2.2
Did Not Work Well	**%**

Inconsistent Attendance at Meetings, Scheduling Problems	29.5
Limited Time and Resources, Being Stretched Too Thinly	21.8
Forming Attainable Goals, Reaching Consensus	10.3
Too Few Voices at the Table	7.7
The Framework Structure and Language, Partners not Understanding	7.7
Dominating Sectoral/Partner Voices	7.7
Unclear Roles and Future Directions	5.1
Staying Focused, Committed, and Task-Oriented	3.8
Barriers to Participation (e.g., travel, limited technology)	3.8
Team Communication	2.6

Duration and Frequency of Meetings. Meeting frequency and duration differed across teams. Most teams reported strong attendance at each meeting, but four teams reported that they struggled with attendance due to a lack of technology needed to include virtual attendees, scheduling problems, or participants not understanding the process. One team noted engagement was negatively impacted by some organizations sending different representatives to each meeting, and another by staff turnover within the lead agency.

In order to keep members updated on group progress, especially with inconsistent attendance, one team created an email listserv to share updates after each meeting and allow for feedback, and other teams spent time before each meeting catching members up. Other ways that groups attempted to increase engagement were to set all meeting dates at the start of the planning period, split into two groups in order to cover a large county, reduce travel across rural areas by scheduling longer meetings less frequently, including food at meetings, or scheduling meetings during lunch hours so that members could bring their lunch and not miss work.

When asked which aspects of collaboration were most important for successful planning, most groups mentioned several elements that have been identified by prior research on collaborative work[1]:

- Membership participation and diversity (4 of 15)
  - o Diverse members at the table
  - o Ability to make decisions on behalf of their organizations
- Formalization of rules/procedures (12 of 15)
  - o Scheduling all meetings at the beginning of the period
  - o Flexibility (i.e., allowing their children to come, providing food)
  - o Setting ground rules
- Group cohesion (9 of 15)
  - o Rapport
  - o Trust
  - o Ability to openly share within the group
  - o Respect for each other's ideas

Seven teams reported that the amount of time was just right to complete the process. Others suggested that one year would be preferable to eight months, with time for the leadership team to better understand the framework on the front end and to revise the plan at the end of the period with

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[1]Zakocs, R. C. & Edwards, E. M. (2006). What explains community coalition effectiveness? A review of the literature. *American Journal of Preventive Medicine, 30,* 351-361.

facilitation support. A few teams mentioned that the amount of time was adequate but that the timing (i.e., starting in November) was difficult due to the first few months of planning taking place during a holiday season. Others mentioned that ending the planning period during end of the school year and early summer months was difficult because many of their school partners could not attend meetings or contribute to the final plan. In general, groups appreciated having flexibility in the number and duration of meetings.

Community Readiness. Community readiness for maltreatment prevention was measured by the pre-planning survey with all leadership team members (Appendix C). Each member's scores were averaged across the five community readiness domains to create a readiness score for each domain, and then domain scores were averaged to compute an overall readiness score. Overall readiness scores ranged from 3.20 to 5.47 (see Figure 1).
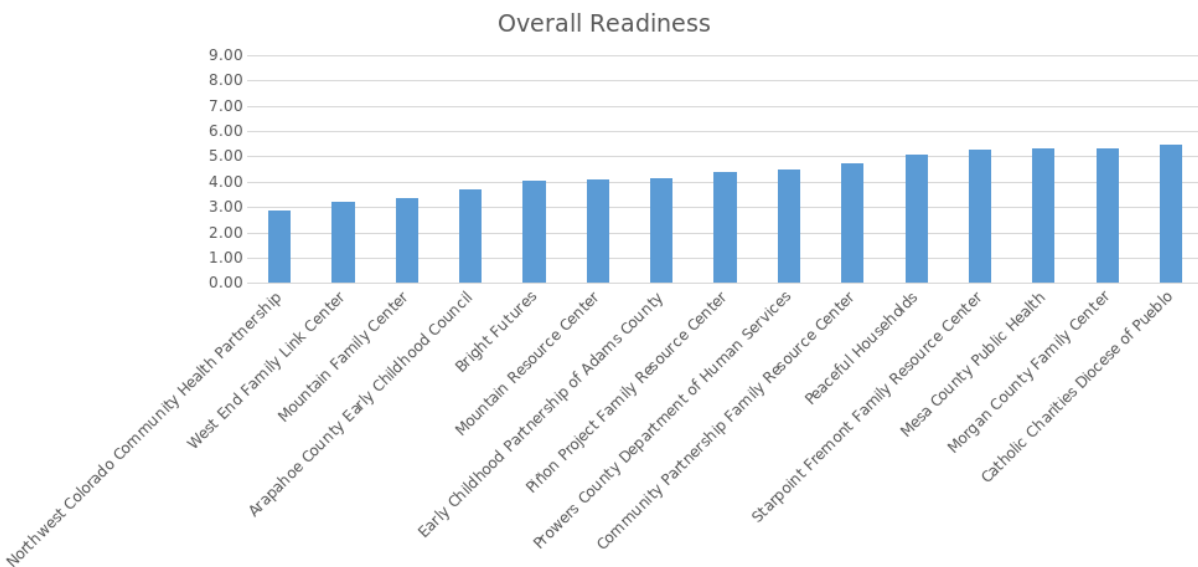

Figure 1

Scores on the community readiness survey were high in the leadership domain for most teams. That was corroborated by the post-planning period interviews as many teams also reported that their leadership team was ready for child maltreatment prevention, but that the broader community was less ready in terms of knowledge of resources or child maltreatment prevention efforts. A few teams reported that the readiness of their community leaders, in terms of knowledge of maltreatment and resources available, improved as a result of the planning process.

> *"There has been a shift. I mean everybody coming to the table together shows that it's not just one or the other that is responsible. I do feel like there's been the nexus, but maybe still not everybody at the table recognizing what they can do and through no fault of their own … But definitely that awareness piece has changed."*

Teams that said their teams were ready for this process and had already completed similar planning processes reported that at times this process felt a bit redundant.

"We did Launch Together … so sometimes it felt like the work behind it had already been done so we felt like we were exerting our efforts to fit it into the framework box. There was quite a bit of overlap. But, it gives us something to refer back to and something to evaluate ourselves on … I think we are also more ready to hit the ground running."

Communities that were less ready overall reported that there was a bit of a mismatch in what their community needed and what the post-planning period implementation grant focus was.

"I think a lot of our plans could have been accomplished on a $10,000 basis. We didn't even have an idea on how big we should have been thinking. And the grant doesn't align with our community's level of needs."

Most groups reported that they were well- or moderately-well prepared for this planning period. Teams that reported they were unprepared for this process attributed it to not fully understanding what the process was going to be like beforehand, not having participated in as detailed of a planning process previously, and not knowing how much time they would need to invest.

"When we first went into the process we thought it was one thing - and then it kind of changed on us once the grant was awarded. So we had to adjust our thought process on what we were going to do. But I think that everyone was really accommodating and insisting on doing whatever we needed to do - no one was so tied to the idea that there wasn't more room to hear other thoughts, so in that regard I think at first it felt like one step backwards but it ended up being a better process because it informed our decisions a little better."

Group Skills. Each team broadly defined the following skills as being important for this planning process.

- o Broad, big-picture outlook on prevention
- o Ability to take broad ideas and fit them into a framework structure
- o Understanding of how to measure short- and long-term goals
- o Staff time to commit to oversight and ensuring tasks are completed
- o Prior experience with planning processes
- o Understanding of their community (e.g., resources, hot-button issues)
- o Data skills

Facilitation. All teams discussed at length the importance of their facilitator to group success. It was clear that the facilitator role was critical for this planning process.

"Having a third-party facilitator really took the pressure off us [the core team]. To have them lead the conversation, we could just solely participate equally on the same level with the other participants. If we had to lead and feel like we were driving it then it feels like we're serving our needs as an agency - so the third-party facilitator that's neutral and not part of our community was essential."

The most important aspects of the facilitator was to keep the team on track, organize meetings, and structure the group discussions. When asked whether facilitators for this process should have skills in

facilitation, expertise in child maltreatment prevention, or both – the majority said both. For many teams, the most helpful aspect of the facilitator in this process was to explain the framework and to help keep the team on track with the state's broad vision of child maltreatment prevention.

> "Our facilitator was able to move the group in a positive direction but was also able to take specific conversations or ideas that came up and think of it in the state's view or in a broader way."

Communities that rated themselves higher in overall community readiness tended to say that facilitation skills were most important because their leadership team had expertise in maltreatment prevention.

> "Expertise in facilitation was most important. We had several partners at the table who had expertise in child maltreatment prevention – but our facilitator just kept us moving forward so that we were able to have action items and develop a plan. It was less important for our group to have someone with content expertise – although ours did – but less important than her expertise in facilitation for sure."

Interviews with the facilitators demonstrated that each adjusted their facilitation style to match the needs of each community planning team. One facilitator reported that although all teams were able to complete the tasks, each teams' level of knowledge and skillset determined the level of facilitator support required to do so.

Some challenges that were mentioned by groups were that they would have benefited from at least one final facilitated session after receiving feedback on their implementation plans, and that at times the facilitator kept the team moving so quickly that the end goal of the process became unclear and too rigid.

Perspectives on Community Planning.

In terms of the planning process, some teams discussed shifts in thinking among members at the table. For example, some leadership team members were unfamiliar with primary prevention of child maltreatment before beginning this process.

> "Some of our thinking was around the need to address the high-risk families, and the high-risk families being who we were supposed to go to - but that's not how the state is looking at it. So in order to make it broader, we aren't doing that. We are trying to figure out how to do programs that affect everyone in the community and in turn will reach the high-risk families."

Additionally a few teams, especially those in smaller communities, mentioned community burnout is evident in their communities resulting from previous planning processes and lack of trust that planning efforts will lead to benefits for their community. But as one team explained, this planning process was *"different because we are typically planning for one sector or another - we are always planning for early childhood - but it wasn't only early childhood folks that came out, it went across many sectors to benefit all children and families and we should be proud of that."*

> "When they first started it was just like 'oh here we go again'. Having us [lead] this process reduced that stigma by quite a bit."

"Several county directors and important leadership said, 'thank you so much for this - this was one of the best planning sessions I have ever been to'. I think because it was organized, we had resources to feed people, we had resources with a facilitator who knew what she was doing. It felt like when you ask people to spend that amount of time you really want them to feel like it was a valuable use of their time and we got lots of comments to that effect."

Major themes for why this planning effort was different than those in the past included the structure of the framework, the requirement to work across sectors, resources and technical assistance, and that local organizations applied for the grant and led the groups themselves.

"You have the state saying, 'hey we want you to be successful'. Having [our facilitator] working with us, and having them review the plan so that whatever goes forward is good, you know we are set up for success and I think that was really great."

IMPLEMENTATION RECOMMENDATIONS

Framework Language
- Develop additional materials in Spanish and English that summarize the entire framework document and requirements into lay-person friendly documents and/or videos.
- Clearly state in all community planning grant requests for proposals that the planning period will focus on primary prevention, such as family and community strengthening efforts, and not child maltreatment interventions.
- Present an overview of what primary prevention means for child maltreatment after leadership teams are formed.

Forming a Team; Duration and Frequency of Meetings
- Encourage leadership teams to set all meetings at the start of the planning period and encourage lead organizations to secure buy-in at the first meeting.
  - One team suggested that future teams could create a contract that includes meeting dates and expectations for all team members to sign as a formal commitment to the process.
- Continue to allow for flexibility in the process.
  - Travel constraints for rural sites resulted in fewer, longer meetings; fewer resources available to complete tasks in smaller communities resulted in those communities needing more time and facilitation support; more ready communities required less hands-on facilitation.

Community Profile
- Create a list of data sources (e.g., from those used by this cohort of grantees) and best practices for using aggregate data that teams can refer to.
- Require each team to include a data specialist.
- Provide profile templates for teams to use and modify when completing this task.

Securing Parent Input
- Revise the survey to better match communities with few resources by adding a column to ask if respondents would use each service if it existed.

  o Encourage teams to conduct surveys and focus groups early on in the planning period.

 Catalogue Local Services
  o Consider including a sub-task to review local or state policies that teams complete in order to inform discussions relevant to the policy reform channel for change.

 Training and Facilitation Support
  o Include facilitation support after teams receive feedback on their initial plans.
  o Implement additional in-person trainings with the entire leadership team at the start of the planning process:
   ▪ Training or resources related to logic models (i.e., connecting broad ideas to activities, outcomes, and state indicators)
   ▪ Dual-capacity building training to improve the effectiveness of professional and parent/community voice partnerships (e.g., could partner with the Civic Canopy or Family Leadership Training Institute to facilitate)
   ▪ Training related to the policy-level channel for change (i.e., what it means and can look like in their communities).
  o Encourage teams to collect parent input, complete the community profile, and catalogue resources before brainstorming or setting priorities.

 Expectations and Funding
  o Provide a sense of what the funding amounts and expectations will be at the start of the planning period and/or support groups in finding other funding opportunities that could match their plans at the start of the planning process.

CMP FRAMEWORK OUTCOME EVALUATION:
PRELIMINARY FINDINGS AND COMMUNITY BENEFITS

The short-term goals for the CMP Framework community planning process were to strengthen organizational capacity and alliances so that communities could join forces to strengthen their base of support (i.e., secure funding), improve community social norms around the prevention of child maltreatment, improve policies and programs, and eventually increase the impact that such efforts have on families and children in the community. Thus, the purpose of this outcome evaluation was to document preliminary outcomes and perceived benefits of taking part in the CMP Framework planning process.

Data analysis and coding of qualitative responses were informed by the Guide to Measuring Advocacy and Policy[2] which outlines six categories of outcomes (as well as definitions for and indicators of each outcome) determined to be important for measuring policy and advocacy change: strengthened organizational capacity, strengthened alliances, strengthened base of support, shift in social norms, improved policy, and changes in impact. These outcomes closely align with the CMP Framework's proposed channels for change in child maltreatment prevention (i.e., individualized services,

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[2] Reisman, J., Gienapp, A., & Stachowiak, S. (2007). A guide to measuring advocacy and policy. *Baltimore: Organisational Research Services*. http://www.orsimpact.com/DirectoryAttachments/1132017_44733_727_HFRP-Evaluation-Exchange-Guide-to-Measuring-Advocacy-Policy.pdf (For more information see: https://www.aecf.org/m/resourcedoc/aecf-aguidetomeasuringpolicyandadvocacy-2007.pdf)

organizational and practice change, agency collaboration and community capacity building, and policy reform)[3].

1. Strengthened Organizational Capacity: *the skill set, staffing and leadership, organizational structure and systems, finances and strategic planning among non-profit organizations and formal coalitions that plan and carry out advocacy and policy work.[2]*

In order to measure community planning leadership team organizational capacity, leadership team members responded to pre-planning period (*N* = 100) and post-planning period (*N* = 102) questions about their groups' collaboration effectiveness. Only 38 team members completed both the pre- and post-planning period surveys and participation varied across sites; thus, scores by site are not reported. For the pre-planning survey, between 10 and 30 percent of participants selected the following response: "*our group is too new to answer this question*" for each question. These responses were not included in the averages reported below[4].

Overall, the results suggest that the planning process resulted in teams becoming more structured, collaborative, and process-oriented by the end of the planning period (Figure 2). These changes were statistically significant among the limited number of participants who took both the pre- and post-planning period surveys[5]. In terms of outcomes, members gave their teams an average rating of 4.05 (*SD* = 0.69) on a scale of 1 to 5. Thus, by the post-planning period, participants agree that their teams have set measureable long-term goals, identified interim goals, have established ways to monitor progress, are effective at obtaining resources, and are willing to confront and resolve performance issues.

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[3] The only adaptation required to align these outcomes with the framework's proposed channels for change was to add improved programming (i.e., direct services) to the improved policy outcome.

[4] A response of "*our group is too new to answer this question*" was considered missing for data analysis purposes. Average scores were only computed for participants with non-missing responses for at least half of the items in each scale. The pre-planning scales include between 59 and 68 participants and the post-planning period scales include between 101 and 102 participants.

[5] Group structure: $t(25) = 2.94$, $p = .02$; Membership: $t(26) = 2.55$, $p = .02$; Collaborative process: $t(23) = 3.51$, $p = .002$
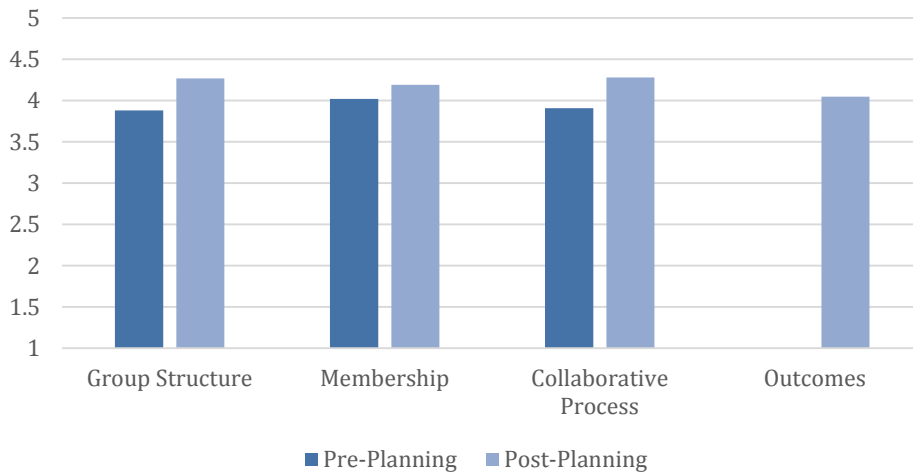
Collaboration Effectiveness

Figure 2

In order to assess change in individual participants' skills, at the 90-day follow-up, participants rated their confidence in their knowledge of primary and secondary prevention; ability to lead and communicate, find or use data, engage parents or non-traditional partners, solicit feedback from families, use logic models, identify indicators, and measure outcomes using a 6-point Likert scale (*Extremely Unconfident* to *Extremely Confident*). Table 2 demonstrates that, on average, participants reported being more confident after the planning period ended across a variety of domains[6]. Sample sizes were not adequate to report findings by site.

Table 2

	All Participants N = 93		Core Members N = 32	
	Before	*After*	*Before*	*After*
Knowledge of primary prevention	4.56	4.86	4.63	4.91
Knowledge of secondary prevention	4.37	4.81	4.38	4.84
Ability to lead on the issue	4.03	4.56	4.28	4.81
Ability to find or use data	4.34	4.84	4.19	4.84
Ability to engage parent leaders	4.05	4.67	4.00	4.78
Ability to solicit feedback from families	4.30	4.71	4.31	4.84
Ability to engage non-traditional partners	4.01	4.52	3.94	4.53
Ability to communicate about the issue	4.38	4.87	4.28	4.94
Ability to use logic models	4.17	4.60	4.22	4.66
Ability to measure progress	4.30	4.62	4.25	4.56
Ability to identify indicators	4.14	4.67	4.03	4.66

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[6] Responses to both the "before" and "after" questions were recorded at the 90-day follow-up survey. Future evaluations should administer this measure at the pre-planning as well in order to establish a baseline.

Though collaboration capacity and individual skills are important indicators of organizational capacity, the extent to which the collaboration capacity and improved skillsets are actually being used to effect change in communities was an ultimate goal of the CMP Framework. The majority of participants (94.4%) reported using at least one skill listed in Table 3 below within the 90-day post-planning period. Most (90% of all participants, 86% of core members) attributed their use of skills to (1) connections made during the planning process, (2) skills or knowledge gained in the planning process, and/or (3) their team plans or goals.

Table 3

	All Participants (%)	Core Members (%)
Spoke/shared information	27.00	60.00
Acted as a leader	14.30	42.90
Communicated	32.10	71.40
Found or analyzed data	12.80	31.40
Use data in decision-making	13.30	34.30
Engaged parent leaders	7.70	28.60
Solicited feedback from families	9.70	31.40
Engaged non-traditional partners	8.20	17.10
Used logic models	12.20	37.10
Identified ways to measure progress	14.80	37.10
None of the above	5.60	11.40

2. Strengthened Alliances: *the level of coordination, collaboration and mission alignment among community and system partners, including nontraditional alliances or unlikely allies*.[4]

In terms of the level of coordination, collaboration, and mission alignment, during post-planning period interviews, about half of the planning teams also mentioned that connecting with such a wide range of partners provided them with a greater understanding of the resources available to their community and stronger relationships with other organizations they don't typically work with.

> "*It is sometimes even difficult to communicate among one another as different agencies; some are 50 miles away, others are 10 miles away - the communication back and forth with each other is kind of difficult. Finding out certain services that are actually available to the area that we didn't know before the meetings - we actually were able to exchange referral information.*"

> "*You know I think that the heightened communication between the organizations that were all on the leadership team is pretty great. Each of the counties we worked in are really different but in both scenarios, I think organization relationships have been strengthened.*"

Two teams conveyed that they have gained a better understanding of the services their community needs and how current services should better coordinated as a result of this process.

> "*The thought in our community was that prevention programs around child maltreatment that are happening now are great and need to be expanded. But what we heard from many is that relocating our prevention programming into our schools where there's already a community*

established is the direction that the community would like to go. So that was an ah-hah moment but also a proud moment in that providers really were able to hear what community wanted.."

Four community planning teams shared they were proud of the fact that this process resulted in their teams aligning their individual missions by forming a set of shared goals. Seven teams reported they were proud of the products that came from this planning period (e.g., community profile, resource catalogue, and action plans) and the fact that they would be able to use them in future work.

> *"It was so awesome to see what our committee came up with and identify as a need, match the surveys, which is one demographic, match the focus group, which is a totally different demographic. That to me felt really good to see that alignment."*

> *"To take all of our ideas across agencies and put them together in one place. When you look at our template that identifies who the responsible partners are and who the agencies are - that's a great representation of all the things that we need to do and that we would like to do and who can do that. So we put everything in one place, which was huge. I don't think we've ever had a tool like that."*

In terms of nontraditional alliances and unlikely allies, many members who do not typically work on early childhood issues were invited to take part in the planning process (see Appendix B). The number of members on each leadership planning team ranged between 7 and 57, with 60% of teams consisting of 7 to 16 members. Most groups included at least one member from a health or human services agency or department; a representative from a school district, school board, city, or county; a child and parent service, program, or nonprofit organization; and a parent or family representative. About half of the planning teams mentioned that connecting with such a wide range of partners provided them with a greater understanding of the resources available to their community and stronger relationships with other organizations they do not typically work with.

> *"It is sometimes even difficult to communicate among one another as different agencies; some are 50 miles away, others are 10 miles away - the communication back and forth with each other is kind of difficult. Finding out certain services that are actually available to the area that we didn't know before the meetings - we actually were able to exchange referral information."*

> *"I think that the heightened communication between the organizations that were all on the leadership team is pretty great. Each of the counties we worked in are really different but in both scenarios, I think organization relationships have been strengthened."*

Several teams also reported that new partnerships informed brainstorming sessions and helped to broaden individual organizational views.

> *"We did have a new addition … and that was our business leader…. He was just thoughtful about … more of the feasibility of things. I remember sitting with him talking about someone wanting to create an after school transportation program and he just looked at me and was like, 'this is never going to fly here.'"*

> *"The child care staff was really important because we really rely on the child care workforce to tell us how the kids are doing, what the families need, and what the providers need. So I think having participation by them was really important because they see families every single day*

when they come and drop off or pick up kids. They know what the family is struggling with that morning, what it looks like at the end of the day, and whether it's gotten better or worse. They are really in touch with families and their needs and so it was critical that they participated and talked about how the kids are doing on a regular basis."

These strengthened alliances appeared to be sustained throughout the first few months following the end of the planning period. For example, many participants shared the skills or knowledge gained through participating in the community planning process with others during the 90 day period. For example, leadership team members reported sharing skills or knowledge gained through the planning process with people at work (25%), with providers who serve children or families (18%), community members (15%), community leaders (13%), or others (11%). The proportion of participants who shared skills or knowledge was even greater among core members (40-60% across groups).

Sharing skills or knowledge gained with co-workers, community providers, community members, community leaders, or others resulted in a variety of outcomes (i.e., ripple effects). A few example ripple effects are listed below.

Co-Workers
- Learned how to use the leadership team's tools to address child maltreatment and how to monitor outcome data to assess program impact.
- Applied some of the planning strategies from the community planning process to workplace meetings.
- Increased buy-in for using data-driven decision-making.
- Became more aware of the resources in the community that support families, have a greater understanding of how to prevent maltreatment, and increased awareness of issues that are related to child maltreatment.

Community Providers
- Increased awareness of the role they can serve in preventing child maltreatment and supporting families.
- Increased new community social worker's awareness of the community planning efforts.
- Developed a new screening procedure agreement in partnership with local and state human services departments.
- Increased understanding of common goals and pathways to attaining the goals, as well as a better understanding of how each organization can work together more effectively.

Community Members
- Many signed up to become volunteers.
- Prepared to help distribute information.
- Increased understanding and awareness of child maltreatment, prevention, and resources among community members.

Community Leaders
- Increased buy-in and capacity among human resource leaders in understanding their role in reducing child maltreatment through upstream efforts.
- County commissioners, social service and public health offices, and schools encouraged the leadership team to continue and offered their support.

Approximately 80% of community planning participants reported that relationships with other members of the leadership planning team changed as a result of the planning process, while 20% reported that relationships with other team members remained unchanged. Nearly all responses related to relationship changes were positive (Table 4).

Table 4

Relationship Changes	%
Increased referrals	18.3
Stronger relationships	51.6
Reach out more often	31.2
More coordinated	47.3
Accountable to shared mission	6.5

Note. Participants could select more than one response; thus total exceeds 100%.

3. Strengthened Base of Support: *the grassroots, leadership and institutional support for particular policy changes, resources, funding.*[4]

By the 90-day follow-up, all sites that participated in the survey (*N* =13), had applied for at least one funding opportunity. These funding streams included federal, state and local government grants, as well as private grant support (Table 5). Nearly all teams (85%) were awarded at least one grant within 90 days of completing the planning process. A few teams (3 of 13) were still awaiting funding decisions at the 90-day follow-up.

Table 5

Public
Early Childhood County Tax
Community-Based Child Abuse Prevention; Colorado Department of Human Services
Essentials for Early Childhood; Colorado Department of Public Health and Environment
2GO; Colorado Department of Human Services

Private
Laura Jane Musser Foundation
Caring for Colorado
Colorado Springs Health Foundation
United Way

Two teams were planning to redirect existing sources of funding or resources. For example, one is working with the county human services department to gain in-kind shared-space to implement part of their plan. Another site is working to direct funding streams from their child maltreatment prevention efforts and county human services department toward their family resource center in order to support service expansion and merging of programs.

In addition to increased financial support, the majority of teams reported increases in the number of partners supporting family strengthening or child maltreatment prevention efforts at the 90-day follow-up period. Close to half of all teams reported that the number of unlikely partners and local government officials showing interest in family strengthening or child maltreatment prevention efforts increased as well. Similarly, almost half of teams noted that discussions at school meetings related to family

strengthening or child maltreatment prevention issues had also increased since the planning period ended.

Table 6

	Increased %	Unchanged %	Unsure %
Volunteers	15	54	31
Number of partners supporting	62	31	8
Number of parents attending feedback sessions	23	62	15
Number of unlikely partners showing interest	46	38	15
Number of unlikely partners joining your efforts	31	62	8
Number of new organizations getting involved	15	69	15
Local government showing interest	46	46	8
Local government priorities	15	77	8
Priorities of those running for office	8	62	31
Discussions at school meetings	46	23	31

Note. Percentages are approximate due to rounding.

However, changes in other indicators of strengthened base of support were not observed by the 90-day follow-up period. Nearly 60% of teams rated their community members as being unengaged in family strengthening or child maltreatment prevention efforts prior to the community planning process. Yet, local government priorities, the number of community volunteers, parent engagement at feedback sessions did not change for the majority of sites within the 90-day follow-up period. It is likely that several of these indicators will take more time to be realized; thus, a longer term evaluation will be required to track such changes.

4. Improved Policies/Programs: the stages of policy/programmatic change. These stages include policy/program development, policy proposal, demonstration of support (e.g., cosponsorship of bills, grant proposals for funding), adoption, implementation, and evaluation.

Although all 15 communities completed similar tasks through this planning process, each targeted different levels of policy and programmatic change (for examples, see Appendix B) and selected various programmatic and policy-level priorities (Table 7).

Table 7

Planning Process Priorities	*N* = 15 %
Enhanced Individualized Services	100
Community Norms/Messaging Campaigns	66
Community Partner and Provider Trainings	53
Social Connections	33
Family-Friendly Policies	33
Community Awareness of Trauma and Adverse Childhood Experiences	20
Housing	20
Integrated Services	20

Note. Leadership teams selected more than one priority; thus total exceeds 100%.

Within 90 days, the majority of leadership teams (77%) were actively working on improving policies or programs relevant to strengthening families and preventing child maltreatment.

Table 8

Strategies	*N* = 13
	%
Researched or sought information on policies	38
Discussed policies at meetings	54
Talked with policymakers	31
Developed policy proposals	0
Became more educated on relevant policies	46
Advocated for policies	0
Became more educated on evidence-based programs	54
Revised or adapted current programs	31
Implemented new programs	7.8
None of the above	23

Note. Participants could select more than one response; thus total exceeds 100%.

5. Shift in Social Norms: *the knowledge, attitudes, values and behaviors that compose the normative structure of culture and society.*[4]

Changes in community member's attitudes towards child maltreatment is a long-term outcome that is also unlikely to be realized within the course of a planning period, or the first few months following the planning period. Some teams selected priorities (see Table 7) that target community norms and knowledge. By the 90-day follow-up survey, one team had begun implementing activities to target community norms and knowledge by posting social media blasts of parent educational information. Another leadership planning team had held four parent education meetings.

One way to measure shifts in social norms is through the community readiness assessment that was measured by the pre-planning period survey. At the 90-day follow-up, leadership team coordinators (*N* = 13) were asked the extent to which they had observed changes in the five domains of community readiness since the start of the planning period (see Table 9).

Table 9

	Improved	Unchanged	Unsure
	%	%	%
Community members' knowledge of CM prevention efforts	31	54	15
Community leaderships' level of concern for CM prevention	62	31	8
Community attitudes, beliefs, and values	31	54	15
Community members' knowledge/awareness of CM	54	31	15
Community resources for CM prevention	31	62	8

Note. CM = child maltreatment

The majority of leadership team coordinators reported that community leaders' levels of concern for child maltreatment prevention had improved and that community members' knowledge or awareness of child maltreatment had improved. Coordinators reported that community members' knowledge of prevention efforts; community attitudes, beliefs, and values, and resources available for prevention were unchanged, and at least a couple were unsure whether changes have occurred in these domains.

Nearly 94% of 90-day follow-up participants reported that the media rarely covered child maltreatment and prevention and 71% reported that community members are unengaged in efforts related to strengthening families or preventing child maltreatment. Future change in media coverage (prioritization, quantity, extent of coverage) as well as community member engagement could be two indicators of change in community social norms. Thus, future evaluations should continue to document the extent to which social norms across community members and leadership improves over time.

6. Changes in Impact: *the ultimate changes in social and physical lives and conditions (i.e., changes in individuals, populations and physical environments).*[4]

Change in impact is a long-term outcome that can be assessed in the future by each leadership team or through a broader outcome evaluation of statewide indicators outlined by the framework related to: child well-being and achievement, caregiver well-being and achievement, consistent high-quality caregiving, and safe and supporting neighborhoods. In the next phase of the CMP Framework development, CDHS plans to develop a data dashboard which will be useful in tracking changes in impact across participating communities.

LIMITATIONS

Though the findings from this evaluation can inform the implementation of the CMP framework with future cohorts of community planners, there were a number of study limitations. First, in many cases the study design and sample size did not allow for comparison by site. Yet the sites differed on a number of key indicators, including geographic region, resources available, and readiness for this initiative – all of which may contribute to variation in implementation or future outcomes. In addition, very few participants completed all evaluation surveys which limited the type of analyses that could be conducted (i.e., descriptive analyses of the whole group rather than statistical analyses of individual change). This was due, in part, to the fact that many sites struggled with maintaining consistent membership throughout the planning process. One way to address this limitation would be for future evaluations to administer the pre-planning survey later on into the planning period once the leadership teams are more consistent, or for core leadership teams to improve engagement by asking each participant to sign a contract agreeing to the time commitment.

A second limitation relates to the timing of measures. Several measures were included in follow-up surveys but not in the pre-planning period survey. This was a practical issue, in that funding for follow-up data collection was secured after the initial pre-planning period survey and measures were developed. For example, questions related to level of skills and knowledge before and after the planning period were asked at the 90-day follow-up, instead of in the pre-planning period survey and post-planning period survey. Future evaluations should include all measures at the pre-planning period survey in order to establish a baseline for each measure. The third limitation is the lack of comparison groups. In order to determine the extent to which this planning process results in greater improvement in outcomes than typical community approaches, outcomes from non-participating, demographically-

similar communities should be monitored and compared to outcomes from the participating communities as well.

IMPLICATIONS

The findings from this process and outcome evaluation suggest that the CMP framework is a feasible approach for coordinating community-level prevention of child maltreatment. Preliminary findings suggest that the CMP framework increases community capacity, strengthens alliances among partners, and increases community support for strengthening families and preventing child maltreatment. However, qualitative interviews revealed a few aspects of the framework that could be addressed to improve implementation (e.g., framework language). Overall, the findings from this evaluation can be used to inform the development of a more rigorous implementation and outcome evaluation of future cohorts of community planners.

Child Maltreatment Prevention Framework for Action – Community Planning Sites

1. Northwest Colorado Community Health Partnership
2. Mountain Family Center
3. Morgan County Family Center
4. Early Childhood Partnership of Adams County
5. Arapahoe County Early Childhood Council
6. Mountain Resource Center
7. Community Partnership Family Resource Center
8. Peaceful Households/Not One More Child Coalition
9. Starpoint Fremont County Family Center
10. Catholic Charities Diocese of Pueblo
11. Prowers County Department of Human Services
12. Mesa County Department of Public Health
13. West End Family Link Center
14. Bright Futures
15. Pinon Project Family Resource Center
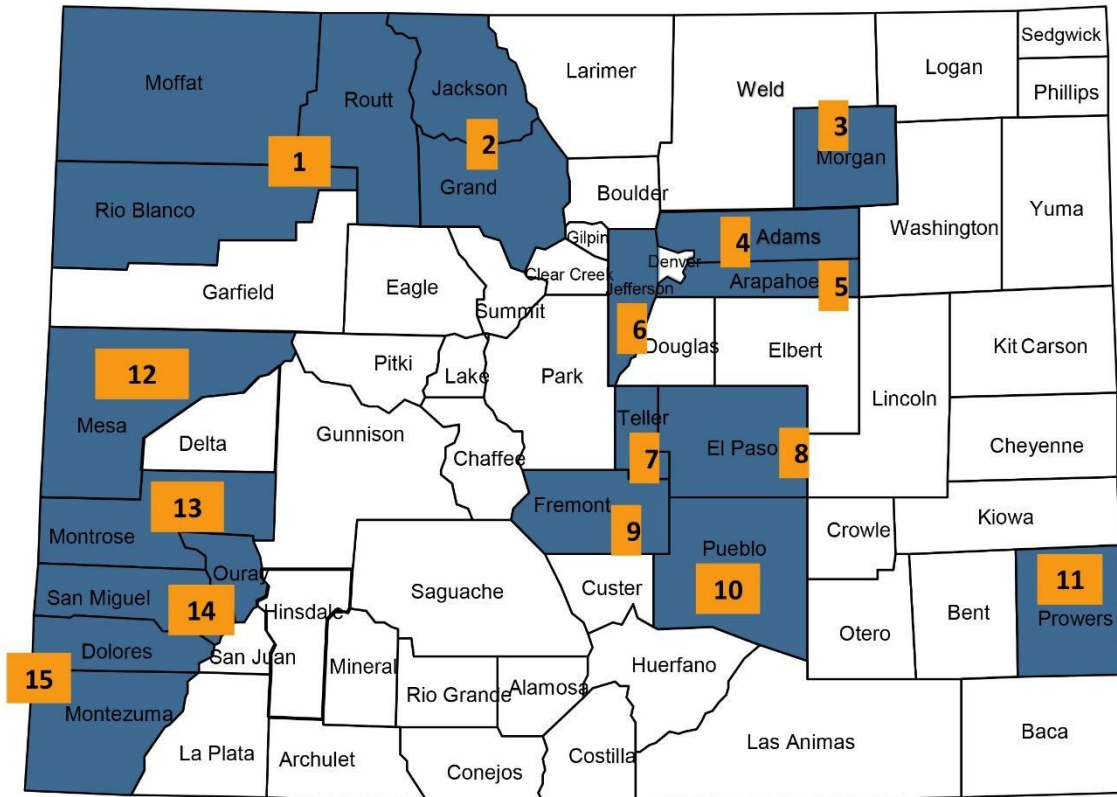
Appendix B

Partners	# of Teams
Interagency Collaboration, Collaborative Management Program	5
Health and/or Human Services/Department/Agency	14
Housing Authority	1
Judicial District, Court Appointed Special Advocate	2
City or County Representative, City Mayor	3
Police or Sheriff	3
Fire Department	2
School District, School Board, County or City School Official	12
Preschool, Head Start, or Elementary School	6
Community College	1
Library	4
Family/Community Resource Centers, Referral Systems, or Child Placement	9
Communities That Care	1
Early Childhood Council	7
Child Care or Child Development Center	5
Family, Parenting, and Young Children Programs or Nonprofits	12
Women, Infants, and Children Program	1
Youth Programs, Services, or Nonprofits	4
Persons with Disabilities Programs, Services, or Nonprofits; Early Intervention	5
Mental and Behavioral Health Services, Programs, or Nonprofits	6
Health Services, Programs, or Nonprofits	5
Hospital, Clinic, or Pediatrician	4
Parent or Family Leader	14
Community Member	4
Faith Community Member	5
Tribal Community Representative	1
Business Leader; Thrift Store	6
Financial Literacy Services, Programs, or Nonprofits	2
Workforce Development	4
Foundation	1
United Way	4

Appendix C

Policy/Program Target	%	Example 1	Example 2
Enhanced Individualized Services	100	Increase capacity in evidence-based, two-generation, child maltreatment prevention programs; home visitation, parent education, and child social-emotional development	Select evidence-based parenting programing; recruit and train professionals to deliver services.
Community Norms/Messaging Campaigns	66	Develop messaging campaign targeting families about the importance of well-child doctor visits and early childhood mental health.	Identify and test messages that are meant to develop a sense of community and normalize seeking/accepting help.
Community Partner and Provider Trainings	53	Facilitate cross-training opportunities with key organizations that interface with families (e.g., libraries, schools, child care, referral organizations) to support multi-agency navigation for families.	Provide training and implementation support to families and organizational partners on the Strengthening Families/Protective Factors to further embed the framework within the community.
Social Connections	33	Draft proposal for creating cohesion in neighborhoods such as neighborhood captain models.	Create a Monthly TedTalk-like event of topics targeted toward families with children.
Family-Friendly Policies	33	Identify and actively engage partners to establish a collaborative approach to the promotion of family-friendly policies.	Distribute Executives Partnering to Invest in Children (EPIC) toolkit to local businesses to help employers support employees and have conversations with employers about family issues.
Community Awareness of Trauma and Adverse Childhood Experiences	20	Host Trauma-Informed Community Trainings for: parents/family, childcare, early education, schools,	Organize community presentation on Adverse Childhood Experiences and resilience; develop a

		community college, primary care, recreation department, faith community, and nonprofits/other organizations.	social media campaign to use as outreach.
Housing	20	Connect with Housing Authority to understand current housing process and collaborate to address community needs.	Map how many affordable housing units total and how many are available.
Integrated Services	20	Offer integrated family services and supports that addresses the needs of families including support towards increased self-sufficiency.	Identify an opportunity to build a centrally located family center that provides an accessible space for families to interact and build social capital, access available resources, and engage in their community
Culturally Appropriate Services and Supports	20	Increase number of people trained in interpretation (simultaneous and consecutive).	Train partner agency staff on opportunities/programs available to non-English/non-Spanish speaking families.

Appendix D

Community Readiness Assessment
Reference:
- Tri-ethnic Center Community Readiness Handbook. 2nd edition, 2014.
- Model Originally Developed by: E. R. Oetting, B. A. Plested, R. W. Edwards, P. J. Thurman, K. J. Kelly, and F. Beauvais
- Modified and expanded by: L. R. Stanley
- Available from: http://www.triethniccenter.colostate.edu/wpcontent/uploads/sites/24/2018/04/CR_Handbook_8-3-15.pdf

Community Knowledge of Efforts:
Level 1.   Community members have **no knowledge** about local efforts addressing child maltreatment.
Level 2.   **Only a few** community members **have any knowledge** about local efforts addressing child maltreatment. Community members may have **misconceptions or incorrect** knowledge about local efforts (e.g. their purpose or who they are for).
Level 3.   At least **some** community members **have heard of local efforts**, but little else.
Level 4.   At least some community members have heard of **local** efforts and **are familiar with the purpose of the efforts.**
Level 5.   At least some community members have heard of local efforts, are familiar with the purpose of the efforts, **who the efforts are for, and how the efforts work**.
Level 6.   **Many** community members have heard of local efforts and are familiar with the purpose of the effort. At least some community members know who the efforts are for and how the efforts work.
Level 7.   **Many** community members have heard of local efforts, are familiar with the purpose of the effort, **who the efforts are for, and how the efforts work. At least a few community members know the effectiveness of local efforts**.
Level 8.   Most community members have heard of local efforts and are familiar with the purpose of the effort. **Many** community members know who the efforts are for and how the efforts work. **Some** community members know the effectiveness of local efforts.
Level 9.   Most community members have extensive knowledge about local efforts**, knowing the purpose, who the efforts are for and how the efforts work. Many** community members know the effectiveness of the local efforts.

Leadership:
Level 1.   Leadership believes that child maltreatment **is not** a concern.
Level 2.   Leadership believes that child maltreatment may be a concern in this community, but **doesn't think it can or should be addressed**

Level 3.   At least some of the leadership **believes that child maltreatment may be a concern in this community.** It may not be seen as a priority. They show no immediate motivation to act.
Level 4.   At least some of the leadership believes that child maltreatment is a concern in the community **and that some type of effort is needed to address it.** Although some may be at least passively supportive of current efforts, only a few may be participating in developing, improving or implementing efforts.

Level 5. **At least some of the leadership is participating in developing, improving, or implementing efforts**, possibly being a member of a group that is working toward these efforts or being supportive of allocating resources to these efforts.

Level 6. At least some of the leadership **plays a <u>key</u> role** in participating in current efforts and in developing, improving, and/or implementing efforts, possibly in **leading** groups or **speaking out publicly** in favor of the efforts, and/or as other types of **driving forces**.

Level 7. At least some of the leadership **plays a key role** in ensuring or improving the long-term viability of the efforts to address child maltreatment, for example by allocating long-term funding.

Level 8. At least some of the leadership plays a key role in **expanding and improving efforts**, through **evaluating** and **modifying** efforts, **seeking new resources**, and/or helping develop and implement new efforts.

Level 9. At least some of the leadership is continually **reviewing evaluation results** of the efforts and is **modifying financial support accordingly**.

Community Climate:

Level 1. Community members believe that child maltreatment is **not** a concern.

Level 2. Community members believe that child maltreatment may be a concern in this community, but **don't think it can or should be addressed**.

Level 3. Some community members **believe that child maltreatment may be a concern in the community**, **but it is not seen as a priority**. They show no motivation to act.

Level 4. Some community members believe that child maltreatment **is** a concern in the community and that **some type of effort is needed to address it**. Although some may be at least passively supportive of efforts**, only a few may be participating in developing, improving or implementing efforts.**

Level 5. At least **some** community members are **participating in developing, improving, or implementing efforts**, possibly attending group meetings that are working toward these efforts.

Level 6. At least **some** community members **play a <u>key role</u>** in developing, improving, and/or implementing efforts, possibly being members of groups or speaking out publicly in favor of efforts, and/or as other types **of driving forces**.

Level 7. At least some community members play a key role in **ensuring or improving the long-term viability** of efforts (e.g., example: supporting a tax increase). The attitude in the community is — "We have taken responsibility".

Level 8. The **majority** of the community **strongly** supports efforts or the need for efforts. **Participation level is high.** —We need to continue our efforts and make sure what we are doing is effective.

Level 9. The majority of the community are **highly supportive** of efforts to address child maltreatment. **Community members demand accountability.**

Knowledge of Issue (i.e., Child Maltreatment):

Level 1. Community members have **no** knowledge about child maltreatment

Level 2. **Only a few** community members have **any knowledge** about child maltreatment. Among **many** community members, there are **misconceptions** about child maltreatment, (e.g., how and where it occurs, why it needs addressing, whether it occurs locally).

Level 3. **At least some** community members have **heard of child maltreatment, but little else**. Among **some** community members, there **may be** misconceptions about child

maltreatment. Community members may be **somewhat aware that child maltreatment occurs locally**.

Level 4. At least some community members **know a little about causes, consequences, signs and symptoms**. At least some community members **are** aware that child maltreatment occurs locally.

Level 5. At least some community members **know some** about causes, consequences, signs and symptoms. At least some community members are aware that child maltreatment occurs locally.

Level 6. At least some community members know some about causes, consequences, signs and symptoms. At least some community members have some knowledge about **how much it occurs locally and its effect on the community**.

Level 7. At least some community members **know a lot** about causes, consequences, signs and symptoms. At least some community members have some knowledge about how much it occurs locally and its effect on the community.

Level 8. **Most** community members know a lot about causes, consequences, signs and symptoms. At least some community members have a lot of knowledge about how much it occurs locally, its effect on the community, and how to address it locally.

Level 9. Most community members have **detailed** knowledge about child maltreatment, knowing **detailed information** about causes, consequences, signs and symptoms. **Most** community members have **detailed** knowledge about how much it occurs locally, its effect on the community, and how to address it locally.

Resources Related to child maltreatment (i.e., Child Maltreatment):

Level 1. There are **no** resources available for (further) efforts.

Level 2. There are very **limited** resources (such as one community room) available that could be used for further efforts. There is no action to allocate these resources to child maltreatment. Funding for any current efforts is not stable or continuing.

Level 3. There are **some** resources (such as a community room, volunteers, local professionals, or grant funding or other financial sources) that could be used for further efforts. There is **little** or no action to allocate these resources to child maltreatment.

Level 4. There are some resources identified that could be used for further efforts**. Some community members or leaders have looked into or are looking into** using these resources to address child maltreatment.

Level 5. There are some resources identified that could be used for further efforts to address child maltreatment. Some community members or leaders are **actively working to secure these resources**; **for example, they may be soliciting donations, writing grant proposals, or seeking volunteers**.

Level 6. **New resources** have been **obtained and/or allocated** to support further efforts to address child maltreatment.

Level 7. **A considerable part** of allocated resources for efforts **are from sources that are expected to provide stable or continuing support.**

Level 8. A considerable part of allocated resources for efforts are from sources that are expected to provide continuous support. **Community members are looking into additional support to implement new efforts.**

Level 9. **Diversified resources and funds are secured, and efforts are expected to be ongoing.** There is **additional support** for new efforts.

Collaboration Effectiveness

References:

- Chrislip, D. D., & Larson, C. E. (1994). *Collaborative leadership: How citizens and civic leaders can make a difference*. San Francisco: Jossey-Bass Publishers.
- Adapted from the Omni Institute's *Working Together Survey*
- For more information see: https://www.omni.org/resources/workingtogether

Structure

1. Our group has access to the expertise necessary for effective meetings.
2. We have adequate resources available to plan and administer the collaborative effort.
3. Our membership is not dominated by any one group or sector.
4. Our group has set ground rules and norms about how we will work together.
5. We have a method for communicating the activities and decisions of the group to all members.
6. Our collaboration is organized in working subgroups when necessary to attend to key performance areas.
7. There are clearly defined roles for group members

Collaboration Members

1. Members are willing to let go of an idea for one that appears to have more merit.
2. Members have the communication skills necessary to help the group progress.
3. Members of the collaboration are effective liaisons between their home organizations and the group.
4. Members are willing to devote whatever effort is necessary to achieve the goals.
5. Members monitor the effectiveness of the process.
6. Members trust one another sufficiently to honestly and accurately share information, perceptions, and feedback.

The Collaboration Process

1. Divergent opinions are expressed and listened to.
2. The process we are engaging in is likely to have a real impact on the problem.
3. We have an effective decision making process.
4. The openness and credibility of the process help members set aside doubts or skepticism.
5. Those who are in a position of power or authority are willing to go along with our ideas or recommendations.
6. We set aside vested interests to achieve our common goal.
7. We celebrate our group's successes as we move toward achieving our goals.

The Results of the Collaboration

1. We have concrete measurable goals to judge the success of our collaboration.
2. We have identified interim goals to maintain the group's momentum.
3. There is an established method for monitoring performance and providing feedback on goal attainment.
4. Our group is effective in obtaining the resources it needs to accomplish its objectives.
5. Our group is willing to confront and resolve performance issues.
6. The time and effort of the collaboration is directed at obtaining the goals rather than keeping itself "in business".

Post-Planning Qualitative Interview Protocol and Questions

Thank you for taking the time to talk with me about your community planning process. I will be asking a variety of open-ended questions about the dynamics of your group, your experiences with completing the tasks for the framework, and anything else you'd like to share from this planning process. I will ask for your consent to record these conversations, so that I am able to review the interviews from all groups later on in order to look for common ideas or themes in responses across sites. Your opinions and feedback are confidential, all personal and organization names will be kept confidential and not included in any reports. I won't share the recordings with anyone else and will delete them once the final report is written. I appreciate your honest feedback about this process so that we can learn from your experiences and improve upon it for future cohorts.

First, I'd like to talk with you about the dynamics of your leadership group.

1. Please discuss your overall assessment of the leadership team in terms of: ease/difficulty working together, pros and cons to working across sectors.

It looks like, across all meetings, your team included about _____ different members or organizations.

2. Please discuss the level of engagement of those members/organizations.
   o Did all members attend all meetings? Please explain.
   o If no – how did attendance work in your group?
3. What aspects of collaboration would you say are most important for this kind of planning process?

Now, I'd like to talk about specific tasks within the framework.

4. First, what is your overall assessment of the framework tasks and planning process?
5. Please discuss your leadership team's capacity to complete the tasks in the framework.
   o Would you say you felt your group was well-prepared, moderately-prepared, or a bit underprepared for this process? Explain.
   o Which specific skills would you say are necessary for completing the tasks?
6. Which specific framework tasks: forming the leadership group, developing a community profile, securing parent input, cataloging local services, setting priorities, outlining the implementation plan were **easiest** for your group to complete? Please explain.
7. Which specific framework tasks: forming the leadership group, developing a community profile, securing parent input, cataloging local services, setting priorities, outlining the implementation plan were **most challenging** for your group to complete? Please explain.
8. Which specific framework tasks: forming the leadership group, developing a community profile, securing parent input, cataloging local services, setting priorities, outlining the implementation plan were **most/least time consuming** for your group to complete? Please explain.
9. IF not already discussed above: Please discuss if/how your group secured parent input.
   o Please describe your experiences with that process.
   o Which aspects were easiest/most challenging.

In terms of frequency of meeting, it looks like your group met about _____ times.

10. What is your assessment of the frequency/duration of your meetings?
    o Would you say it was just enough, too much time, needed more time to complete the planning process?
    o What advice would you give future leadership planning teams about the frequency and duration of meetings?

At the start of the planning process, we asked each group member to rate their community's readiness for child maltreatment prevention across several domains: community knowledge of child maltreatment and prevention efforts, leadership's support for the problem, the community climate around child

maltreatment prevention, and community resources for prevention of maltreatment. So now, I'd like to ask a couple questions related to community readiness.

11. Please discuss your community's readiness for child maltreatment prevention.
    - Did community readiness come about in any group discussions or in completing any framework tasks? Explain.
12. Did your group experience any obstacles or challenges throughout this planning process? Explain.
    - How did you overcome them?

Next, I'd like to talk with you about some preliminary outcomes of this planning process.

13. First, what has resulted from this planning period that you are most proud to share with me?
14. Did your group create new proposed goals, or was this planning process used to support existing structures?
15. What is your assessment of your leadership team's/community partners' attitudes about using community planning for child maltreatment prevention?
    - o Would you say members/partners are really interested in being involved in community planning efforts, moderately interested in community planning efforts, or not so interested in community planning efforts.
    - o Have you noticed any changes in your membership/partners' attitudes/level of understanding or engagement as a result of this planning process so far?
16. Please discuss your assessment of the organizations and partners working on child maltreatment in your community.
    - o Have you observed any changes in the ways that organizations and partners are working on child maltreatment in your community as a result of this planning process? (e.g., alignment of organizational goals with the partnership goals, number of partners involved, increased level of engagement)
17. What is your assessment of your community's level of support for child maltreatment prevention planning efforts in your community?
    - o Have you observed a strengthened base of support for child maltreatment prevention efforts as a result of this process? (e.g., in terms of funding, actions, nontraditional partners, media coverage)
18. Please describe the level of interest (from very interested, to not a major priority) in the policy channel for change among leadership team members.
    - Have you observed a change in level of interest or commitment among the leadership team in creating policy–level change?
19. Did your group strategize for future change at the policy-level? Describe.
20. What is your assessment of your group's capacity to address policy level initiatives?
    - If low: What would help improve their capacity?

Now, I'd like to talk about the facilitator's role in your planning process.

21. Each group received technical assistance from a facilitator. Please discuss your group's assessment of this resource (no names, specific information, more broadly discuss the role of a facilitator). What was most/least helpful?
22. What skills or attributes would you say are most important for facilitators to have?
23. Lastly, please discuss the future of your leadership team.
    - o What is the level of commitment among core members to the proposed plans?
    - o What is the level of commitment among non-core members to the proposed plans?
    - o Will you continue to meet?
24. Anything else you'd like to share?

Facilitator Implementation Data

Site
Facilitator
Task 1.1 - Form Core Leadership Group
Notes
Number of Team Members
Who is each team member representing (e.g., parent, business, early childhood council – list all)
Were team members already well connected? (Yes/No)
Did team review the state plan? (Yes/No)
What helped moved the process along faster?
Did the team encounter any obstacles in completing this task? Explain.
What factors contributed to successful collaboration?

Task 1.2 - Develop Community Profile
Did the team create a community profile? (Yes/No)
Did the team use existing data? (Yes/No)
Which data sources did the team use? List all.
How will this information be used? (e.g., were findings shared with leadership group/other?)
What helped move the process along faster?
Did they encounter any obstacles when completing this task?

Task 1.3 - Secure Parent Input
Did they secure parent input? (Yes/No)
Was the parent input collected internally (by members of the group)? (Yes/No)
Did the group consult any other groups for help with this? (DU, other researchers, government agency?
(Yes/No – list all)
Was the part input gathered by another organization? (Yes/No)
Describe the method(s) used to secure parent input (e.g., focus group, café conversation, etc.)
Was gaining parent participation difficult? (Yes/No) Explain why or why not.
What strategies were used to ensure participation? (e.g., accessible locations, child care, food, etc.)
Was data analyzed? (Yes/No) If yes, by who?
What helped move the process along faster?
Did they encounter any obstacles when completing this task?

Task 1.4 - Catalogue Local Services
Did the team catalogue local services? (Yes/No)
Did they identify gaps? (Yes/No)
Did they identify strengths? (Yes/No)
How will this information be used?
What helped move the process along faster?
Did they encounter any obstacles when completing this task?

Task 2.1 - Set your Priorities
How many priorities did they select?
What factors were considered when selecting these priorities? (List)
Who was involved in setting priorities (list all; e.g., leadership group, core team, other)?
Were there obstacles/barriers they encountered when selecting these priorities? (List)

Were parent input results used to set priorities (Yes/No)
Were community profile findings used to set priorities? (Yes/No)
Was parent input helpful in setting priorities? (Yes/No)
Were community profile findings helpful in setting priorities? (Yes/No)
What helped moved the process along faster?
Did they encounter any obstacles when completing this task?

90-Day Follow-Up Survey

1. What is your role in the leadership planning team?
    a. Coordinator of the team
    b. Member of the core leadership organization team
    c. A member of the broad leadership planning team (i.e., you attended/participated in meetings but are not a member of the lead organization)
2. Before you began this community planning effort, how confident were you:
    a. in your knowledge of primary prevention of child maltreatment?
    b. in your knowledge of secondary prevention of child maltreatment?
    c. in your ability to lead on the issue of child maltreatment prevention in your community?
    d. in your ability to find or use data?
    e. in your ability to engage parent leaders in decision-making?
    f. in your ability to solicit feedback from families?
    g. in your ability to engage non-traditional partners in planning related to strengthening families to prevent child maltreatment?
    h. in your ability to communicate about the prevention of child maltreatment
    i. in using logic models (i.e., connecting activities to desired outcomes)?
    j. in identifying ways to measure progress in achieving desired outcomes?
3. How confident are you currently:
    a. in your knowledge of primary prevention of child maltreatment?
    b. in your knowledge of secondary prevention of child maltreatment?
    c. in your ability to lead on the issue of child maltreatment prevention in your community?
    d. in your ability to find or use data?
    e. in your ability to engage parent leaders in decision-making?
    f. in your ability to solicit feedback from families?
    g. in your ability to engage non-traditional partners in planning related to strengthening families to prevent child maltreatment?
    h. in your ability to communicate about the prevention of child maltreatment
    i. in using logic models (i.e., connecting activities to desired outcomes)?
    j. in identifying ways to measure progress in achieving desired outcomes?
4. Since the planning period ended, have you personally done any of the following (check all that apply):
    a. Spoke about/shared information about your knowledge of primary or secondary prevention
    b. Acted as a leader in efforts related to child maltreatment prevention
    c. Communicated with others about child maltreatment prevention
    d. Found or analyzed data related to child maltreatment prevention
    e. Used data in decision-making related to child maltreatment prevention
    f. Engaged parent leaders in decision-making related to child maltreatment prevention
    g. Solicited feedback from families related to child maltreatment prevention
    h. Engaged non-traditional partners in matters related to child maltreatment prevention
    i. Used logic models to plan for something
    j. Identified ways to measure progress to achieve outcomes
    k. None of the above

5. If any selected: Would you attribute your involvement in those activities to any of the following (check all that apply):
    a. Connections made with members of the leadership team
    b. Skills or knowledge gained in the planning process
    c. Your leadership team's plan/goals
    d. Other:
    e. I would not attribute my involvement in those activities to anything related to the community planning process or involvement with the leadership team (i.e., something I would have done anyways)
6. Since the planning period ended, have you shared any skills or information gained through this planning process with anyone else?
    a. Yes
        i. People I work with:
            1. # of people
            2. shared what
            3. outcome
        ii. People who serve children or families in the community
            1. #
            2. shared what
            3. outcome
        iii. Community members
            1. #
            2. shared what
            3. outcome
        iv. Community leaders
            1. #
            2. shared what
            3. outcome
        v. Others
            1. #
            2. shared what
            3. outcome
    b. No

Strengthened Alliances

7. Since the start of this planning process, have your relationships with the other members of your leadership team –i.e., those you don't normally work with on a day-to-day basis – changed (check all that apply)?
    a. Yes; Increased referrals
    b. Yes; Stronger relationships
    c. Yes; Reach out to one another more often
    d. Yes; Coordinate efforts
    e. Yes; Hold each other accountable to a shared mission
    f. No; Relationships have worsened

    g.   No; Fewer referrals

    h.   No; Reach out to one another less often

    i.   No; Less coordinated

    j.   No; Less accountable to a shared mission

    k.   No; Stayed the same

    l.   Other:

8. Since the planning period ended, how many times have you met with or communicated with members of your leadership team (not counting those who you typically work with on a daily basis).

    a.   0

    b.   1

    c.   2

    d.   3

    e.   4

    f.   5

    g.   6

    h.   7

    i.   8

    j.   9

    k.   10

    l.   other: _____

9. If > 0, What were the primary purposes of meeting/communicating (check all that apply):

    a.   Efforts related to the planning process

    b.   To refer clients

    c.   To talk through a community issue (please specify: _____)

    d.   Other (please specify: _____)

10. Using any number from 0 to 10, where 0 is "not involved at all" and 10 is "highly involved", what number would you use to rate your participation in your group's planning process/leadership process **since the planning period ended**?

    a.   0

    b.   1

    c.   2

    d.   3

    e.   4

    f.   5

    g.   6

    h.   7

    i.   8

    j.   9

    k.   10

11. Since the planning period ended, has the makeup of your community leadership team membership changed?

    a.   Yes

    b.   No

12. If yes,
    a. Members joined
        i. explain, which sector(s), how many
    b. Members have left
        i. explain, which sector(s), how many
    c. Other
        i. please explain
13. How many members are currently a part of your leadership planning team (i.e., how many total people did you send the survey to)?
    a. _____
14. Since the planning period ended, has your community planning leadership team conducted any activities to raise awareness of strengthening families to prevent child maltreatment in your community?
    a. Yes
        i. how many?
    b. No
15. If yes, indicate which community members and/or groups you are focusing your awareness efforts on (check all that apply):
    a. Families
    b. Schools
    c. Local government leaders
    d. Local government agencies
    e. Businesses
    f. City
    g. Media
    h. Religious/Spiritual groups
    i. Child care sector
    j. Programs that serve families
    k. Other _____
16. Since the planning period ended, has your community planning leadership team conducted any activities to raise awareness of your leadership team's efforts and plans?
    a. Yes
        i. How many?
    b. No
17. If yes, indicate which community members and/or groups you are focusing your awareness efforts on.
    a. Families
    b. Schools
    c. Local government leaders
    d. Local government agencies
    e. Businesses
    f. City
    g. Media
    h. Religious/Spiritual groups

        i. Child care sector

        j. Programs that serve families

        k. Other _____

18. If no, does your community leadership team have any future plans to increase awareness of the team's efforts and plans?

        a. Yes

        b. No

Strengthened Base of Support

19. How often did the media cover strengthening families/child maltreatment prevention in your community prior to this planning period:

        a. 0 – very rarely

        b. 1 - rarely

        c. 2 – somewhat rarely

        d. 3 – somewhat often

        e. 4 - often

        f. 5 – very often

20. Since the planning period ended, have you experienced any changes in media coverage of strengthening families/child maltreatment prevention, or your community planning leadership team's efforts?

        a. Yes

        b. No

21. If yes:

        a. Quantity (e.g., greater number of articles, conversations, flyers)

        b. Prioritization (e.g., front page, top stories, high priority)

        c. Extent of coverage (e.g., coverage goes more in depth on the issue)

        d. Variety of media (e.g., several different/or new types of sources covering the issue)

        e. Echoing messages (e.g., multiple sources sharing the same message)

        f. other

22. If yes:

        a. Newspaper

        b. television

        c. flyers

        d. billboards

        e. radio

        f. local news

        g. social media

        h. other

23. How engaged was the public in strengthening families/child maltreatment prevention in your community prior to this planning period:

        a. 0 – very unengaged

        b. 1 - unengaged

        c. 2 – somewhat unengaged

        d. 3 – somewhat engaged

e. 4 - engaged

f. 5 – very engaged

24. Since the planning period ended, have you noticed any changes in public involvement related to strengthening families to prevent child maltreatment (check all that apply)?

   a. Volunteers for family strengthening/child maltreatment prevention efforts have

      i. Increased

      ii. Decreased

      iii. Stayed the Same

      iv. Unsure

   b. Number of partners showing support for strengthening families/child maltreatment prevention

   c. Number of parents attending community cafes or parent feedback sessions has

   d. Unlikely partners (i.e., those that don't typically work on children or family issues) showing interest in your efforts

   e. Unlikely partners (i.e., those that don't typically work on children or family issues) joining your efforts

   f. New organizations working on family strengthening/child maltreatment prevention efforts

   g. Local government officials interest in family strengthening/child maltreatment has

   h. Local government officials making family strengthening/child maltreatment prevention a priority

   i. People running for local positions making child maltreatment prevention a campaign priority

   j. Family strengthening/child maltreatment prevention discussed at school board or other community meetings

   k. Other

   l. I have not noticed any changes

Social Norms

25. Since the planning period ended, have you noticed any changes in your community regarding child maltreatment?

   a. Knowledge of child maltreatment prevention/family strengthening efforts among community members has

      i. Improved

      ii. Unchanged

      iii. Not sure

   b. Community leadership's level of concern for strengthening families/child maltreatment prevention efforts has

   c. Community attitudes, beliefs, and values regarding child maltreatment as an issue that needs to be addressed have:

   d. Community member's knowledge/awareness of child maltreatment (e.g., how and where it occurs, why it needs addressing, whether it occurs locally; causes, consequences, symptoms) has

   e. Community resources for child maltreatment prevention have

Either Organizational Capacity or Program/Policy Improvements

26. Has your community planning leadership team received any **new funding** from sources other than the implementation grant?
    a. Yes; to implement program or policy
        i. Amount
    b. Yes; to staff the coalition
        ii. Amount
    c. Yes; for other purpose, please specify:
        iii. Amount
    d. No; we have not received any funding
27. If no, have you attempted to gain funding through any of the following strategies (check all that apply, please describe):
    a. Researched/looked for funding opportunities
    b. Connected with a funder/foundation
    c. Applied for a grant / funding opportunity but did not get it
    d. Currently working on an application for a grant / funding opportunity
    e. Have not attempted any strategies to gain outside funding and will not in the future
    f. Have not attempted any strategies to gain outside funding but will in the future
    g. Other:
28. Has your community planning leadership team redirected or combined any **existing sources of funding**?
    a. Yes; redirected funding away from other efforts to support the plan
        i. (please describe which, for what, and how much)
    b. Yes; combined sources of funding to implement a piece of the plan
        i. (please describe which, for what, and how much)
    c. No
    d. other
29. Are any members of your leadership planning team currently being paid to work with the leadership team (as part of their job or through other sources)?
    a. Yes
        i. How many; through what source; for what purpose?
    b. No

Program/Policy Development/Improvements

30. Since the planning period ended, has your leadership team worked on any of the following (check all that apply; please describe):
    a. Researched/sought more information on policies related to strengthening families to prevent child maltreatment
    b. Discussed policies related to strengthening families to prevent child maltreatment
    c. Talked with policy makers about policies related to strengthening families to prevent child maltreatment
    d. Developed policy proposals
    e. Became more educated on policies related to strengthening families to prevent child maltreatment

      f.   Advocated for a policy issue related to strengthening families to prevent child maltreatment

      g.   Became more educated on evidence-based programs related to strengthening families to prevent child maltreatment

      h.   Revised/adapted current programs related to strengthening families to prevent child maltreatment

      i.   Implemented new programs related to strengthening families to prevent child maltreatment

      j.   None of the above

31. Where is your leadership team at in terms of implementing your plans?
    a. Nothing has changed since we submitted our final plans
    b. Still planning
    c. Seeking funding or support
    d. Implementing
       i. Which parts?

32. What are the next steps for your leadership planning team in terms of implementing your plans:
    a. please describe

33. Have you used your plan or any of the products from the planning period for any other initiatives?
    a. Yes
       i. Which aspects of the plan or products?
       ii. For what?
    b. No

What advice would you give to another community beginning this planning process?