*States can use this template in completing the 2021 Annual Report. The information below includes a more detailed outline of the reporting requirements CBCAP State Lead Agencies must include in the CBCAP Annual Report (Section H. 1-10 of the CBCAP Program Instruction). The Program Instruction is available at: http://friendsnrc.org/cbcap-program-instruction*

The state’s 2021 annual program report is due by January 30, 2022; however, because this falls on a Sunday, report submissions will be accepted on Monday, January 31, 2022 for this year only. It should: (1) document activities conducted during the grant award in the previous year; and (2) provide specific information to demonstrate compliance with the requirements for these funds. The timeframe for the reporting period includes all activities completed in federal fiscal year 2021 (October 1, 2020 – September 30, 2021). Program reports must be submitted through email to CBCAP@acf.hhs.gov with a cc to your state’s Regional Program Manager (see Attachment 8 of the PI or <https://www.acf.hhs.gov/cb/resource/regional-program-managers>).

The following performance measures must be included in the annual report:

1. **The Statewide child maltreatment prevention leadership activities conducted by the CBCAP Lead Agency in the past reporting period**
* Describe the role of the CBCAP lead agency and how it has lead the child maltreatment prevention activities in the state
* Include the interdisciplinary, collaborative, public-private structure, including representation from private and public sector parents and service providers, that directed and supported networks of coordinated child abuse prevention resources, activities that strengthened and supported families, and how the structure directed the network
* Describe how programs and activities operated, including how community-based child abuse and neglect prevention-funded programs and activities (provided by public and private agencies, nonprofit organizations, faith-based programs, and those funded by other sources) were integrated into the state’s continuum of family-centered, holistic, preventive services for children and families

|  |
| --- |
|  |

1. **The CBCAP lead agency’s actions to advocate for systemic change during the reporting period. This should include a description of the following:**
* The lead agency’s involvement in statewide systemic change efforts such as the development and oversight of the CFSP/APSR and CFSR PIP, early childhood systems building, and other related interagency collaboration activities, as appropriate (see Attachment 7), to include any efforts by the state to move the child welfare system to focus more on prevention
* Demonstrate (through information and documentation) the establishment or maintenance of innovative funding mechanisms, at the state or community level, that blend federal, state, local and private funds, and innovative, interdisciplinary service delivery mechanisms for the development, operation, expansion and enhancement of CBCAP programs

|  |
| --- |
|  |

1. **Describe the nature and extent of collaborations and partnerships and its impact on the CBCAP program in the past reporting period**
* States should describe their partnerships and collaborations with other federal, state, local, or private efforts that intersect with their child maltreatment prevention programs and activities (examples may include: participation in planning and implementation of the CFSR, PIP, CFSP, and APSR (to include the State Team Planning meeting), as well as collaborations with Early Childhood Comprehensive Systems, Strengthening Families initiatives, Head Start, Early Head Start, Maternal, Infant, and Early Childhood Home Visiting Program)
* Highlight how your work may have been anchored and connected to more established prevention and promotion activities in public health or other human services. The report should include information about strength of the collaborations and coordination efforts, the nature and quality of those relationships and what other impacts these connections and partnerships have made

Please check all collaborations/partnerships that apply:

[ ]  Child Welfare, such as: [ ]  Strengthening Families, Head Start [ ]  Substance Abuse

[ ]  CFSR/PIP [ ]  Early Head Start [ ]  Public Health/ACES

[ ]  IV-B/PSSF [ ]  Maternal, Infant, and Early Childhood [ ]  Business Community

[ ]  CFSP/APSR Home Visiting [ ]  Project Launch

[ ]  State Team Planning meeting [ ]  Early Childhood Comprehensive [ ]  Other
 Systems

|  |
| --- |
|  |

1. **Describe the status of the state’s prevention service array**
* Demonstrate how the CBCAP lead agency has assessed the unmet needs in the state and community. This can include information from needs assessments conducted by another public or private agency, if the findings inform prevention efforts.
* Demonstrate that the CBCAP lead agency addressed the unmet needs identified by the inventory and description required by section 204(3) of this legislation; (section 206(3))
* Provide the inventory and description of the services provided to families by local programs that meet identified community needs, including core and optional services as described in section 202 of this legislation; (section 204(2)) and the description shall specify whether those services are supported by research
* Demonstrate (through contracts, interagency agreements and other means) the effective development, operation and expansion of community-based and prevention-focused programs and activities that met the requirements of the CBCAP program; (section 206(1))
* Include a description of the numbers served (also see table below), specifically including data on:
	+ individuals (parents/caregivers)
	+ children
	+ families
	+ families with children with disabilities,
	+ parents with disabilities and

|  |  |
| --- | --- |
| Please indicate numbers for each population served: | # served |
| Number of families with children with disabilities  |  |
| Number of parents with disabilities  |  |
| Total number children who received preventative direct services  |  |
| Total number of parents/caregivers who received preventative direct services  |  |
| Total number families who received preventative direct services  |  |

|  |
| --- |
|  |

1. **Include a description of the actual outreach activities for special populations and cultural competence efforts conducted by the CBCAP lead agency during the reporting period**
* Include a description of outreach activities that the CBCAP lead agency and the community-based and prevention-focused programs and activities conducted over the reporting period to maximize the participation of parents, racial and ethnic minorities, children and adults with disabilities and members of other underserved or underrepresented groups
* If applicable, information may also include outreach activities to other special populations identified by the CBCAP lead agency
* Activities to promote culturally competent and culturally relevant programs and activities for their funded programs

Please check all that apply for outreach:

[ ]  Parents [ ]  Adult former victims of child abuse

[ ]  Racial and ethnic minorities and neglect or domestic violence

[ ]  Children and adults with disabilities [ ]  Members of other underserved

[ ]  Homeless families and those at-risk of homelessness or underrepresented groups (i.e. fathers)

[ ]  Unaccompanied homeless youth [ ]  Other option – Please describe in your narrative

|  |
| --- |
|  |

1. **Describe the lead agency’s activities and implementation plan to ensure the continued leadership and involvement of parents in the ongoing planning, implementation, and evaluation of CBCAP programs (section 206(8))**
* Describe the CBCAP lead agency’s activities, including training and technical assistance, and implementation plan to ensure the leadership and involvement of parents in the ongoing planning, implementation, and evaluation of CBCAP programs including:
	+ the involvement of a diverse representation of families in the design, operation and evaluation of community-based child abuse and neglect prevention programs and activities
* If applicable, describe how parent leadership and family involvement efforts were evaluated and assessed in terms of its impact on the work of the CBCAP lead agency during the reporting period

|  |
| --- |
|  |

1. **Include a description of the training, technical assistance and evaluation assistance activities conducted or sponsored by the lead agency during the reporting period**
* Describe the training, technical assistance and evaluation assistance activities conducted or sponsored by the CBCAP lead agency during the reporting period, including the number of individuals who received training and technical assistance from Lead Agency (see table below)

|  |  |
| --- | --- |
| Please indicate numbers for: | # served |
| Number of individuals who received training and technical assistance from Lead Agency as a total |  |

|  |
| --- |
|   |

1. **Provide evaluation data on the outcomes of programs and activities funded under this program. This should include the following:**
* Data reporting requirements and the national outcomes for the CBCAP program, as appropriate; for the efficiency measure, provide data on the percentage of total funding that supports evidence-based (EBP) and evidence-informed programs (EIP) and practices (see table below). More information about these requirements can be found in the document, “Guidelines for CBCAP Lead Agencies on EBP EIP found at <https://friendsnrc.org/wp-content/uploads/2020/10/2007CBCAP-Guidelines.pdf>.” For more information on evidence-based practice in prevention, see <https://friendsnrc.org/evaluation/matrix-of-evidence-based-practice/>.
* A demonstration of the high level of satisfaction among families who have used the services of the CBCAP program; (section 206(5)) (*For example: CBCAP lead agencies could consider including a summary of findings from client satisfaction surveys.)*
* A description of the results of evaluation, or the outcomes of monitoring, conducted under the state program to demonstrate the effectiveness of activities in meeting the purposes of the program (this may include a peer review process) (section 206(7))
* Evaluation data, where appropriate and available, on the effectiveness of funded programs, the CBCAP lead agency, and the network

|  |
| --- |
|  |

Please report on your expenditures for EB/EI Funding (add lines as needed):

|  |
| --- |
| Well-Supported |
| Program Name | Supporting Reference | Total Amount of CBCAP Funding $ | Total Infrastructure Costs\* $ | Total Match Funding $ |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals: |  |  |  |
| Supported |
| Program Name | Supporting Reference | Total Amount of CBCAP Funding $ | Total Infrastructure Costs $ | Total Match Funding $ |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals: |  |  |  |
| Promising Programs and Practices |
| Program Name | Supporting Reference | Total Amount of CBCAP Funding $ | Total Infrastructure Costs $ | Total Match Funding $ |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals: |  |  |  |  |
| Emerging and Evidence Informed Programs and Practices  |
| Program Name | Supporting Reference | Total Amount of CBCAP Funding $ | Total Infrastructure Costs $ | Total Match Funding $ |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals:  |  |  |  |
| Program Lacking Support/Positive Evidence/Harmful/Undetermined |
| Program Name | Supporting Reference | Total Amount of CBCAP Funding $ | Total Infrastructure Costs $ | Total Match Funding $ |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals: |  |  |  |
| Overall Totals: |  |  |  |

\*Infrastructure Costs are non-direct service activities the SLA conducts to support the implementation of EB and EI practices. Examples may include:

* Training and Technical Assistance
* Evaluation and Data Collection
* Network Development and Collaboration
* Grants Management and Monitoring

Please consult with your FRIENDS T/TA Coordinator and/or visit <https://friendsnrc.org/evaluation/matrix-of-evidence-based-practice/>, if you need additional assistance with completing this table.

1. **Include a description of the Child Abuse Prevention Month and public awareness activities conducted during the reporting period**
* Provide information on public awareness and education activities conducted in the reporting period and the total number reached through various activities
* Include a description of individuals who have participated in public awareness and public education activities (see table below). Public awareness may include Child Abuse Prevention (CAP) month activities or other activities conducted throughout the year by the CBCAP lead agency or CBCAP funded providers. Examples of public education activities may include conferences, trainings or other education activities for CBCAP-funded providers or that have been administered to support the state’s prevention plan/service array\*\*

|  |  |
| --- | --- |
| Please indicate numbers for: | # served |
| Number of individuals who received public awareness or public education activities  |  |

|  |
| --- |
|  |

1. **Include a description of the important contextual factors (challenges or barriers) that impacted the ability of the CBCAP lead agency to implement their proposed plans in the last reporting period**
* This section should describe any important contextual factors that may have impacted the ability of the CBCAP lead agency to implement their proposed plans from the application. This section should describe the nature of the challenge or barrier and how the CBCAP lead agency addressed the issue or to identify areas where they may need more support or technical assistance. This section can provide information about state budget issues, staffing issues, or other factors that have impacted the work during the reporting period.

|  |
| --- |
|  |