



Using Data to Improve CBCAP Programs

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Using Data to Improve CBCAP Programs: Integrating Data Sets to Create Regional Data Reports

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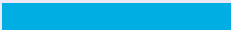
September 2, 2026



The Challenge

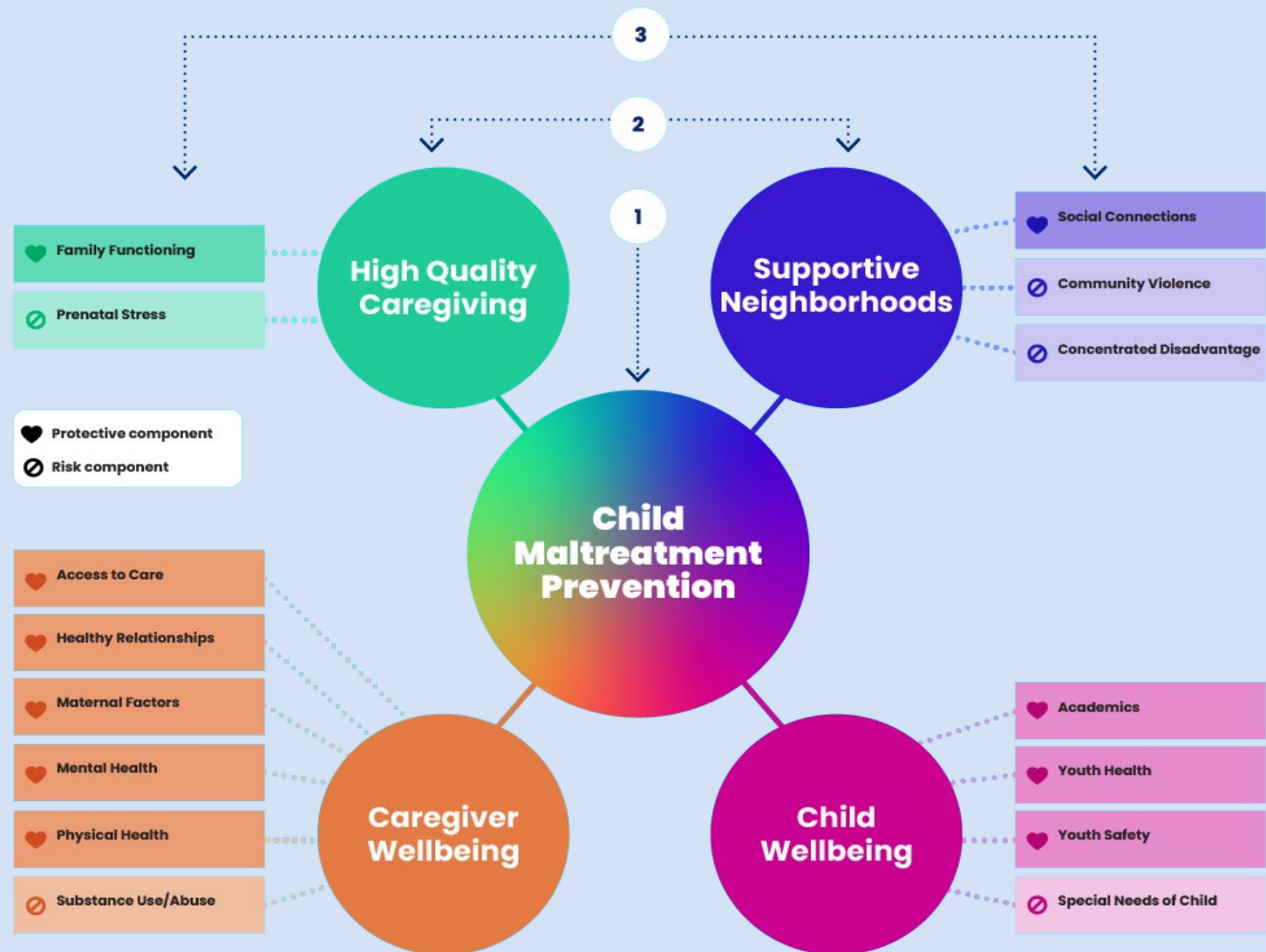
- Communities are asked to engage in data-informed planning
- Data exist everywhere
- Data are rarely organized around a prevention framework of any kind
- Data are often difficult to compare or interpret

Project Origins & Goals



- Started with the Colorado Thriving Families Framework and Prevention Measurement Guide
- Key goals include:
 - Create accessible reports
 - Organize data around prevention
 - Support planning
 - Highlight both assets and challenges

Final Prevention Measurement Model



Building the Model

- Started with an expansive search for relevant datapoints
- Went through a funnel of cleaning and conceptual alignment
- Final model includes:
 - 68 indicators
 - Organized into 15 measures
 - Underneath the 4 overall outcomes



Page 1

- The overview – an orientation to the model

Colorado Thriving Families Toolkit Regional Data Report

Health Statistic Region (HSR) #_, Sunshine Region

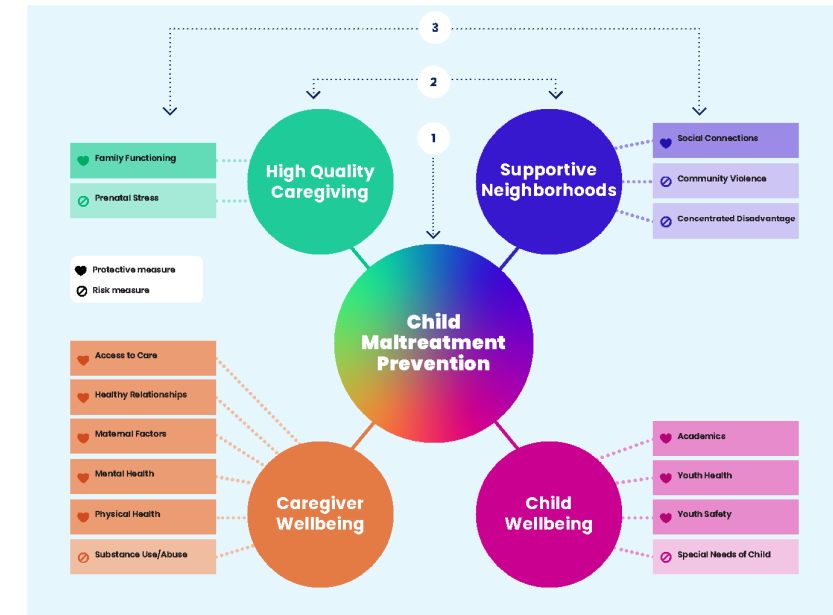
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Understanding Your Community Data Report

This report captures HSR #_ and its unique strengths and challenges by comparing it to all 21 HSRs in Colorado. The model includes:

- Overall Child Maltreatment Risk:** The center circle represents your region's overall risk level and where you are compared to all other regions in preventing child maltreatment.
- Protective Outcomes:** The four smaller circles represent four overarching outcomes relevant to child maltreatment prevention: Child Wellbeing, Caregiver Wellbeing, Supportive Neighborhoods, and High Quality Caregiving. Your region's outcomes are compared across regions and to the average of all the state's HSRs. All four outcomes are protective factors.
- Risk & Protective Measures:** The rectangles in the third level represent 15 measures, which include protective factors (marked with a heart) and risk factors (marked with a warning sign), that underlie the four overarching outcomes. Your region's risk and protective measures are compared to the average of the state's HSRs.

There are more than 70 indicators from a variety of data sources underlying the 15 measures used to determine your comparative data. Please reference the technical assistance guide for more information and a description of data sources.



In this report you will find:	Overall Child Maltreatment Risk: Comparative Data	Page 2
	Protective Outcomes: Comparative Data	Page 2
	Risk & Protective Measures: Comparative Data	Page 3

Page 2

- Overall childhood maltreatment risk
- Relative rating on the four outcome domains

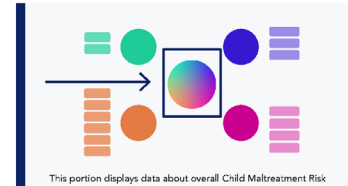
Colorado Thriving Families Toolkit Regional Data Report

Health Statistic Region (HSR) #_, Sunshine Region

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Overall Child Maltreatment Risk

The diamond (+) represents this region, while the dots (•) represent the other 20 HSRs in the state. The diagram allows for comparison across the HSRs and shows this region's place in the distribution of HSRs and distance from the average of the state's HSRs, which is at 0.0 on the graph.

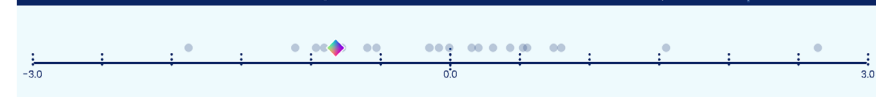


Overall Regional Comparison

How does my region compare in overall child maltreatment risk with the other HSRs across Colorado?

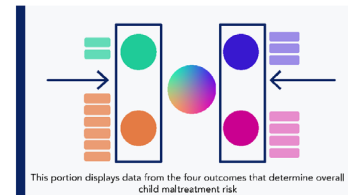
Child Maltreatment Risk | Below average

HSR #_ Other regions



Child Maltreatment Protective Outcomes

The diamond (+) represents this region, while the dots (•) represent the other 20 HSRs in the state. The diagram allows for comparison across the HSRs and shows this region's place in the distribution of HSRs and distance from the average of the state's HSRs, which is at 0.0 on each graph.

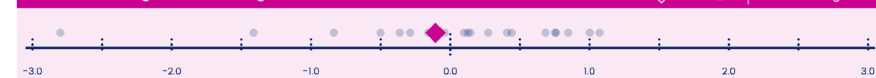


Outcome-Specific Comparison

How does my region compare in each of the four outcomes with the other HSRs across Colorado?

Child Wellbeing | Below average

HSR #_ Other regions



Caregiver Wellbeing | Below average

HSR #_ Other regions



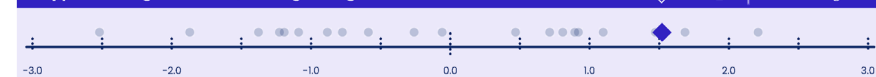
High Quality Caregiving | Among the lowest

HSR #_ Other regions



Supportive Neighborhoods | Among the highest

HSR #_ Other regions

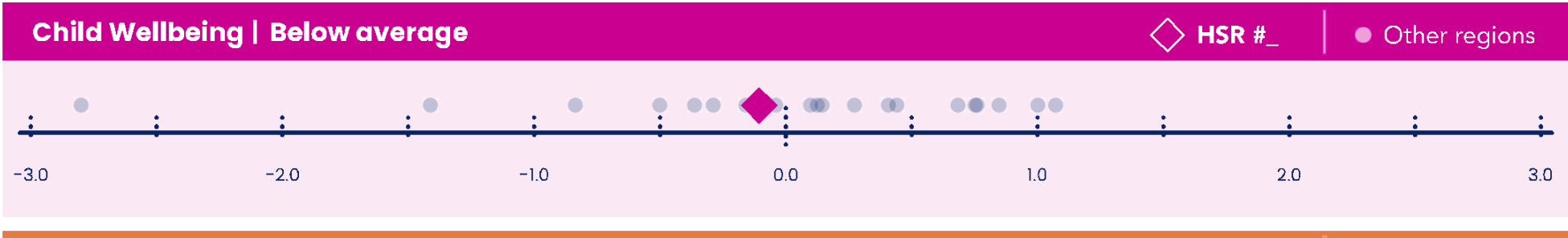




Outcome-Specific Comparison

How does my region compare in each of the four outcomes with the other HSRs across Colorado?

This portion displays data from the four outcomes that determine overall child maltreatment risk



Page 3

- The 15 measures nested within the four outcomes
- Risk vs. Protective factors

Colorado Thriving Families Toolkit Regional Data Report

Health Statistic Region (HSR) #_, Sunshine Region

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Risk and Protective Measures

The third level of the model contains the 15 measures underlying the four outcomes. These have been sub-divided into two types:

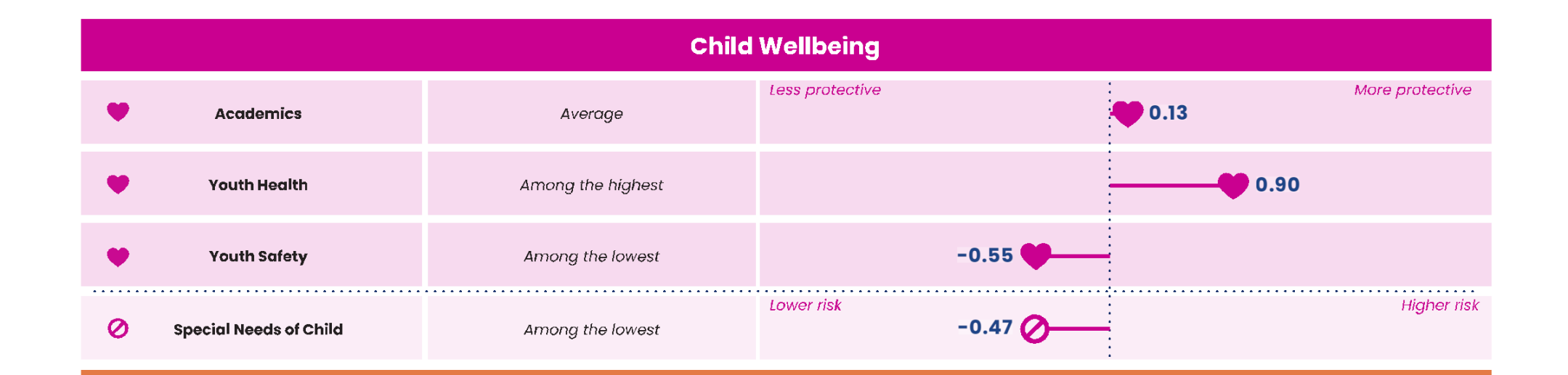
♥ **Protective measures**- reduce the likelihood of maltreatment and promote well-being.

⊗ **Risk measures**- increase the likelihood of child maltreatment.

The chart below shows how your HSR scores relative to the state's other HSRs on each of these risk and protective measures.



Child Wellbeing				
♥	Academics	Average	Less protective	♥ 0.13 More protective
♥	Youth Health	Among the highest		♥ 0.90
♥	Youth Safety	Among the lowest		-0.55 ♥
⊗	Special Needs of Child	Among the lowest	Lower risk	-0.47 ⊗ Higher risk
Caregiver Wellbeing				
♥	Access to Care	Below average	Less protective	-0.71 ♥ More protective
♥	Healthy Relationships	Average		-0.08 ♥
♥	Maternal Factors	Below average		-0.43 ♥
♥	Mental Health	Among the highest		♥ 1.28
♥	Physical Health	Average		♥ 0.09
⊗	Substance Use/Abuse	Above average	Lower risk	⊗ 0.75 Higher risk
High Quality Caregiving				
♥	Family Functioning	Below average	Less protective	-0.52 ♥ More protective
⊗	Prenatal Stress	Among the highest	Lower risk	⊗ 1.14 Higher risk
Supportive Neighborhoods				
♥	Social Connections	Above average	Less protective	♥ 0.73 More protective
⊗	Community Violence	Among the lowest	Lower risk	-0.67 ⊗ Higher risk
⊗	Concentrated Disadvantage	Average		⊗ 0.10



What are the reports for?

- Community planning tools
- Tools for identifying questions
- Starting points for conversations

What are the reports not?

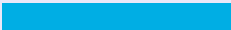
- Family-level assessments
- Child-level risk scores
- Deterministic predictions
- A replacement for community voice

Takeaways

-
1. Accessibility does not come at the cost of rigor
 2. Conceptual frameworks matter
 3. Interpretation is as important as measurement



Reach out!



- [The Butler Institute for Families](#)
- [The Colorado Partnership for Thriving Families](#)
- Contact our team – shaina.swain@du.edu



Office of Children
and Family Services

STORYTELLING WITH DATA

CRAFTING MESSAGES THAT MATTER

2026 CBCAP Grantee Meeting

Kristen Kirkland, PhD, MSW

September 2, 2026

THE PROBLEM WITH RAW DATA

BEFORE

220

parents attended our
workshops in 2024.

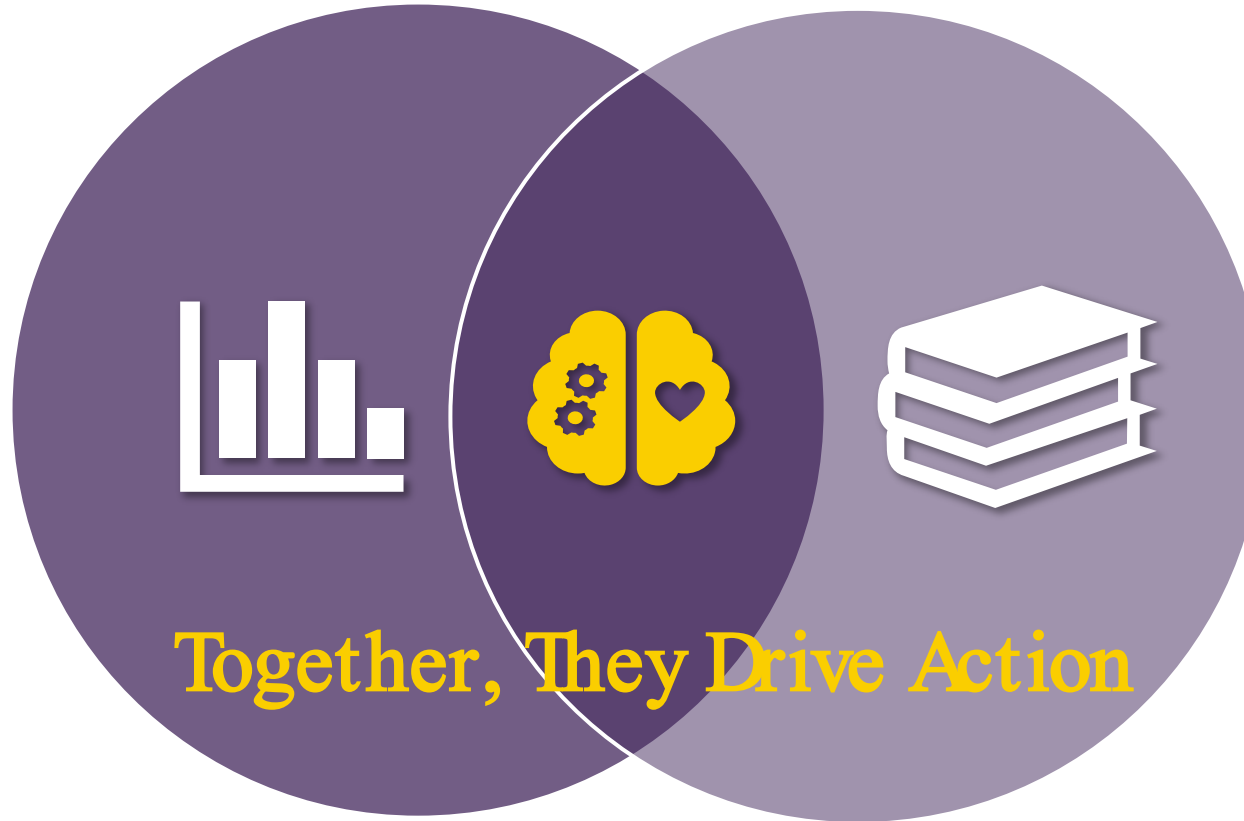
AFTER

In 2024, **220 parents**
attended our new Start With
Heart program. More than
80% attended all 12 sessions
and graduated from the
program with their **Start With**
Heart certification!

Same number. Very different story.

WHY STORYTELLING WITH DATA?

Data Make
Stories
Credible



Stories Make
Data
Relatable

The most powerful stories pair a heartbeat with a chart.

KNOW YOUR AUDIENCE



FUNDERS

Outcomes & Cost-Effectiveness



POLICYMAKERS

Problem -> Policy Gap -> Measurable Results



COMMUNITY

Personal Stories & Relatable Emotions



PROGRAM

Process Improvements & Participant Feedback

A powerful story connects when it's relevant to the people hearing it.

FOCUS ON MEANINGFUL METRICS



Connect to values and goals

If your goal is family stability, highlight retention, not just attendance.



Show change or improvement

Highlight the percent of families reporting improved parenting practices, not just how many completed the class.



Tailor to your audience

Funders want to know the return on investment; families want relatability; your partners want system-level impacts.



Use composite or summary indicators

Combine related items for a clearer story, like an index or a scale instead of individual measures.

Choose metrics that align with goals, audiences, and outcomes.

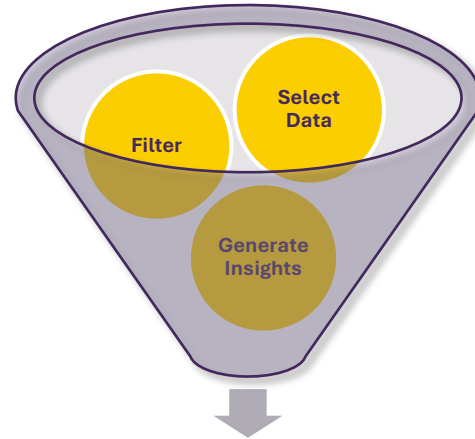
DATA WITHOUT CONTEXT ARE MEANINGLESS

COMMON PITFALLS

**Too many numbers,
not enough meaning**

Unfiltered data dumps

No story structure



Craft Your Story

INSTEAD

**Choose 2-3 key data
points per story**

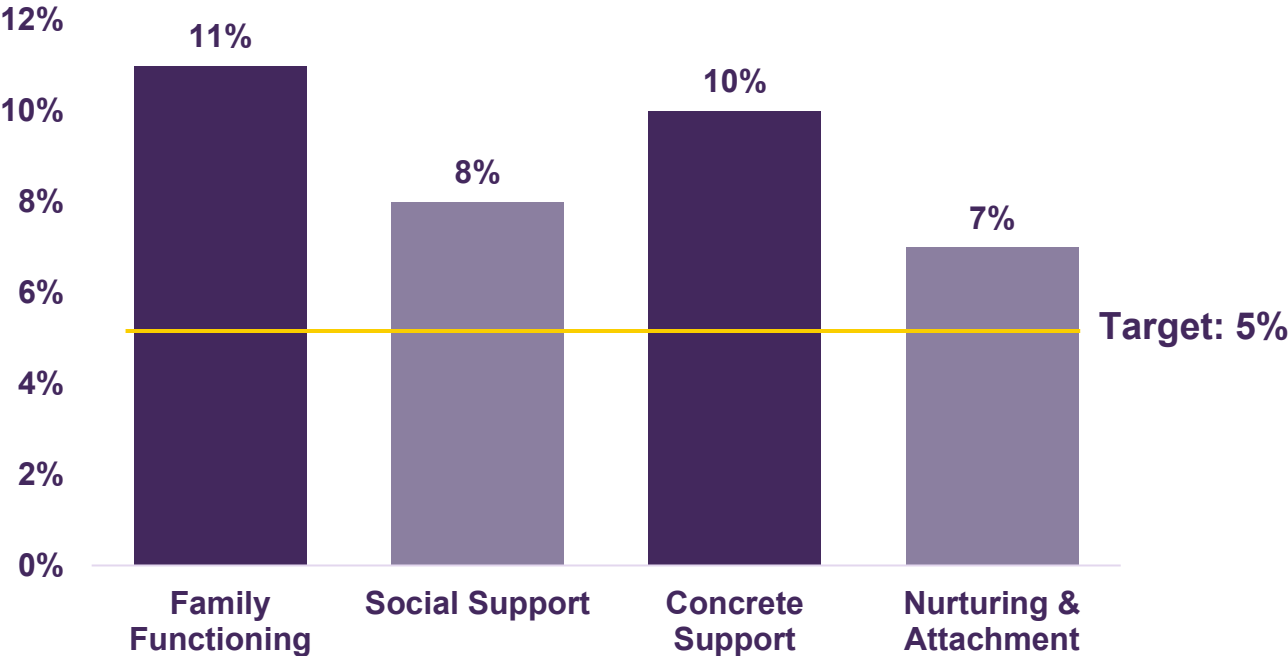
**Ask yourself “What is
the story I want to tell?”**

**Provide interpretation,
not just numbers**

Be selective and purposeful in what you include.

CONTEXT TURNS NUMBERS INTO MEANING

Caregivers who attended our new Start with Heart Program showed improvements in all four protective factors domains, exceeding our target in every category.



WHAT DOES THIS TELL US?

Caregivers showed **improvements** in all four protective factors domains.

The dark purple bars highlight **where gains were strongest.**

Without a benchmark, 10% is just a number. Against a 5% **goal**, it's a success story. We **exceeded** it in every category.

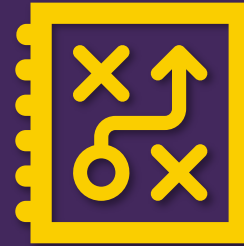
Context makes data actionable.

MAKE THE EMOTIONAL CONNECTION



Character

Who is the story about?



Challenge

What problem did they face?



Resolution

What changed?



Voice

What do we want the audience to feel?

Emotion and structure bring good stories to life.

MEET SHREYA



Meet Shreya. She's the mother of two young children and new to the neighborhood.



She just lost her job. She feels isolated and overwhelmed. She doesn't know how she'll support her family.



Shreya connects with her local FRC. She's connected to job training and emergency food assistance. Her children attend playgroups. She feels relieved and hopeful.



Six months later, Shreya is employed again. Her children attend a local childcare center. She volunteers at the FRC. She feels confident and connected.

Emotion and structure bring good stories to life.

MAKE THE PROBLEM FEEL SOLVABLE

Funders

We're not just supporting families; we're reducing the downstream costs your systems absorb every year. Our data shows it's working!

Policy Makers

Investing here is investing in the back end of your budget. These are popular community-based programs that constituents across the political spectrum support.

Community Members

It's not for families in crisis; it's for every family. Raising kids is hard and nobody should have to do it alone.

Program Staff

Consistent, trusting relationships with a caring individual can change the trajectory of families. What you do everyday matters!

Pair the problem with a concrete, achievable action they can take.

KEY TAKEAWAYS

**Know Your
Audience**

**Choose
Meaningful
Metrics**

**Provide Context
For Your Data**

**Structure Your
Story**

**Make The
Emotional
Connection**

**Move Them To
Action**

Craft messages that matter!

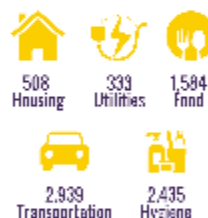
Family Resource and Opportunity Centers: Building a Foundation for Families to Thrive



The New York State Office of Children and Family Services (OCFS) is committed to investing in upstream, community-based prevention programs that reflect the strengths, needs, and cultures of the families they serve. Family resource centers (FRCs) and family opportunity centers (FOCs) play a key role in this, leveraging multiple systems to promote the health and well-being of children and families. FRCs and FOCs provide services to strengthen families and increase protective factors that research shows can reduce the risk of child abuse and neglect. They utilize approaches that are family-centered, strengths-based, and responsive to community needs and serve as local hubs for interagency and community collaboration to support families across the prevention continuum. FRCs and FOCs offer a wide range of services, including formal and informal parenting education programs, play groups and other social activities, and addressing or reducing barriers to accessing needed services.

Many of the families that come to FRCs and FOCs report substantial needs for concrete resources. To help address these needs, OCFS allocated a total of \$2,756,000 in American Rescue Plan funds to FRC contracts between 8/1/23 and 7/31/25 and FOC contracts between 3/1/23 and 8/31/25. This brief combines feedback solicited from programs about how the funds were used with statewide program data for the respective time periods to highlight the impact those funds had on families.

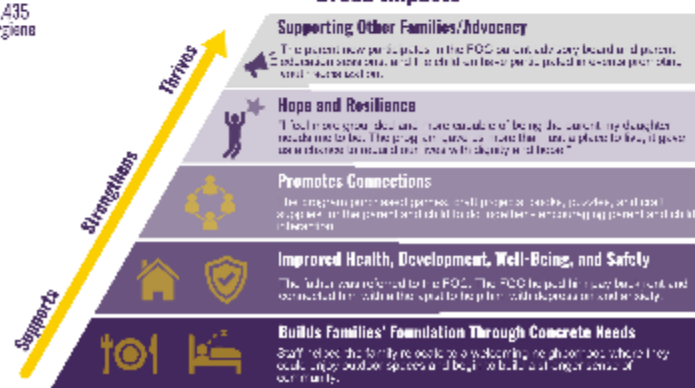
Number of Tangible Supports Provided



FRCs and FOCs were able to address the concrete needs of thousands of eligible families, paying for housing, utilities, and food; providing access to transportation; and supplying hygiene products. However, this tangible support had a far broader impact.

With their immediate concrete needs being met, caregivers were better able to focus on their own health and well-being and on actively fostering connections with their children and other social supports. They also shared how the program helped them feel more hopeful and resilient, with many supporting other families in turn, and even participating in broader advocacy efforts within their communities.

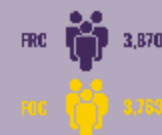
Broad Impacts



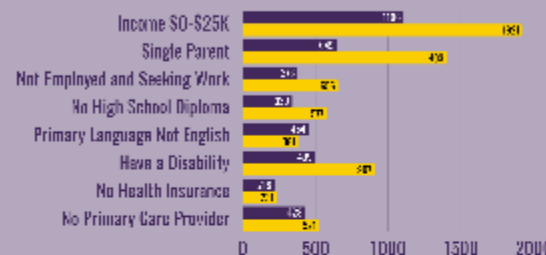
FRC and FOC Family Needs

More than 7,600 participants attended FRCs and FOCs while these funds were available. Caregivers reported multiple concrete needs for their families at registration. Many also reported risk factors such as being a single parent, having very low income or a disability, or not being able to find work, all of which increase the likelihood of negative outcomes for families, such as homelessness and food insecurity.

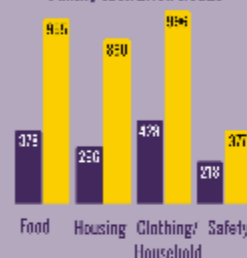
Total Participants



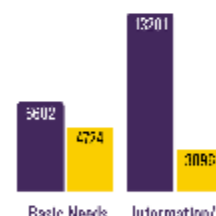
Caregiver Characteristics



Family Identified Needs



Services for Concrete Needs



During this period, FRCs provided 72,597 services to participants, including 19,603 services to address concrete needs, either directly or through referrals, and FOCs provided 32,137 services to families, including 7,820 for concrete needs. As a result of this focused, tangible support, caregivers attending FRCs and FOCs reported substantial improvements in their overall concrete support protective factor score compared to when they first started.

Improvements in Concrete Support

80%+ 5% or Greater Improvement in Score Between Times (at Registration) and Post-Test (18 to 24 Months Later) Scores (Score from 1 to 5)



"You see the need and step right in and change your situation from a struggle to secure."

"Thanks to this support, we got a good start at this new apartment."

<https://ocfs.ny.gov/programs/trust-fund/support.php>

Caregivers complete the Protective Factors Instrument at registration, three months later, and again six months after that to assess improvements in protective factors.

Office of Research, Evaluation, and Performance Analytics

Walter Shelley, PhD
Sujung Park, PhD
Kristen Kirkland, PhD, MSW

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**Office of Children
and Family Services**

Using Data Visualization to Demonstrate Program Impact

Ohio Children's Trust Fund

- Diettra Engram & Renee Whitfield, Program Managers
- octf@octf.ohio.gov



OVERVIEW OF THE OHIO CHILDREN'S TRUST FUND

The mission of the Ohio Children's Trust Fund is to prevent child abuse and neglect through investing in strong communities, healthy families, and safe children.

- OCTF is designated as Ohio's state lead agency for the federal Community-Based Child Abuse Prevention (CBCAP) grant.
- OCTF is Ohio's Chapter of Prevent Child Abuse America.



MAKING DATA COLLECTION MEANINGFUL

Since 2020, OCTF's regional providers have used uniform tools (forms/assessments) to capture data for comparison

- Enhancements have been made to capture standard participant information and ensure accurate data matching
- Selected reliable and valid assessment tools with clear scoring criteria
- Scoring is built into the dashboards, so the visuals tell the story

OCTF'S REPORTING TOOLS

Reporting Tools

The tools contained on this page are to be utilized by Ohio Children's Trust Fund (OCTF) service providers and/or service provider affiliated agencies and staff to input intake forms and assessment results for OCTF-funded programming. Only those service providers who are specifically instructed to input data utilizing these tools should access these resources. If you are unsure whether this resource applies to your project, please contact the OCTF at OCTF@octf.org.



- 13 forms available online in English for unified data entry by stakeholders; seven of the forms are also available in Spanish
- 10 forms feed 8 data dashboards
- Forms data are pipelined into the appropriate Tableau dashboard and scored, if applicable, matched (pre-post) and analyzed (score changes).
- Users can see individual scores for their region and can view and compare average scores for all regions.

LANDING PAGES

Overview - Parent Intake

The Parent Intake (PTI) is a universal tool used to collect de-identified demographic information about the parent(s) and caregiver(s) of the program's enrollees. In addition to general information (e.g., age, gender, race and ethnicity, as well as about the presence of a physical, mental or developmental disability, education level, household income, marital status, housing status, participation in government assistance programs and the number of minor children in the household), this form also incorporates the Concrete Support, Attitude Questionnaire (CSAQ) and the Parental Factors Survey, 2nd Edition (PFSQ).

The Concrete Support questions and scores, and both the distribution of responses and the mean scores are reflected in this dashboard.

Where data is populating these dashboard views?

Parents and caregivers participating in OCTP funded parent education programs are completing this form. Because this is a universal intake form, this initiative tries to be inclusive in allowing data to flow to the desired participant group, i.e., Regional Prevention Programs, Family Success Network, etc.

The following is a list of the areas (data) available in the Parent Intake dashboard and a summary of what the user can find in each area. As with all data visualizations, it is important that users approach the dashboard with curiosity and humility about what outcomes the data tells us. Users may even develop their own questions that can be checked routinely to see what changes may be occurring over time.

Population Tab

The graph at the top of the page is a snapshot of when providers are completing intake with parents/caregivers. This graph allows the user to review the reported number of participants served quarterly, identify state errors (data for a fiscal year not reached), or lack of responses to a question that could indicate a need for TA with a service provider.

Below the population tab displays aggregate information, by region, about parenting programs/enrolled in programming, including:

Parent Intake Phase 4



Overview - Parenting and Family Adjustment Scales

The Parenting and Family Adjustment Scales (PFAS) by Tompkins & Monahan (2011), is a 95-item inventory assessing parenting practices and parents and family adjustment. This inventory consists of an 18-item Parenting Scale encompassing four subscales, including Parental Competency (5 items), Effective Parenting (3 items), Positive Encouragement (3 items) and Parents' Child Satisfaction (3 items), and a 23-item Family Adjustment Scale encompassing three subscales, including Parental Adjustment (5 items), Family Relationship (8 items) and Parental Negativity (3 items). Each item is rated on a 4-point scale from 0 (not true at all) to 3 (true of me very much or most of the time). Scores items are reverse scored.

For each subscale of the PFAS Parenting Scale and PFAS Family Adjustment Scale, the items are summed to provide scores, with higher scores indicating less favorable outcomes relative to the subscale.

Where data is populating these dashboard views?

Parents and caregivers participating in OCTP funded parent education programs, through the regional prevention model, are completing this inventory, as applicable. Participants in programs that are four, or more, sessions (dependent on region) should be asked to complete this inventory before beginning the program and at the conclusion of the program (pre/posttest). About participants completing these many intensive programs are also being asked to complete the Adverse Childhood Experiences and Positive Childhood Experiences Questionnaires. More information about both questionnaires is provided below.

The following is a list of the areas (data) in the PFAS dashboard and a summary of what the user can find in each area. As with all data visualizations, it is important that users approach the dashboard with curiosity and humility about what outcomes the data tells us. Users may even develop their own questions that can be checked routinely to see what changes may be occurring over time.

Scores

This view shows matched participant pretest and posttest scores (averages) for each region. Average scores are displayed by respective scales (Parenting or Family Adjustment) and broken out by each subscale. Filters provide viewing by state/fiscal year, region, county, program or organization and can be viewed by a single subscale or multiple, depending on interest.

This view also shows average pretest and posttest scores by subscale broken out by state/fiscal year, region, county, program or organization.

Parenting and Family Adju...



experiences a high level of understanding of participant experiences across groups without applying norms or interpretation.

This view displays some summary in average responses (based by duplicate records). Duplicate records are revealed in this view by showing the date of last data entry for participants in the data set. Participants who have more than one submission for the same program in the same fiscal year will generate duplicates in the results. The duplicate submissions help reveal the participant who submitted duplicate responses and allow the user to see the number of times the form was submitted, as well as the date the form was submitted.

Response Breakdown

This view provides a detailed breakdown of participant responses by individual survey question and/or corresponding statement, i.e., Parenting is demanding. Users can explore how averages and responses (data sets) by county, organization, and program compare to statewide and regional averages. Filters can be applied to drill down by fiscal year, region, county, organization or program.

Next to each average response, there is also an icon that represents whether the number is higher, the same as, or below "If the state average score supports a better representation of response trends. The map in the center of the page reflects the average response in each of the nine counties and is highlighted. Averages closer to the top of the scales (0 or 4) are closer in color (blue). Filtering by region will result in only the counties in that region being represented on the map.

Response Comparison

This view allows users to compare responses across two independently filtered data sets. For example, users may compare a single region to statewide results or compare responses across different programs within the same fiscal year. This view supports side-by-side visualization of outcomes and differences in parent experiences.

Details

This view displays participant responses at the individual level. Users can view individual records and search by fiscal year and/or Participant ID to support record-level review. In addition to unique Participant ID, this data includes state data, number of surveys, program, etc.

This view also shows data on whether outcomes of interest are achieved or not at all, as well as the number of outcomes achieved or not achieved.

Parenting Experience Sur...



Overview - UpStream Social Interaction Risk Scales

The UpStream Social Interaction Risk Scale (USIRS) by Smith & Barnett (2014), is a 13-item multidimensional scale used to identify the social connections among adults posed by limited physical opportunities for social interactions and facing emotional, financial, and social interactions. Each item is given a score of "0" or "1" and then labeled to create a score variable from 0 to 13. Some items are reverse scored.

Higher values indicate higher risk of isolation. Note: This assessment tool is new and, to date, no research has been conducted to validate the tool. Users have not been asked to participate.

Where data is populating these dashboard views?

Parents and caregivers participating in OCTP funded parent education programs, through the regional prevention model, are completing this survey, as applicable. Participants in programs that are four, or more, sessions (dependent on region) should be asked to complete this survey before beginning the program and at the conclusion of the program (pre/posttest). Participants completing this are given or "better" outcomes are asked to complete the USIRS only once (1 time).

The following is a list of the areas (data) in the USIRS dashboard and a summary of what the user can find in each area. As with all data visualizations, it is important that users approach the dashboard with curiosity and humility about what outcomes the data tells us. Users may even develop their own questions that can be checked routinely to see what changes may be occurring over time.

Scores by Post

This view shows matched participant pretest and posttest scores (averages) for each region. Filters provide viewing by state/fiscal year, region, county, program or organization and can be viewed by questions or sub-questions.

This view only shows average pretest and posttest scores for participants with matched pre/post data and highlights whether scores decrease, remain stable or increase from pre to post. As indicated above, higher scores indicate higher levels of risk for social isolation and loneliness. Statistical significance is related to the changes between pretest and posttest scores (data revealed in this view).

Upstream Social Interacti...



Overview - Adverse and Positive Childhood Experiences

The Adverse Childhood Experiences (ACEs) questionnaire is a 28-item self-report used to assess a person's exposure, before age 18, to traumatic childhood events, which may increase the individual's risk of chronic disease in adulthood. For each of the ten (10) questions on the questionnaire, the individual gives a "yes" or "no" answer. When starting, each "Yes" is given one (1) point. These points are totaled to determine the individual's ACE Score. The higher the ACE Score, the higher the possible risk of health and social problems in adulthood.

The Positive Childhood Experiences (PCEs) questionnaire is a seven (7) item questionnaire used to assess a person's exposure, before age 18, to positive events, relationships or adults which can serve as protective factors. Childhood experiences are not scored by the ACEs tool. Research suggests that just one memory, with related events early in the person's life, can result in a much better start at growing up healthy. For each of the seven (7) questions on the questionnaire, the individual gives a "Yes" or "No" answer. When starting, each "Yes" is given one (1) point. The points are totaled to determine the individual's PCE Score. A score of 5 or 7 is considered strong.

Content for Viewing Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) Results

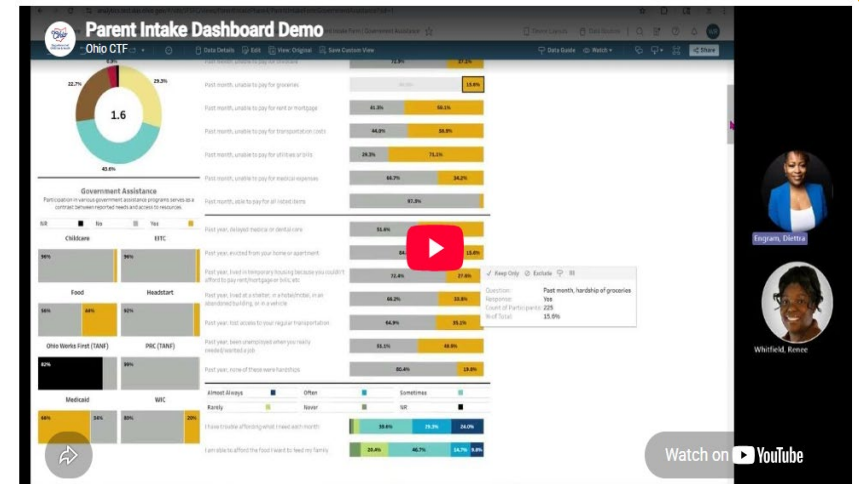
ACEs are common. About half of adults in the United States reported they had experienced at least one type of ACE before age 18. Nearly one in six (17%) adults reported they had experienced four or more types of ACEs [1].

Adverse childhood experiences (ACEs) are not often talked for a single factor. Instead, a combination of factors at the individual, relationship, community, and societal levels can increase or decrease the risk of violence.

Although some risk and protective factors are at the individual and family level, no child or individual can fault for the ACEs they experience.

Risk factors are characteristics that may increase the likelihood of experiencing adverse childhood experiences. However, they may or may not be preventable.

Adverse and Positive Chil...

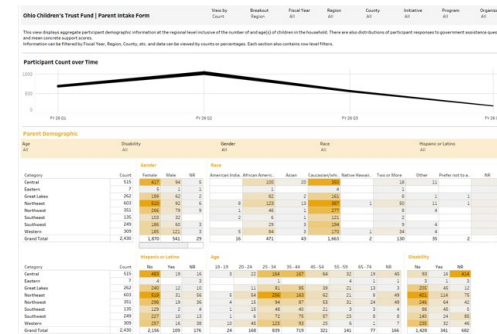


Watch on YouTube

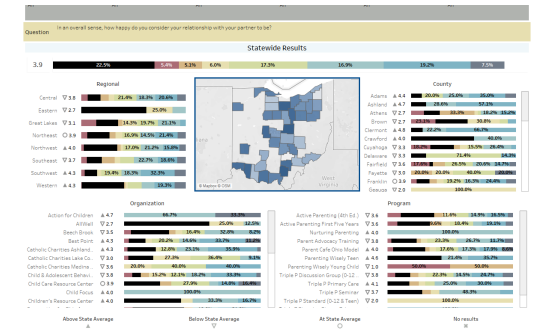
OCTF'S DATA DASHBOARDS

- Participant or Details tabs within the dashboards are *protected behind row level security*, providing secure data viewing for users with their approved level of access.
- Dashboards have filter and drill-down capabilities to *compare/view results across geographies and demographics*.
- Detailed reports* can be exported and analyzed at regional access level.

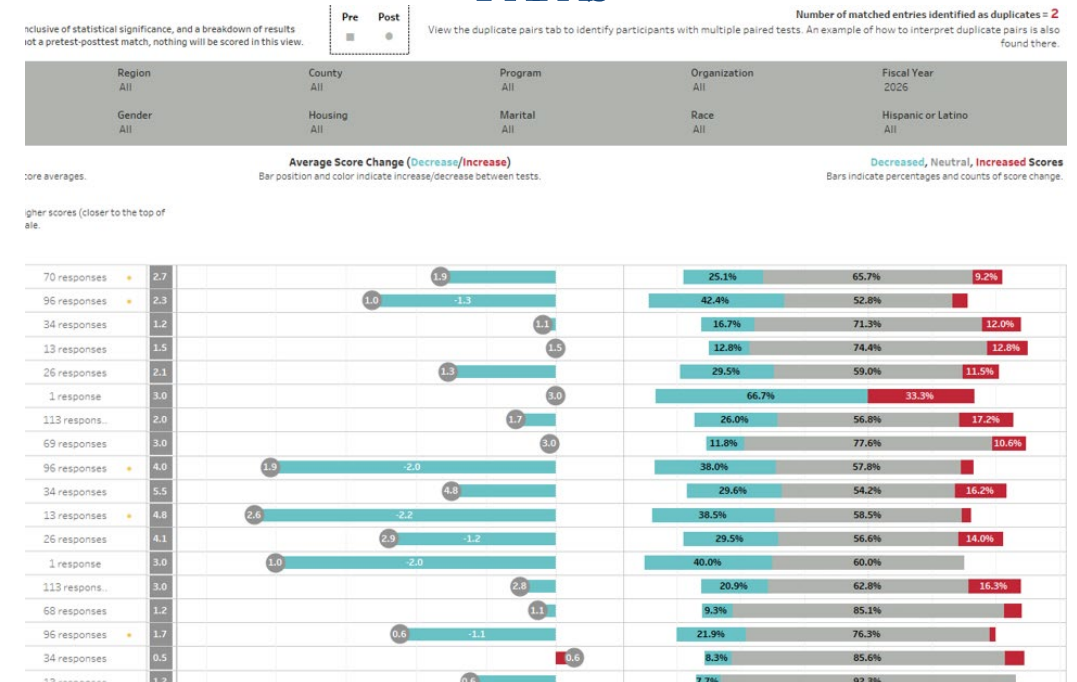
Parent Intake



PES



PAFAS

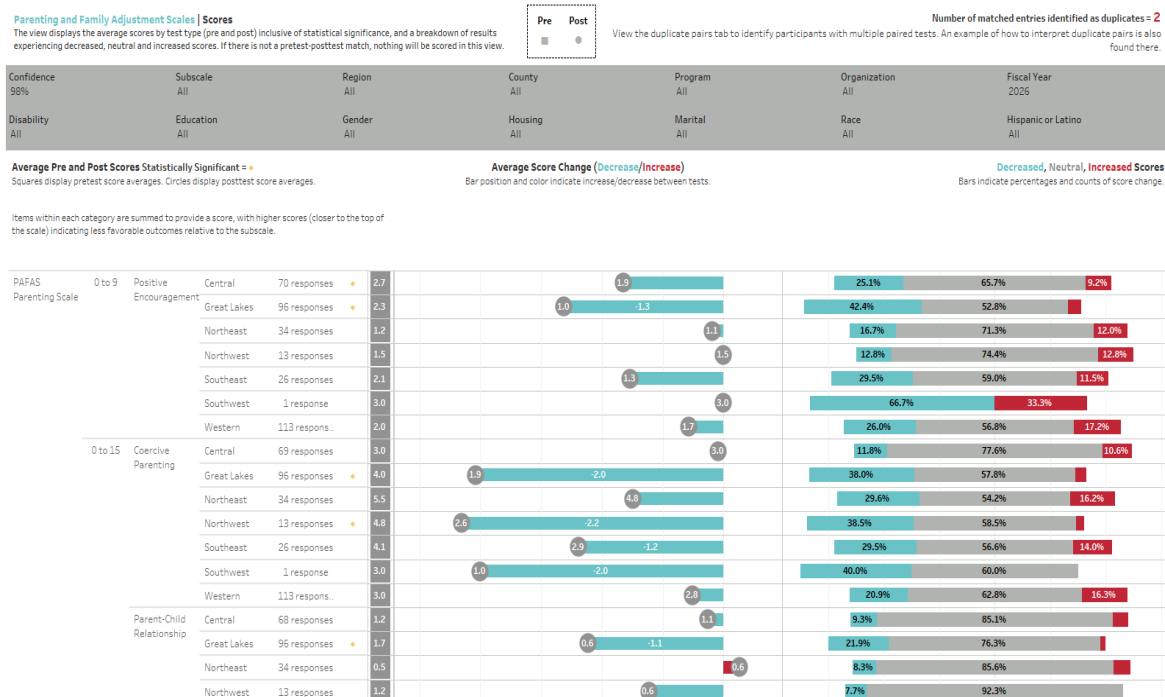


PARENT INTAKE DASHBOARD

- Shows deidentified demographic information for participants by region.
- In SFY2026, the Concrete Support subscale questions from the Protective Factors Survey, 2nd Ed. were added to the Intake form. The questions are scored.
 - The distribution of mean concrete support scores allows regional coordinators to see, and share with their councils, the level of risk for financial instability that participants are facing.
- The economic stability section also provides insight into whether there are resource gaps highlighted by annual income and reported needs vs. participation in government assistance programs.



PARENTING ASSESSMENT DASHBOARDS

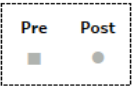


- Regional providers administer two types of parenting assessments.
 - Pretest/posttest (scored)
 - Point-in-time (response distribution)
- If scored, the scoring logic is embedded so that visuals reflect average scores.
- Scores provide clear information about changes over time.
- Filters gives users the ability to drill down and view by county(ies), organization(s) and/or program.

PARENTING AND FAMILY ADJUSTMENT SCALES (P AFAS)

Parenting and Family Adjustment Scales | Scores

The view displays the average scores by test type (pre and post) inclusive of statistical significance, and a breakdown of results experiencing decreased, neutral and increased scores. If there is not a pretest-posttest match, nothing will be scored in this view.



Number of matched entries identified as duplicates = 2
View the duplicate pairs tab to identify participants with multiple paired tests. An example of how to interpret duplicate pairs is also found there.

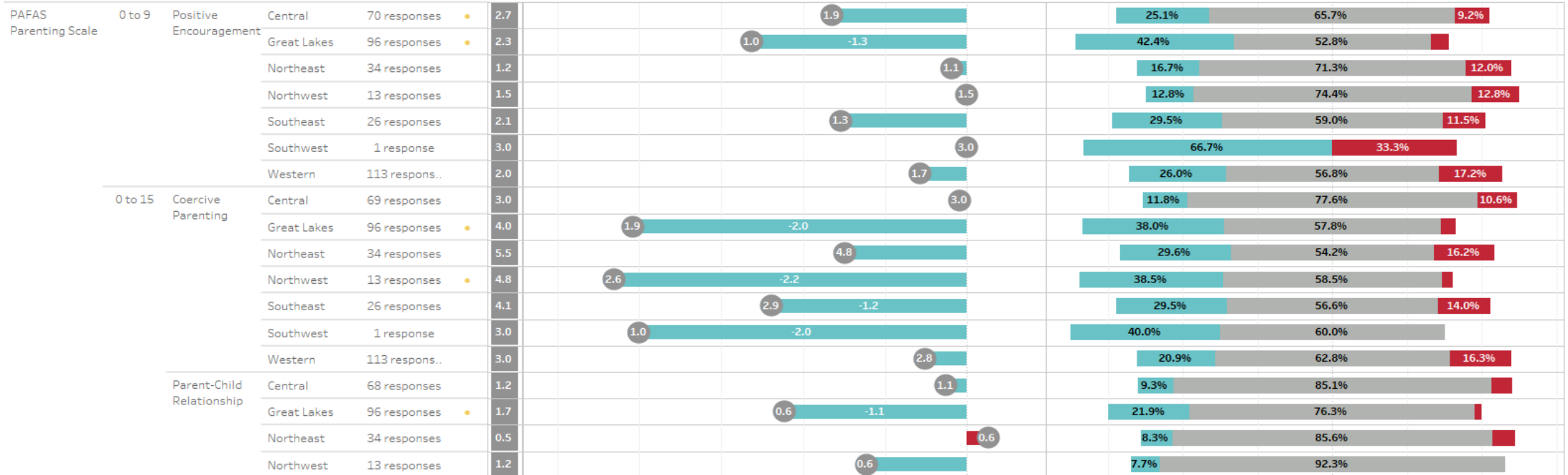
Confidence 98%	Subscale All	Region All	County All	Program All	Organization All	Fiscal Year 2026
Disability All	Education All	Gender All	Housing All	Marital All	Race All	Hispanic or Latino All

Average Pre and Post Scores Statistically Significant = ●
Squares display pretest score averages. Circles display posttest score averages.

Average Score Change (Decrease/Increase)
Bar position and color indicate increase/decrease between tests.

Decreased, Neutral, Increased Scores
Bars indicate percentages and counts of score change.

Items within each category are summed to provide a score, with higher scores (closer to the top of the scale) indicating less favorable outcomes relative to the subscale.



COMPARISON TABS

- All assessment dashboards were designed with a comparison tab. This allows the user to run a side-by-side comparison of the data.
- Regions can compare their overall results/scores to the state (all regions) or they can compare two organizations within their region who are implementing the same program.

Parenting Experience Survey | Side by Side Comparison

The view displays aggregate participant responses inclusive of average response by question, and the distribution of responses. The data can be filtered, on the left and right, to compare two different data sets, i.e. view statewide responses (all regions) for Parent Café vs. responses for Parent Café in one region of the same state fiscal year.

Average Responses | Range from 0-6



PARENTING EXPERIENCE SURVEY(PES) COMPARISON

Parenting Experience Survey | Side by Side Comparison

The view displays aggregate participant responses inclusive of average response by question, and the distribution of responses. The data can be filtered, on the left and right, to compare two different data sets, i.e. view statewide responses (all regions) for Parent Café vs. responses for Parent Café in one region of the same state fiscal year.

Average Responses | Range from 0-6



es by question. When filtering by test type, it's recommended to view pretest and posttest scores together to identify any changes in scores.

NE	Region Northeast	County All	Initiative All	Program All	Organization All
ousing All	Gender All	Marital All	Race All	Ethnicity All	
Scores					
0					
1					

granular level. Data is secured to only show participants for a viewer's assigned region.

County	Program	Organization	Total Score	Q01	Q02	Q03	Q04	Q05	Q06	Q07	Q08	Q09	Q10	Q11	Q12	Q13
Medina	Triple P Stepping Stones Seminar	Catholic Charities Medina County	5	0	0	0	1	1	1	0	0	0	0	1	0	1
Medina	Triple P Stepping Stones Seminar	Catholic Charities Medina County	7	1	1	1	1	1	0	0	1	0	0	1	0	0
Medina	Triple P Stepping Stones Seminar	Catholic Charities Medina County	10	0	0	0	1	1	1	1	1	1	1	1	1	1
Medina	Triple P Stepping Stones Seminar	Catholic Charities Medina County	3	1	0	0	0	1	1	0	0	0	0	0	0	0
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	13	1	1	1	1	1	1	1	1	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	12	1	1	1	1	1	1	0	1	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	9	1	1	1	0	0	1	1	1	1	1	1	1	1
Stark	Triple P Standard (0-12 & Teen)	Child & Adolescent Behavioral Health	12	1	1	1	1	1	1	1	1	1	0	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	13	1	1	1	1	1	1	1	1	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	4	0	0	0	0	0	0	1	1	1	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	7	1	0	1	1	0	0	1	1	1	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	11	1	1	1	1	0	0	1	1	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	5	1	0	0	0	1	1	1	0	0	0	1	0	0
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	11	1	1	1	1	0	0	1	1	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	6	1	0	1	0	0	0	0	1	1	0	0	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	8	0	1	1	0	0	0	0	1	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	6	1	0	1	1	1	0	0	1	0	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	10	1	1	1	1	0	0	1	0	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	9	1	1	0	1	0	0	1	0	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	8	1	1	1	1	0	0	0	1	1	1	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	9	1	1	1	1	0	0	0	0	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	1	0	0	0	0	0	0	1	0	0	0	0	0	0
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	12	1	1	1	1	1	1	0	1	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	11	1	1	1	1	0	1	1	0	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	7	0	0	1	1	0	1	0	1	1	0	1	1	0
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	6	1	1	1	0	0	1	0	0	1	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	9	1	1	1	1	0	0	1	0	0	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	5	1	1	1	0	0	0	1	0	0	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	3	1	0	0	0	0	1	0	0	0	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	3	1	0	0	0	0	1	0	0	0	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	4	1	0	1	1	0	0	0	0	0	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	10	1	1	1	1	0	0	1	1	0	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	2	0	0	1	0	0	0	0	0	0	0	0	0	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	12	1	1	1	1	1	1	1	0	1	1	1	1	1
Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	10	1	1	1	1	0	1	1	1	1	0	0	1	1
Wayne	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	11	1	1	1	1	1	1	1	1	1	0	1	0	1
Wayne	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	2	0	0	0	0	1	1	0	0	0	0	0	0	0
Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	10	1	0	1	0	1	1	1	1	1	1	1	1	1
Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	4	0	0	1	0	1	1	0	0	1	0	0	0	0
Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	8	1	0	1	0	1	1	0	0	1	1	0	1	1
Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	7	1	1	1	1	1	0	0	0	0	0	0	0	1
Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	4	1	0	0	0	1	1	0	0	0	0	0	0	1
Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	2	0	0	0	0	1	1	0	0	0	0	0	0	0
Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	11	1	1	1	1	1	1	0	0	1	1	1	1	1
Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	2	0	1	0	1	0	0	0	0	0	0	0	0	0
Wayne	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	7	1	1	1	1	0	1	1	0	0	0	0	0	1
Summit	Active Parenting First Five Years	Early Childhood Resource Center	10	1	1	1	0	0	0	1	1	1	1	1	1	1
Summit	Active Parenting First Five Years	Early Childhood Resource Center	8	1	1	1	1	0	0	1	0	0	1	1	0	1
Summit	Active Parenting First Five Years	Early Childhood Resource Center	8	1	0	1	1	0	0	0	1	1	0	1	1	1
Summit	Active Parenting First Five Years	Early Childhood Resource Center	8	1	1	0	0	1	1	0	1	1	1	0	0	1
Summit	Active Parenting (4th Ed.)	Early Childhood Resource Center	4	0	0	1	0	1	0	1	1	0	0	0	0	0
Summit	Active Parenting (4th Ed.)	Early Childhood Resource Center	5	0	1	1	0	1	0	1	0	0	1	0	0	0
Portage	Active Parenting (4th Ed.)	Townhall II	7	1	1	1	0	0	0	0	1	0	0	1	1	1
Portage	Active Parenting (4th Ed.)	Townhall II	3	0	0	0	0	0	0	1	0	0	1	0	1	0
Portage	Active Parenting (4th Ed.)	Townhall II	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Portage	Active Parenting (4th Ed.)	Townhall II	9	1	1	1	1	0	0	0	1	1	1	1	1	0
Portage	Active Parenting (4th Ed.)	Townhall II	9	1	1	1	1	0	0	0	1	1	1	1	1	0

IT'S IN THE DETAILS

- Participant details are *protected behind row level security*, providing a secure data viewing for users with their approved level of access.
- The Details tab reflects all participant data submitted via a form on the OCTF website.
- Detailed reports* providing individual response details can be exported and analyzed at the regional access level.

MEASURING SOCIAL ISOLATION DETAILS

Upstream Social Interaction Risk Scale | Details

Results can be filtered by Test Type (pretest, posttest, standalone) to show individual responses by question. When filtering by test type, it's recommended to view pretest and posttest scores together to identify any changes in scores.

Breakdown: Scores	Fiscal Year All	Test Type STANDALONE	Region Northeast	County All	Initiative All	Program All	Organization All
Disability All	Education All	Housing All	Gender All	Marital All	Race All	Ethnicity All	

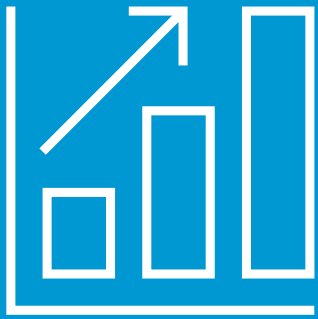


Individual Information

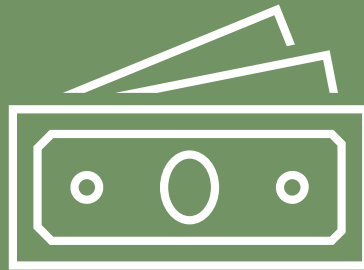
The table depicts, at the individual level, participant demographics and responses at the most granular level. Data is secured to only show participants for a viewer's assigned region.

Participant ID	Intake Date	# of Tests	Test Type	Created Date	Region	County	Program	Organization	Total Score	Q01	Q02	Q03	Q04	Q05	Q06	Q07	Q08	Q09	Q10	Q11	Q12	Q13	
NE01MED	2025-09-09	1	STANDALONE	2025-10-08	Northeast	Medina	Triple P Stepping Stones Seminar	Catholic Charities Medina County	5	0	0	0	1	1	1	0	0	0	0	1	0	1	
NE02MED	2025-09-09	1	STANDALONE	2025-10-08	Northeast	Medina	Triple P Stepping Stones Seminar	Catholic Charities Medina County	7	1	1	1	1	1	0	0	1	0	0	1	0	0	
NE03MED	2025-09-09	1	STANDALONE	2025-10-08	Northeast	Medina	Triple P Stepping Stones Seminar	Catholic Charities Medina County	10	0	0	0	1	1	1	1	1	0	1	1	1	1	
NE04MED	2025-09-09	1	STANDALONE	2025-10-08	Northeast	Medina	Triple P Stepping Stones Seminar	Catholic Charities Medina County	3	1	0	0	0	1	1	0	0	0	0	0	0	0	
NE26AEGKEL	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NE26ALEALE	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	13	1	1	1	1	1	1	1	1	1	1	1	1	1	
NE26BAKERI	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	12	1	1	1	1	1	1	0	1	1	1	1	1	1	
NE26BEAPAI	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	9	1		1	1	0	0	1	1	1		1	1	1	
NE26BROWNE	2025-10-11	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Standard (0-12 & Teen)	Child & Adolescent Behavioral Health	12	1	1	1	1	1	1	1	1	1	0	1	1	1	
	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	13	1	1	1	1	1	1	1	1	1	1	1	1	1	
NE26CARJOR	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	4	0	0	0	0	0	0	1	1	1	0	0	0	1	
	2026-01-27	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	7	1	0	1	1	0	0		1	1	1	0	0	1	
NE26COXNEI	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	11	1	1	1	1	0	0	1	1	1	1	1	1	1	
NE26DAVKRY	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	5	1	0	0	0	0	1	1	1	0	0	0	1	0	0
NE26DICKYS	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	11	1	1	1	1	0	0		1	1	1	1	1	1	
NE26EDEASH	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	6	1	0	1	0	0	0	0	1	1	0	0	1	1	
	2026-01-27	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	8	0	1	1	0	0	0	0	1	1	1	1	1	1	
NE26FIFMAR	2025-09-04	1	STANDALONE	2025-10-09	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	6	1	0	1	1	1	0	0	0	1	0	0	0	1	
NE26FOSANN	2025-09-19	1	STANDALONE	2025-10-09	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	10	1	1	1	1	0	0	1	0	1	1	1	1	1	
	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	9	1	1	0	1	0	0	1	0	1	1	1	1	1	
	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	8	1	1	1	1	0	0	0	1	1	1	0	0	1	
	2026-01-27	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	9	1	1	1	1	0	0	0	0	1	1	1	1	1	
NE26GADDAN	2025-09-24	1	STANDALONE	2025-10-09	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	1	0	0	0	0	0	0	1	0	0	0	0	0	0	
	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
NE26GALMAR	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	12	1	1	1	1	1	1	0	1	1	1	1	1	1	
NE26GROERI	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	11	1	1	1	1	0	1	1	0	1	1	1	1	1	
NE26HENANY	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	7	0	0	1	1	0	1	0	1	1	0	1	1	0	
NE26HENASI	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	6	1	1	1	0	0	1	0	0	1	0	0	0	1	
NE26JACDOR	2026-01-27	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	9	1	1	1	1	0	0	1	0	0	1	1	1	1	
NE26JACJES	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	5	1	1	1	0	0	0	1	0	0	0	0	0	1	
NE26JUDALY	2026-01-20	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	3	1	0	0	0	0	1	0	0	0	0	0	0	1	
	2026-01-27	1	STANDALONE	2026-02-12	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	3	1	0	0	0	0	1	0	0	0	0	0	0	1	
NE26MCGJAD	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	4	1	0	1	1	0	0	0	0	0	0	0	0	1	
NE26SORSHA	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	10	1	1	1	1	0	0	1	1	0	1	1	1	1	
NE26WILLAM	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	2	0	0	1	0	0	0	0	0	0	0	0	0	1	
NE26WISKYL	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	12	1	1	1	1	1	1	1	1	0	1	1	1	1	
NE26WITEMI	2025-10-21	1	STANDALONE	2025-11-10	Northeast	Stark	Triple P Discussion Group (0-12 & Teen)	Child & Adolescent Behavioral Health	10	1	1	1	1	0	1	1	1	1	0	0	1	1	
NE126DGW	2025-07-31	1	STANDALONE	2025-08-06	Northeast	Wayne	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	11	1	1	1	1	1	1	1	1	1	0	1	0	1	
NE226DGW	2025-08-14	1	STANDALONE	2025-08-20	Northeast	Wayne	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	2	0	0	0	0	1	1	0	0	0	0	0	0	0	
NE926DGA	2025-11-18	1	STANDALONE	2026-03-10	Northeast	Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	10	1	0	1	0	1	1		1	1	1	1	1	1	
NE1026DA	2025-11-18	1	STANDALONE	2026-03-10	Northeast	Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	4	0	0	1	0	1	1	0	0	1	0	0	0	0	
NE1126DA	2025-11-18	1	STANDALONE	2026-03-11	Northeast	Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	8	1	0	1	0	1	1	0	0	1	1	0	1	1	
NE1226DA	2025-11-18	1	STANDALONE	2026-03-11	Northeast	Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	7	1	1	1	1	1	1	0	0	0	0	0	0	1	
NE1326DA	2025-11-18	1	STANDALONE	2026-03-10	Northeast	Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	4	1	0	0	0	1	1	0	0	0	0	0	0	1	
NE1426DA	2025-11-18	1	STANDALONE	2026-03-10	Northeast	Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	2	0	0	0	0	1	1	0	0	0	0	0	0	0	
NE1526DA	2025-11-18	1	STANDALONE	2026-03-11	Northeast	Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	11	1	1	1	1	1	1	0	0	1	1	1	1	1	
NE1626DA	2025-11-18	1	STANDALONE	2026-03-11	Northeast	Ashland	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	2	0	1	0	1	0	0	0	0	0	0	0	0	0	
NE1626DW	2025-10-08	1	STANDALONE	2026-03-11	Northeast	Wayne	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NE2426DW	2025-11-25	1	STANDALONE	2026-03-10	Northeast	Wayne	Triple P Discussion Group (0-12 & Teen)	Catholic Charities Ashland & Wayne	7	1	1	1	1	0	1	1	0	0	0	0	0	1	

KEY TAKEAWAYS



**Demonstrating
Programmatic Outcomes**



**ROI for
Prevention Programs**



**Service Provider
Capacity Building**



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Questions?

Thank you for attending!