



Missouri's Foundation For Child Abuse Prevention

www.ctf4kids.org

Children's Trust Fund of Missouri
Preventing Child Abuse and Neglect
through grant distribution, education and awareness.

General Child Abuse & Neglect Prevention Program
Application Packet for NEW Applicants
for
Fiscal Year 2013
Contract Period: July 1, 2012 – June 30, 2013

Application Deadline: Postmarked no later than Monday, March 12, 2012

Applicants must submit four (4) sets of the application – the original and three (3) copies
to:

Laura K. Malzner, Program Coordinator
Children's Trust Fund
Truman State Office Building
301 W. High Street, Room 860
PO Box 1641
Jefferson City, MO 65102



Missouri's Foundation For Child Abuse Prevention

January 13, 2012

To: Missouri Children's Trust Fund Applicants

The Missouri Children's Trust Fund (CTF) Board of Directors is pleased to announce the availability of CTF grant funds for child abuse/neglect prevention projects for state Fiscal Year 2013 (July 1, 2012 through June 30, 2013).

CTF was created by legislative statute to support programs that prevent child abuse and neglect. Specifically, CTF can enter into contracts with public or private agencies, schools or qualified individuals to establish community-based educational and service prevention programs focused on the prevention and/or alleviation of child abuse and neglect.

For FY 2013, approximately \$400,000 is available for grants to community based organizations that prevent child abuse and neglect; inform and educate children, parents, professionals and the general public about child abuse and neglect; and/or promote public awareness of child abuse and neglect and educate others with how it can be prevented.

To be eligible for CTF funding, applicants must:

- Establish or continue a community-based child abuse/neglect prevention project serving residents of Missouri. Eligible projects must fit within the definitions of primary or secondary prevention;
- Demonstrate a positive impact on variables highly correlated with the occurrence of child abuse and neglect and demonstrate that the project will help to prevent or reduce the occurrence of child abuse or neglect;
- Demonstrate and measure the impact of the project with an objective, quantifiable evaluation component.

In awarding such contracts, favorable consideration shall be given to those projects that replicate successful prevention program models (reference Exhibit B, page 20);

target under-served populations and geographic areas of the state; are designed to meet the needs of persons who may have difficulty accessing existing services; demonstrate cultural sensitivity and competency; demonstrate interagency and/or community collaboration and coordination; and incorporate the use of volunteers.

Please read the entire application packet before preparing a proposal. A proposal will be deemed unacceptable if it is not prepared according to the enclosed instructions, or the material submitted is insufficient to permit an adequate review. Applicants shall submit one (1) original and three (3) copies of the completed application.

Any attempt on the part of the applicant to change or alter the original content of the application, Exhibit A and/or Exhibit B, will render the submitted application, and any subsequent CTF contracts resulting from the submitted application, null and void.

Applications for CTF grants under this funding cycle **must be postmarked no later than Monday, March 12, 2012 to be considered.** Applications postmarked after the deadline will not be considered for funding.

CTF will be hosting a Pre-Bid Informational Seminar from 10 am – Noon on Friday, January 20, 2012 in Room 500 of the Truman State Office Building located at 301 W. High Street, Jefferson City, MO 65101.

Applications must be mailed to:

**Children's Trust Fund
PO Box 1641
Jefferson City, MO 65102-1641**

OR

**Children's Trust Fund
301 W. High Street, HST Room 860
Jefferson City, MO 65101**

Application materials mailed to any other addresses, as well as faxed copies, will not be considered.

Should you have any questions or need further assistance please contact Laura Malzner, CTF Program Coordinator, at (573) 751-6511 or via e-mail at laura.malzner@oa.mo.gov.

We appreciate your interest in the CTF application process and commend you for the work you are doing to make a difference in the lives of children and families in Missouri.

Sincerely,



Kirk Schreiber
Executive Director

Enclosures
Exhibit A
Exhibit B
Appendices 1-3

Children's Trust Fund

Missouri's Foundation for Child Abuse Prevention

GRANT APPLICATION PACKET

FISCAL YEAR 2013

July 1, 2012 through June 30, 2013

Packet Contents

- ◆ Grant Application / **Exhibit A**
- ◆ Notice of Current Availability of Prevention Funds & Instructions / **Exhibit B**
- ◆ Appendices

Application Deadline: Applications for CTF grants under this funding cycle **must be postmarked no later than Monday, March 12, 2012** to be considered. The Children's Trust Fund is located in the Harry S Truman State Office Building, 301 West High Street, Room 860, Jefferson City, MO 65101. CTF's mailing address is PO Box 1641, Jefferson City, MO 65102-1641.

**CHILDREN’S TRUST FUND
GRANT APPLICATION
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CTF Regional Map
Attachment 1 – Strengthening Families Framework Information
Attachment 2 – FRIENDS Report on Evidence-based programs
Attachment 3 – FRIENDS Resources for Identifying Evidence-Based Programs

EXHIBIT A

ATTACHMENTS

1. COVER SHEET
2. PROJECT ABSTRACT
3. HISTORY & QUALIFICATIONS
4. CORE DATA
5. ACTION PLAN
6. CTF PROMOTION SUMMARY
7. PROJECT BUDGET includes DETAIL, INCOME/MATCH, & JUSTIFICATION (3 pages)
8. ASSURANCE/CERTIFICATION
9. APPLICATION SUBMISSION CHECKLIST

** In addition, a minimum of 3 letters of support or memorandums of understanding may be submitted for a maximum of 5 points.

EXHIBIT B

NOTICE OF CURRENT AVAILABILITY OF PREVENTION FUNDS
(14 pages)

- A. INTRODUCTION/BACKGROUND
- B. APPLICANT ELIGIBILITY
- C. PREVENTION PRIORITIES/DEFINITIONS
- D. AVAILABILITY OF FUNDS
- E. DISTRIBUTION OF FUNDS
- F. GENERAL INSTRUCTIONS
- G. APPLICATION INSTRUCTIONS
- H. REPORTING & RECORD REQUIREMENTS
- I. COMMUNICATIONS & QUESTIONS

Children's Trust Fund
Child Abuse/Neglect General Prevention Projects
Fiscal Year 2013 Timeline
(July 1, 2012 – June 30, 2013)

| | |
|--|---|
| <u>January 13, 2012</u> | CTF grant application packet for FY 2013 general prevention projects released |
| <u>January 20, 2012</u> | FY 2013 General Prevention Grant Pre-bid seminar from 10 am – Noon |
| <u>March 12, 2012</u> | Grant applications must be postmarked by this date in order to be considered |
| <u>March 15, 2012 - April 27, 2012</u> | Grant applications reviewed and scored by CTF staff, Board and/or other qualified individuals |
| <u>May 4, 2012</u> | CTF program committee convenes for final evaluation of proposals and recommendations to CTF Board of Directors |
| <u>June 6, 2012</u> | CTF staff seeks approval from CTF Board for grant continuation awards based upon recommendations from CTF Program Committee. Award letters and contracts are mailed to grantees |
| <u>June 25, 2012</u> | Signed contracts and other required documents are due back from grantees to CTF for final processing; CTF completes final processing of contracts and returns one copy to grantee |
| <u>July 1, 2012</u> | FY 2013 CTF grant projects begin. |
| <u>July 31, 2012</u> | Annual project reports due for projects funded during FY 2012 (to include project activity July 1, 2011 - June 30, 2012) |
| <u>August 15, 2012</u> | July invoices due |
| <u>September 17, 2012</u> | August invoices due |
| <u>October 15, 2012</u> | September invoices due |
| <u>November 15, 2012</u> | October invoices due |
| <u>December 17, 2012</u> | November invoices due |
| <u>January 15, 2013</u> | December invoices due |
| <u>January 31, 2013</u> | Mid-Year Progress Reports due from first-year programs only (form will be emailed) |
| <u>February 15, 2013</u> | January invoices due |
| <u>March 15, 2013</u> | February invoices due |
| <u>April 1, 2013</u> | Deadline for submitting budget amendment requests |
| <u>April 15, 2013</u> | March invoices due |
| <u>May 15, 2013</u> | April invoices due |
| <u>June 15, 2013</u> | May invoices due |
| <u>July 16, 2013</u> | June/Final invoices due |
| <u>July 31, 2013</u> | Annual project reports due for FY 2013 (to include project activity from July 1, 2012 – June 30, 2013) |

Children's Trust Fund Regions



CHILDREN'S TRUST FUND

GRANT APPLICATION

FISCAL YEAR 2013
(JULY 1, 2012 THROUGH JUNE 30, 2013)

EXHIBIT A

APPLICATION DEADLINE:

TO BE CONSIDERED FOR CTF FUNDING, APPLICATIONS MUST BE POSTMARKED BY
MONDAY, MARCH 12, 2012

HARRY S TRUMAN STATE OFFICE BUILDING, ROOM 860
301 W. HIGH STREET, PO BOX 1641
JEFFERSON CITY, MO 65102-1641
573-751-5147 573-751-0254 (fax)

**CHILDREN'S TRUST FUND
PROJECT GRANT APPLICATION
COVER SHEET – New Applicants (First-Year)
(5 POINTS MAXIMUM)**

Name of Applicant/Organization _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Web Address (if any) _____

Tax Status of Applicant Organization (check one) Federal Tax ID # _____

____ Exempt under sec 501C(3) of the IRS Code

____ Exempt governmental unit

____ Other (specify) _____

Note: If an applicant is an unincorporated association or coalition there must be a tax exempt sponsor. Attach to this application a letter from the sponsor stating its willingness to serve as fiscal agent, the name, address, and phone/e-mail of a contact, and a copy of any tax exemption held by the sponsor

Primary Contact and Title _____ E-mail _____

CEO of Organization (if different from primary contact) _____

Project Name _____ CTF Region _____

County (ies) or area where project will be implemented _____

Estimated # of Persons (Unduplicated) to be served by this project Project Type: Primary _____ Secondary _____

____ Children (17 & Under)

____ Parents/Expectant Parents

____ Other (Please Specify) _____

Estimated Cost of Project per individual \$ _____

Estimated Cost of Project per family \$ _____

| Target Population(s) (Check all that apply to this project within each category) | |
|--|---|
| Ethnicity(ies) | Geographic Area Served |
| <input type="checkbox"/> African-American _____ % | <input type="checkbox"/> Rural _____ % |
| <input type="checkbox"/> Asian/Pacific Islander _____ % | <input type="checkbox"/> Suburban _____ % |
| <input type="checkbox"/> Caucasian _____ % | <input type="checkbox"/> Urban core _____ % |
| <input type="checkbox"/> Eastern European _____ % | Gender |
| <input type="checkbox"/> Hispanic/Latino _____ % | <input type="checkbox"/> Males only |
| <input type="checkbox"/> Native American _____ % | <input type="checkbox"/> Females only |
| <input type="checkbox"/> Other _____ % | <input type="checkbox"/> Both sexes |
| Age Group | |
| <input type="checkbox"/> Perinatal (ages Pregnancy - 1 month old) _____ % | |
| <input type="checkbox"/> Infants/Preschool (ages 1 month - 5 yrs. Or less) _____ % | |
| <input type="checkbox"/> Children/Elementary School (ages 5 - 9 yrs.) _____ % | |
| <input type="checkbox"/> Pre-Adolescent/Middle School (ages 10 – 14 yrs) _____ % | |
| <input type="checkbox"/> Adolescents/High School (ages 15 - 19 yrs) _____ % | |
| <input type="checkbox"/> Young Adults (ages 20 - 35 yrs) _____ % | |
| <input type="checkbox"/> Adults (ages 36 + yrs) _____ % | |

Budget: Total Annual Budget of Applicant Organization \$ _____ Percent that is Administrative _____ %

Total Project Budget \$ _____ Amount Requested from CTF \$ _____

CTF Request is _____ % of Total Project Budget

**CHILDREN'S TRUST FUND
GRANT APPLICATION
PROJECT ABSTRACT
(30 POINTS MAXIMUM)**

AGENCY OR ORGANIZATION: _____

PROJECT NAME _____

The project abstract shall include a description of each of the following categories. Each category should be addressed completely. Please limit project abstract to no more than ten (10) typed pages.

Project Summary: Provide a summary of the proposed project. Please note the evidence-based model/promising practice on which the proposed project is based.

Statement of Need/Background: Provide information which clearly and concisely verifies the need for the prevention project or issue to be addressed.

Target Population: Describe the specific target population to be served by this project and how they will be identified and recruited.

Goals and Objectives: Goals are general statements and objectives are measurable and time specific.

Outcomes: List the anticipated outcomes of the project. What will be different or changed as a result of this project?*

Methods, Strategies, Interventions & Outputs: How will the desired outcomes be accomplished?*

**Outcomes; Methods, Strategies, Interventions & Outputs; and Evaluation should be consistent with the Action Plan.*

Evaluation: Discuss how the objectives, outcomes and overall effectiveness of the project will be measured. Include what and how data will be collected, analyzed and used or shared.*

Role of Consumer/Participants: Describe in what ways the consumer/participants will be involved in the prevention project and discuss ways the project will be based upon identifying the family/participant's strengths (strength-based).

Coordination of Services: Describe how your agency collaborates and/or coordinates with other service providers in the community. If collaboration/coordination opportunities are limited due to few other available services, please explain.

Sustainability: Describe how the project will be sustained after CTF funding ends.

**CHILDREN’S TRUST FUND
GRANT APPLICATION
PROJECT ABSTRACT - Continued**

Protective Factors: Describe how the project will incorporate the following protective factors: Refer to the “Strengthening Families Framework” (Appendix 1) for additional information on the five protective factors or visit <http://www.cssp.org/reform/strengthening-families>. Expand table as necessary to address each protective factor.

| Protective Factor (PF) | Description of how proposed project will incorporate/address PF |
|--|--|
| (1) parental resilience | |
| (2) social connections | |
| (3) knowledge of parenting and child development | |
| (4) concrete support in times of need | |
| (5) social and emotional competence of children | |

**CHILDREN'S TRUST FUND
GRANT APPLICATION
AGENCY / ORGANIZATION HISTORY & QUALIFICATIONS
(5 POINTS MAXIMUM)**

PURPOSE OF ORGANIZATION - If non-profit, please attach documentation to verify status:

HISTORY - Briefly describe the history of the agency/organization, including how it began and why:

CTF GRANT HISTORY - List prior grants received from the Children's Trust Fund and include years in which funding was received and amount of funding:

CAPACITY - Describe the capacity and qualifications of the agency/organization to implement the proposed project:

BOARD MEMBERS - List all Board members and include their length of term on the board:

**CHILDREN'S TRUST FUND
GRANT APPLICATION
CORE DATA
(5 POINTS MAXIMUM)**

CORE DATA: Provide the following required information for the proposed service area. Please use the most recent statistics available. All data should be relevant to the service area.

COUNTY NAME(S): _____

SOURCE & YEAR FOR STATISTICS: _____

TOTAL POPULATION (of area to be served): _____

TOTAL # OF CHILDREN (17 and under): _____

TOTAL NUMBER OF CHILD ABUSE/NEGLECT CASES REPORTED: _____

OF PROBABLE CAUSE INCIDENTS OF CHILD ABUSE & NEGLECT: _____

OF CASES OF SEXUAL ABUSE: _____

OF CASES OF PHYSICAL ABUSE: _____

OF CASES OF NEGLECT: _____

OF CHILD FATALITIES DUE TO CHILD ABUSE &/OR NEGLECT: _____

Sources of data include Missouri KidsCount (<http://www.oseda.missouri.edu/kidscount/>), DSS/Children's Division Child Abuse & Neglect Annual Report (<http://dss.mo.gov/re/pdf/cs/children-division-2011.pdf>), and Missouri State Technical Assistance Team Child Fatality Report (<http://dss.missouri.gov/re/pdf/cfrar/cfrar10.pdf>).

SUPPLEMENTAL INFORMATION: List below any other relevant data, and the source and year for that data, which would support the need for the prevention project in the target area (i.e. teen pregnancy rates if proposing a teen parent program). You may continue onto a new page.

**CHILDREN’S TRUST FUND GRANT APPLICATION
 ACTION PLAN
 (20 POINTS MAXIMUM)**

Attach additional pages as needed. Complete a separate sheet for each objective/outcome.

GOAL:

OBJECTIVE:

OUTCOME:

| PREVENTION ACTIVITY | OUTPUT(S) | TARGET POPULATION | RESPONSIBLE STAFF | TIMELINE |
|---------------------|-----------|-------------------|-------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EVALUATION TOOL(S)/COLLECTION METHOD:

**CHILDREN'S TRUST FUND
GRANT APPLICATION
PROMOTION SUMMARY
(5 POINTS MAXIMUM)**

The applicant agency shall provide a brief statement of how it will recognize and promote the Children's Trust Fund in their community as it relates to their prevention project. Please include a plan to market the CTF license plate.

CHILDREN’S TRUST FUND GRANT APPLICATION
PROJECT BUDGET
(20 POINTS MAXIMUM)
BUDGET DETAIL

This budget sheet is for the proposed project only. Do not provide the total agency budget on this sheet.

| SECTION I. - EXPENSES | FUNDS REQUESTED FROM CTF | FUNDING FROM OTHER SOURCES | TOTAL PROJECT BUDGET |
|--|---------------------------------|-----------------------------------|-----------------------------|
| 1. Salaries and Wages (Staff position: salaries x hours x grant period) | | | |
| 2. Fringe Benefits (Aggregate amount – not to exceed 28% of salary costs) | | | |
| 3. Consultant & Contractual Services (Fees x hours x grant period) | | | |
| TOTAL PERSONNEL EXPENSE (total of categories 1-3) | | | |
| 4. Space Costs (Example: Rent, utilities & maintenance) | | | |
| 5. Consumable Supplies (Example: Desk Top & paper supplies, postage) | | | |
| 6. Travel (Example: Mileage, accommodations for staff & consultants) | | | |
| 7. Communications (Example: basic & long distance service fees, Cell phone costs) | | | |
| 8. Non-consumable Supplies (Example: desks, computers, etc.) | | | |
| 9. Program Related Expenses (Example: Materials, meeting space, conference registration) | | | |
| 10. Other Costs (Example: CPA audit, if required, resource materials) | | | |
| TOTAL NON-PERSONNEL EXPENSES (total of 4-10) | | | |
| TOTAL PROGRAM BUDGET (total of 1-10) (Total personnel expense + total non-personnel expense) | | | |

*Details should be listed on the Budget Justification

**CHILDREN'S TRUST FUND
GRANT APPLICATION
PROJECT INCOME & MATCH**

This form should be completed by all applicants regardless if matching funds are required for the specific project year.

Project year: _____ Match Percentage: _____ Match Amount: \$ _____

| Type of Income | Amount | Source |
|---|--------|--------|
| A. Federal or State Grants (Please list contracts out individually including amount and contract number.) | \$ | |
| B. Foundation Grants | \$ | |
| C. Corporate Grants | \$ | |
| D. Individual Contributions | \$ | |
| E. Donations | \$ | |
| F. Special Events Proceeds | \$ | |
| G. In-Kind Donations & Services | \$ | |
| H. Total Requested from Children's Trust Fund | \$ | |
| I. Miscellaneous | \$ | |
| TOTAL PROGRAM INCOME | \$ | |

**CHILDREN'S TRUST FUND
GRANT APPLICATION
PROJECT BUDGET JUSTIFICATION**

BUDGET JUSTIFICATION: Written justification must be made in the space below for every line item for which CTF funds are requested including justification for all personnel expenses as outlined in the project budget form. Attach position descriptions for all staff positions for which funding is requested.

**CHILDREN’S TRUST FUND
GRANT APPLICATION
ASSURANCE/CERTIFICATION SIGNATURE PAGE
(5 POINTS MAXIMUM)**

I, the undersigned, certify that the statements in this grant application are true and complete to the best of my knowledge and accept, as to any grant awarded, the obligations to comply with any Children’s Trust Fund special conditions specified in the grant award and contract.

I, the undersigned, certify that I have reviewed and understand all information contained in Exhibit A and Exhibit B, and understand that both Exhibit A and Exhibit B will be considered a part of any contractual agreement resulting from this application.

I, the undersigned, certify that in addition to the conditions mentioned before, will maintain accepted accounting procedures to provide for accurate and timely recording or receipt of fund (by source), expenditures (by items made from such funds) and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures charged to grant activities are for allowable purposes, and that documentation is readily available to verify that such charges/expenses are accurate.

Print or Type

Name: _____
Authorized Official **Title**

Signature: _____
Authorized Official **Date**

Signature: _____
Program Director **Title** **Date**

Application Submission Checklist

- Cover Sheet
- Project Abstract
- History and Qualifications
- Core Data
- Action Plan
- CTF Promotion Summary
- Project Budget (including Budget Detail, Project Income, and Budget Justification)
- Position Descriptions if requesting funds for personnel
- Assurances/Certification Signature Page with appropriate signatures
- Letters of Support (3)
- Agency/Organization Budget
- If applicable, photocopied or printed information documenting the model program on which the proposal is based.

CHILDREN'S TRUST FUND

NOTICE OF CURRENT AVAILABILITY OF PREVENTION FUNDS & INSTRUCTIONS

FISCAL YEAR 2013
(JULY 1, 2012 THROUGH JUNE 30, 2013)

EXHIBIT B

APPLICATION DEADLINE:

TO BE CONSIDERED FOR CTF FUNDING, APPLICATIONS MUST BE POSTMARKED BY
MONDAY, MARCH 12, 2012

HARRY S. TRUMAN STATE OFFICE BUILDING, ROOM 860
301 W. HIGH STREET, PO BOX 1641
JEFFERSON CITY, MO 65102-1641
573-751-5147 573-751-0254 (fax)

EXHIBIT B

Children's Trust Fund

Notice of Current Availability of Prevention Funds and Instructions

Fiscal Year 2013 (July 1, 2012 – June 30, 2013)

A. Introduction/Background Information

The Children's Trust Fund (CTF) was established in 1983 by the Missouri General Assembly to insure efforts to prevent and alleviate the leading causes of child abuse and neglect. CTF, dedicated solely to support child abuse/neglect prevention projects throughout the state, is authorized to enter into contracts with public or private agencies, schools or qualified individuals to establish community-based educational, service, and family support programs focused on the prevention and/or alleviation of child abuse and neglect.

CTF is administered by a Board of Directors comprised of seventeen public members and four members of the legislature. The Board establishes all administrative policies and awards all funding.

CTF is located within the State of Missouri, Office of Administration. No general revenue funds are appropriated to CTF. Funding is obtained from sales of the special CTF license plate, dedicated fees on marriage licenses and vital records, voluntary contributions designated on Missouri state income tax returns, other voluntary contributions, federal grant funding and interest income from the Trust Fund.

CTF continues to integrate prevention efforts around federal, state and local projects as identified in its vision and mission statement below.

Vision: Children's Trust Fund envisions children and families free to grow and reach their full potential in a nurturing and healthy environment free from child abuse and neglect.

Mission: Children's Trust Fund will prevent or alleviate child abuse and neglect for the State of Missouri's children and families by:

- 1) planning and policy development;
- 2) ensuring funding of results-oriented programs/projects, training projects for prevention professionals, and research;
- 3) promoting public awareness and education; and
- 4) assisting in the integration of statewide prevention efforts.

B. Applicant Eligibility

CTF awards grants to public and private agencies and organizations, schools, etc. who have 501(c)(3) status or other proof of exemption.

Grants must be used for child abuse and neglect prevention. They may be primary or secondary prevention projects. Note: CTF General Prevention Grant funds may not be used to meet cash match requirements for the federally funded Community Based Child Abuse Prevention Grant (CBCAP).

Applicants must demonstrate their capacity to design, develop, implement and administer prevention projects and services that use specific strategies to identify and intervene with, and assist at risk families and children.

Priority consideration will be given to applicants requesting CTF General Prevention grant funding for proposals based on an evidenced-based or evidence-informed child abuse prevention promising practice or model. Research indicates that there are broad categories of child abuse prevention approaches that include

programs that have shown promise in preventing child maltreatment. These approaches include, but are not limited to: home-based services/home visitation; parent education/parenting training; mutual support/social support; early childhood education initiatives; primary health care initiatives; crisis/respice care; child sexual assault prevention; and family resource centers (North Carolina Institute of Medicine 2008). The following are examples of programs that show promise in preventing child maltreatment:

Home-based services/home visitation – Nurse Family Partnership, Healthy Families, Project 12-ways/Project SafeCare, Parents as Teachers, Parent Aide Program, and Family Connections.

Parent education/parenting training – Nurturing Parents, Circle of Security, The Incredible Years, Triple P (Positive Parenting Program), Strengthening Families, and Parenting Wisely.

Mutual support/social support – Circle of Parents, Parents Anonymous, and Parent to Parent.

Early childhood education initiatives – Early Head Start, centers which integrate the Protective Factors.

Primary health care initiatives – Healthy Steps for Young Children.

Crisis/Respice care – Pre-planned or crisis/emergency oriented; no single model identified.

Child sexual assault/abuse prevention -- Darkness to Light-Stewards of Children.

Family resource centers – Family resource centers strive to improve family well-being by providing services such as after-school programming, parent support groups, respice care, literacy training, parent skills training, employment assistance, housing and financial issues. Family resource centers also strive to develop a sense of community cohesion and efficacy by becoming a place where community members know one another, feel empowered and develop bonds that create strong communities and neighborhoods. No single model identified.

Additional child abuse and neglect prevention models/promising practices may be researched at the http://www.childwelfare.gov/preventing/evaluating/ebp_registries.cfm (also see Attachments 2 & 3). Note that programs must focus on prevention of child abuse and neglect:

**If requesting funds for a project using an evidenced-based or evidence-informed child abuse prevention promising practice or model, photocopied or printed information documenting the model must be attached to your proposal.*

C. Prevention Priorities/Definitions

Prevention supports children and families to keep abuse and neglect from occurring. Intervention (tertiary) protects a child during or after abuse or neglect has occurred. Prevention efforts should occur before a problem develops so that the problem or some manifestation of the problem can be stopped or lessened (Willis, Holden, and Rosenberg, 1992). To prevent child abuse and neglect, programs may focus on one or several risk factors. Specific risk factors found to be associated with child maltreatment include, but are not limited to: parental substance abuse, childhood disability, domestic violence, poverty, young maternal age, low educational level of the parent, etc. Many prevention programs are focusing efforts on strengthening child and family protective factors, such as the knowledge and skills they need to protect themselves from sexual abuse, promoting positive interactions between children and parents, and helping caregivers and parents acquire the knowledge and skills needed to raise healthy children.

A prevention program as defined by Missouri State statute (210.171 (2) RSMo.) is any community-based educational or service program designed to prevent or alleviate child abuse or neglect. Prevention activities may have a broad range and may include public awareness or educational campaigns that target services

such as parent skills training; skills based curricula for children; mentoring programs; home visitation; and other family support programs. Child abuse and neglect prevention activities must be primary or secondary.

The following are definitions of primary and secondary prevention that will be used by the CTF Board to make funding decisions for purposes of this application.

Primary Prevention: Includes projects/services that are made available to the general community and/or to all families to prevent child abuse and neglect. Primary prevention activities raise the awareness of the general public, service providers and decision-makers about the scope and problems associated with child maltreatment. Key aspects of primary prevention include:

- Services that are offered to all members of a population;
- Participation is voluntary;
- Services/projects attempt to influence societal forces which impact parents and children; and
- Services/projects seek to promote positive family functioning rather than just prevent problems.

Secondary Prevention: Includes projects/services targeted to keep child abuse and neglect from happening after certain warning signs have appeared. Secondary prevention activities focus efforts and resources on children and families known to be at higher risk for maltreatment. Services are usually directed to communities or neighborhoods that have a high incidence of any or all of the key risk factors. Key aspects of secondary prevention include:

- Services are offered to a pre-defined group of “at-risk” individuals, but before abuse or neglect has occurred;
- Services are usually problem-focused on the particular stresses of identified parents and/or caretakers;
- Services should enable families to build upon their own strengths and capacities; and
- Participation is voluntary.

D. Availability of Funds

The Board intends to award grants for community-based projects of local, regional or statewide scope while using the following eligibility guidelines when making funding decisions. Applications must:

- (a) fit within the scope of primary and secondary child abuse/neglect prevention serving Missouri residents (CTF funds may not be used for treatment or for services outside of Missouri);
- (b) demonstrate the need for the prevention project within the defined target area;
- (c) demonstrate a positive impact on variables highly correlated with the occurrence of child abuse and neglect and demonstrate that the project will help to prevent or reduce the occurrence of child abuse or neglect (research-based);
- (d) demonstrate and specifically measure the impact of the project with an objective, quantifiable evaluation component; and
- (e) be responsive and score at least 75 out of 100 points.

In awarding such contracts, favorable consideration shall be given to proposals that:

- (a) replicate successful CTF prevention models including, but not limited to safe crib, infant massage, mentoring mothers, home visitation, respite care, fatherhood initiatives, and parent, grandparent, and family support, etc.;
- (b) are based on proven, evidence-based models (see Appendix 2);
- (c) target traditionally under-served populations and geographic areas of the state;
- (d) are designed to meet the needs of people who may have difficulty accessing existing services;
- (e) demonstrate cultural sensitivity and competency;
- (f) demonstrate interagency and/or community collaboration and coordination; and
- (g) are willing to share project outcomes/results with others at the local and/or state level.

Applications will also be considered on the basis of the availability of CTF prevention funding. The CTF Board makes every effort to achieve equitable distribution of grant funds throughout the State of Missouri.

Approximately \$400,000 is available to fund new (first year) prevention projects statewide for Fiscal Year 2013.

Initial funding from CTF may total up to 100% for the proposed project during the first two years of operation. The second year funding level awarded for a project will become the base rate at which local match will be determined for all subsequent years. In year three, the grantee is eligible for 75% of the funding awarded in year two. In year four, the grantee is eligible for 50% of the funding awarded in year two, and in year five the grantee is eligible for 25% of the funding awarded in year two. In year six, the specific prevention project is not eligible for CTF funding. The following chart illustrates the eligibility rate for funding using \$10,000 as a base rate.

Eligible CTF Prevention Funds (Sample Chart)

| Project Year 1 | Project Year 2 | Project Year 3 | Project Year 4 | Project Year 5 | Project Year 6 |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|
| \$10,000 CTF (100%) | \$10,000 CTF (100%) | \$7,500 CTF (75%) | \$5,000 CTF (50%) | \$2,500 CTF (25%) | \$0 CTF (0%) |
| \$0.00 Local (0%) | \$0 Local (0%) | \$2,500 Local (25%) | \$5,000 Local (50%) | \$7,500 Local (75%) | \$10,000 Local (100%) |

Grantees are encouraged to supplement funds through a broader local funding base so that services will not decrease when local match is required in year three.

CTF grant awards are for one Fiscal Year, from July 1 to June 30. Grantees will need to apply annually for CTF funding. Funding for subsequent years is not guaranteed. Grant awards for subsequent years are contingent upon CTF revenue, contract compliance, and demonstration of the project’s overall effectiveness during prior years of operation, and will be awarded at the discretion of the CTF Board. CTF reserves the right to revise and amend all budget requests.

CTF accepts no obligation for costs incurred by the grantees in anticipation of being awarded a contract.

E. Method of Payment

The payment method for all CTF grants will be reimbursement of expenses. Start-up funding (advancement of funds) is not available. Unused funds may not be carried over from one contract period to another.

CTF will reimburse the grantee, or the fiscal agent if different than the grantee, upon monthly submission of a properly completed CTF invoice. Invoices must be completed in a timely manner and must be signed by the authorized contract representative. Payment to the grantee, or the designated fiscal agent if different than the grantee, is made on a reimbursement basis (upon receipt of the properly prepared invoice).

F. General Instructions

Applications for CTF renewal grants for state Fiscal Year 2013 must be **postmarked no later than Monday, March 12, 2012**. Any application postmarked after that deadline or materials missing, or received apart from the application will disqualify the application from consideration. Failure to meet the deadline for submission of applications is not negotiable and may not be appealed. Applicants should

request a delivery receipt from CTF if the application is hand delivered. CTF's physical address is Harry S Truman State Office Building, 301 West High Street, Room 860 in Jefferson City, MO 65101.

Applications should be mailed to: **Children's Trust Fund**
PO Box 1641
Jefferson City, MO 65102-1641

Application materials mailed to any other address will not be considered. Faxed copies will not be considered.

Proposals shall be consistent with the mission of CTF's Board and comply with the requirements contained in Exhibit B. It is strongly recommended that this notice be reviewed in its entirety to ensure the applicant will be in compliance with the requirements in each section.

Applicants shall submit one (1) original plus three (3) copies of the completed application (Exhibit A) to CTF.

(Note: Exhibit B does not have to be submitted along with Exhibit A; however the applicant certifies that all information in Exhibit B has been reviewed and that the applicant understands that Exhibit B will be considered part of any contractual agreements made through this process). Please retain a copy of Exhibit B for your records.

The application shall be typed (no smaller than 12 point) and single-spaced. Each page shall be numbered sequentially beginning with the cover sheet.

The application must follow the format and order presented herein. The forms provided with this notice must be used in completing the application. The forms may be reproduced on a computer or photocopied.

Any attempt on the part of the applicant to change or alter the original content of the application, Exhibit A and Exhibit B, will render the submitted application and any subsequent contracts resulting from the submitted application null and void by CTF.

G. Instructions To Complete Application - Exhibit A

All forms within Exhibit A should be completed in their entirety as per the instructions. Maximum point values for each attachment/section are indicated in parenthesis. Continuation applications shall be evaluated on the content of the following:

1. Cover Sheet (5 points)

This is the first page of the proposal. All items on the page must be completed and the legal name of the applicant organization provided. For contracting purposes, applicants must include a copy of their 501(c)(3) exemption letter, articles of incorporation, etc. The contact name and address provided on this page will be used for all future mailings including contract information.

2. Project Abstract (30 points)

The project abstract should provide the reviewer with a clear, concise overview of the proposal. By reading the abstract alone, the reviewer should understand where and what the applicant plans to do, why they want to do it, and how the applicant will work to continuously improve it through an evaluation plan. Each section of the abstract shall be completed and clearly identify how the proposal will **prevent child abuse**

and neglect. Additional pages may be attached as needed; however, please limit the response to no more than ten (10) typed pages.

Project Summary: Briefly describe the prevention project/proposal for which you are applying, and the evidence-based model on which it is based.

Background/Statement of Need: This section should clearly and concisely provide information that supports the need for the prevention project in the applicant's proposed service area. It should also be reasonable in scope. In other words, the problem(s) is to be something that the applicant can do something about.

Target Population: This section should answer the following questions:

Who will be served by the project? Include data about age, socioeconomic status, risk factors for abuse/neglect, and other factors that characterize the population to be served.

Where is this population located geographically?

How will the population be identified and recruited for the project?

Goals & Objectives: Goals are general statements about a desired change or outcome such as to reduce teen pregnancy, to reduce the rate of child abuse neglect, to improve the overall wellness of infants and children in a given target area, etc. An objective is more specific than a goal and is the means by which a goal is to be achieved. It represents the step towards the goal. Objectives are always measurable and time specific. For example, an objective might be stated that "30 teen parents will each be paired with one adult volunteer mentor over the next 12 months for the purpose of reducing teen pregnancy."

Methods, Strategies & Outputs: This section should clearly and concisely reflect the components of the project. Specifically, what are the components of the project and how will the project be implemented? Describe the strategies, methods and interventions that will be used to achieve the objectives, and then ultimately the outcome. Include outputs which are the specific activities, events, services, relationships and products generated (# of cribs distributed, SBS DVDs distributed, parents enrolled, volunteer mentors trained, parent classes offered, etc.) Often there is more than one intervention for each objective and outcome.

Outcomes: This section should clearly and concisely state the outcomes that the applicant **seeks** to achieve. Outcomes should be behaviorally based (i.e.: related to changes in knowledge, behavior, attitudes or conditions of the target population that will help prevent child abuse and neglect). Outcomes should clearly relate to the stated problem or need and must be measurable. They reflect the desired results to be achieved. For example, an outcome might be stated, "95% of pregnant/parenting teens enrolled in the project will graduate from an accredited high school, complete their GED

and/or be gainfully employed by June 2011” or “90% of participating parents will demonstrate an increased knowledge of age-appropriate child development”.

Evaluation:

This section should clearly state what evaluation tools the applicant will use to measure and understand the effectiveness of the project. There must be at least one clear evaluation component for each proposed outcome. Each component should include what type of data will be collected, and how it will be compiled and analyzed. The applicant must also discuss how the evaluation will be used to modify, enhance or improve the project as needed. In addition, each agency will need to develop a client satisfaction survey.

Role of Consumer/Participants:

Describe in what ways the consumer/participants will be involved in the prevention project and discuss ways the project will identify the family/participant’s strengths (strength-based).

Coordination of Services:

Describe how your agency collaborates and/or coordinates with other service providers in the community. If collaboration/coordination opportunities are limited due to few other available services, please explain.

Sustainability:

Describe how the project will be sustained after CTF funding ends.

Protective Factors:

Using the table format, please describe how the project will integrate the following protective factors: (1) parental resilience, (2) social connections, (3) knowledge of parenting and child development, (4) concrete support in times of need, and (5) social and emotional competence of children. Please refer to the “strengthening families” table (Attachment 1) for additional information on the five protective factors or visit <http://www.cssp.org/reform/strengthening-families>.

3. History and Qualifications of Agency/Organization (5 points)

- Include a statement of the organization’s purpose and demonstrate how its missions and goals relate to the CTF mission of preventing child abuse and neglect. If non-profit, please attach documentation to verify status;
- Include a brief history of the lead organization submitting the application including how the organization began and why;
- List prior grants received from CTF and include years in which funding was received and the amount of funding;
- Describe the capacity and qualifications of the agency/organization to implement the proposed project;
- Attach or include a complete list of board members that includes how long each has been affiliated with the organization and each member’s length of term on the board.

4. Core Data (5 points)

This section consists of core statistical data sheet. The core data are specific information elements that describe the target community to ensure a basic understanding of the problem. County specific socio-demographic and child abuse data must be provided. The actual numbers and/or percentages of abuse/neglect are to be recorded as indicated.

The applicant must provide additional statistical data from other sources that further describes the target population and problem(s) to be addressed during the grant period.

Please site the source and year for statistics: i.e.: Missouri Kids Count Data Book, Missouri Department of Social Services most recent Annual Report, State Technical Assistance Team Child Fatality Review Annual Report, US Bureau of Census, etc. The following web sites may be helpful to locate information to complete this section of the application: www.dss.mo.gov (Missouri Department of Social Services for various annual reports on child abuse/neglect); <http://www.oseda.missouri.edu/kidscount/> Missouri KidsCount/OSEDA (Office of Social and Economic Data Analysis for census information, demographic profiles and other facts listed by county); www.fedstats.gov for links to statistics by state and county; <http://2010.census.gov/2010census/> (additional census information).

5. Action Plan (20 points)

Using the format provided based upon the performance measures logic model, describe the action steps, interventions and activities that will be undertaken to achieve each proposed objective and outcome. The action plan should closely follow the content of the project abstract, but in logic model form. This section should assist the applicant with how they are actually going to implement the project in a logical and concrete step-by-step fashion. Attach additional pages as needed.

Actions must be:

- related to stated needs and objectives (as identified in the Abstract);
- easily understood; and
- presented in a logical step-by-step fashion.

6. Children's Trust Fund Promotion Summary (5 points)

The applicant agency shall provide a brief statement of how it will recognize and promote CTF in the community as it relates to the proposed prevention project. The promotion summary shall include a plan to market the CTF license plate.

7. Project Budget (20 points)

This section consists of three forms: Budget Detail, Project Income and Match and Budget Justification. CTF reserves the right to modify and revise the proposed budget based upon available funding resources. The attached budget sheet must contain detailed information about the expenses and income sources for each designated category breakdown of the applicant's proposed project.

The budget should clearly indicate the amount of funding to be provided by CTF and from all other sources. **All applicants for first year programs must submit a copy of their overall agency budget showing both revenues and expenditures.**

Budget Detail

Section 1: “Expenses” contains three columns as follows:

- Column one (1), “CTF request”, is to include the total amount of money being requested from CTF for the current fiscal or grant year for each category of expense for the applicant’s proposed project.
- Column two (2), “Other funding”, must include the total amount of money or in-kind services that will be received from other sources. The “other funding” should relate specifically to the project you are requesting CTF to support and should not include the organization’s total budget.
- Column three (3) is a total of columns 1 and 2.

Expense Categories

1. **Salaries and wages:** The amount needed to pay for the salaries of staff people working on the proposed project must be indicated. Include the dollar amount requested from CTF and from all other sources. Include all paid as well as in-kind staff positions.

Salaries for in-kind staff positions should reflect the cost of salaries for like positions in the community. List each staff position separately, detailing salary expense multiplied (x) by the percentage (%) of time working on this project multiplied (x) by the grant period. For example:

Project Director @ \$3,000/mo x 15% x 12 months = \$5,400. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.

2. **Fringe Benefits:** The aggregate amount needed to pay fringe benefits (not to exceed 28% of salary costs) for staff people working on the proposed project must be indicated. Include FICA worker’s compensation insurance, health insurance, life insurance, retirement plans, reimbursements, etc.
3. **Consultant and Contractual Services** (A and B as designated below are to be entered as one expense total). Separate explanations and justifications should be given for both.
 - A. **Consultant:** The amount needed to pay for consultants working on the proposed project such as trainers, evaluators, etc. The amount for consultant services must be calculated at the normal rate for like services in the community. List each consultant position separately with details of expense. Identify the consultants by name or position. Example:
Evaluation Consultant Dr. Jones, Director, University Evaluation Center 10/hrs/mo x \$50/hr x 12 mos. = \$6,000.00. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.
 - B. **Contractual:** The amount needed to pay for subcontracts to be executed for the proposed project must be stated. The amount for contractual services must be calculated at the normal rate for like services in the community. List each subcontract to be executed separately with details of the expense and an explanation of the project duties that will be fulfilled through subcontracts. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project. Failure to identify all subcontractors to be used for this project may result in the denial of that expense.

4. **Space Costs:** The amount needed to pay for space directly related to the proposed project.

List each item separately with details of expense. Example: Office rent 1,200 square feet @ \$6.00/ft x 1 year = \$7,200.00. Funds may not be used for capital expenditures, i.e. remodeling; construction costs, etc.

These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.

5. **Consumable Supplies:** The amount needed to pay for consumable supplies to support the proposed project includes stationery, pens, pencils, paper clips, paper supplies, etc. Copying supplies, project-related consumables and regular postage should also be included in this section.

List each group of items separately with details of expense. Example: office supplies for 2 staff @ \$100/each/year = \$200.00.

These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.

6. **Travel:** The amount needed to pay for anticipated travel costs directly related to the proposed project, calculated at the state rate (**currently 37 cents per mile**). Be specific for each personnel or consultant position. List each item separately with details of expense. Example: Local mileage – Project Director 100 mi/mo @ \$.37/mi x 12 mos = \$444. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.

Travel costs (mileage, lodging, etc.) for project/service-related training such as conferences or workshops should be included in this category.

7. **Communications:** The amount needed to pay for installation, basic fees and long distance costs to support the proposed project. List each item separately with details of expense. Example: Installation @ \$26.00 = \$26.00 or basic monthly fee @ \$100/mo x 12 mos = \$1,200.00.

8. **Non-Consumable Supplies:** The amount needed to pay equipment to support the project. List each item separately with details of expense. Example: (1) desk @ \$150.00 = \$150.00 or (1) laptop @ \$400.00 = \$400.00. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project. CTF reserves the right to reclaim any non-consumable supplies at the end or upon termination of the grant project.

9. **Project-Related Expenses:** The amount needed to pay for project related costs to support the proposed project includes materials, software, meeting space outside the office, meeting supplies, conference/workshop registrations fees, brochures, special postage, etc. List each item separately with details of expense. Example: Workshop meeting space @ \$50/meeting x 1/mo x 12/mos = \$600.00; or 600 project brochures @ \$.25/copy = \$150.00. Do not duplicate expenses previously listed. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.

10. **Other Costs:** The amount needed to pay for other costs that do not fit into another category. List each item separately with details of the expense. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project and must be pro-rated based on the percentage the proposed CTF amount represents within the overall agency budget. Example: If requesting funds to support an audit* and the requested CTF funds equal 10% of the agency budget, you would calculate one (1) CPA audit @ \$1,200 x .10 (10%) = \$120. Do not duplicate expenses previously listed.

*Audit Cost - Only a prorated share of the audit cost for agencies required to be audited (only agencies receiving over \$100,000 in State funds are required to have an audit conducted) may be requested.

Project Income & Match

This form should be completed by all applicants *regardless* if matching funds are required for the specific project year. All project income, committed or estimated, and the corresponding source(s) should be reported in the appropriate space provided. List all miscellaneous sources separately. Total income must equal the total grant budget. **Reminder: All applicants for first year programs must submit a copy of their overall agency budget showing both revenues and expenditures.**

Budget Justification

Provide detailed information in narrative form supporting budgeted money from the budget detail form. Written justification must be made in the space below for every line item for which CTF funds are requested including justification for all project personnel expenses as outlined in the budget detail form. Attach job descriptions for project director and all new staff positions that will be created to develop, implement or evaluate the project to be funded. Line items must be supported by a statement describing the need for and benefit to the proposed project. Be specific.

Example: “The Executive Director will require at least 4 hours per week during the 12-month grant period for the following tasks:

- Coordinating the project, assuring that quality standards and timelines are upheld, assuming primary responsibility for assuring that the project is carried out as planned and that the overall outcomes will be achieved, and staffing and planning for any committees and subcommittees.”

Unallowable Expenses

Unallowable expenses include, but are not limited to, the following:

1. Bad Debt: Bad debt is not an allowable expense.
2. Capital Expenditures: The cost of any capital purchase.
3. Contingency or Reserve Funds: Funds that are reserved for specific or unforeseen future expenses are not allowable as expenses for purchased services.
4. Contributions: Contributions or donations made by the applicant to other agencies are not allowable expenses.
5. Depreciation on Assets Purchased with Federal or State funds: Depreciation on buildings or equipment furnished by the federal government, purchased through federal grants, or by state money is not an allowable expense.
6. Expenses Offset by other Revenue: Expenses already reimbursed through other state or federal projects are not allowable expenses.
7. Fines and Penalties: Fines and penalties are not allowable expenses for purchased services.

8. Fund Raising Costs: Costs incurred for fund raising should be off-set by fund raising revenue and are not allowable expenses.
9. Legal Expenses: Legal expenses are not allowable expenses.
10. Lobbying Expenses: Costs incurred in attempting to influence the federal or state executive or legislative branches of government, including lobbyists, are not allowable expenses.
11. Interest Expenses: Interest expense is not an allowable expense.
12. Contract Supplies: Supplies used in the production of goods to be sold should be off-set by project income and are not allowable expenses.
13. Moving Costs: The applicant's costs of moving are not allowable expenses.
14. Organization Costs: The applicant's costs of organizing and reorganizing as a legal entity are not allowable expenses.
15. Taxes: Taxes for which the applicant could be exempted are not allowable expenses, and taxes and related penalties from prior years are not allowable expenses.

8. **Assurances/Certification Signature Page - (5 points)**

An original signature of the authorized person for the grant is required.

9. **Letters of Support – Three (3) total – (5 points)**

Letters of support from individuals/organizations familiar with the applicant organization's services and knowledgeable of the proposed project.

H. **Reporting and Record Requirements**

During the first year, grantees are required to submit a mid-year report and annual report to CTF by January 31st and July 31st respectively. Only an annual report will be due thereafter, unless otherwise directed by CTF.

Grantees must maintain appropriate records documenting actual expenditures incurred, payment of those expenditures and services provided. All supporting information and documentation must be retained for a minimum of three years after the conclusion of each contractual period.

Consideration for any future funding will be based in part upon timely submission and quality of reports. If a report is not received by the due date, the funds for the next claim(s) following the due date will be withheld until the required report is submitted and reviewed for compliance with this Grant Notice and the contract. The reports must indicate where each grantee stands in relation to the project and follow the format provided by CTF.

Any proposed changes in the stated goals, objectives, project outcomes and/or the budget must be submitted to CTF for approval pursuant to the terms of the contract.

I. Questions

Please direct all questions regarding this notice and proposal submission to:

Laura K. Malzner, Program Coordinator
Children's Trust Fund or
PO Box 1641
Jefferson City, MO 65102

Children's Trust Fund
301 W. High Street, Room 860
Jefferson City, MO 65101

Email: laura.malzner@oa.mo.gov
Phone: 573-751-6511
Fax: 573-751-0254

Attachments

- 1. Strengthening Families Framework Information**
- 2. FRIENDS Report on Evidence-based models/programs***
- 3. FRIENDS Resources for Identifying Evidence-Based Programs**

***The FRIENDS Report provided as a resource tool. CTF does not endorse any one model of prevention.**

Attachment 1

CENTER FOR THE STUDY
OF SOCIAL POLICY'S

strengthening families™
A PROTECTIVE FACTORS FRAMEWORK

What We Know: Families thrive when protective factors are robust in their lives and communities.

Using the Strengthening Families Approach, more than 30 states are shifting policy, funding and training to help programs working with children and families build protective factors with families. Many states and counties also use the Protective Factors Framework to align services for children and families, strengthen families in the child welfare system and work in partnership with families and communities to build protective factors. For more information and many tools and options for implementation, visit www.strengtheningfamilies.net.

Nationally, Strengthening Families is coordinated by the Center for the Study of Social Policy (CSSP) and supported by national partner organizations including:

- Child Welfare Information Gateway
- The Finance Project
- FRIENDS National Resource Center
- The National Alliance of Children's Trust and Prevention Funds
- Parents As Teachers
- United Way Worldwide
- ZERO TO THREE

The Protective Factors Framework

Five Protective Factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also "promotive" factors that build family strengths and a family environment that promotes optimal child and youth development.

Parental Resilience

No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

Knowledge of Parenting and Child Development

Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

Social and Emotional Competence of Children

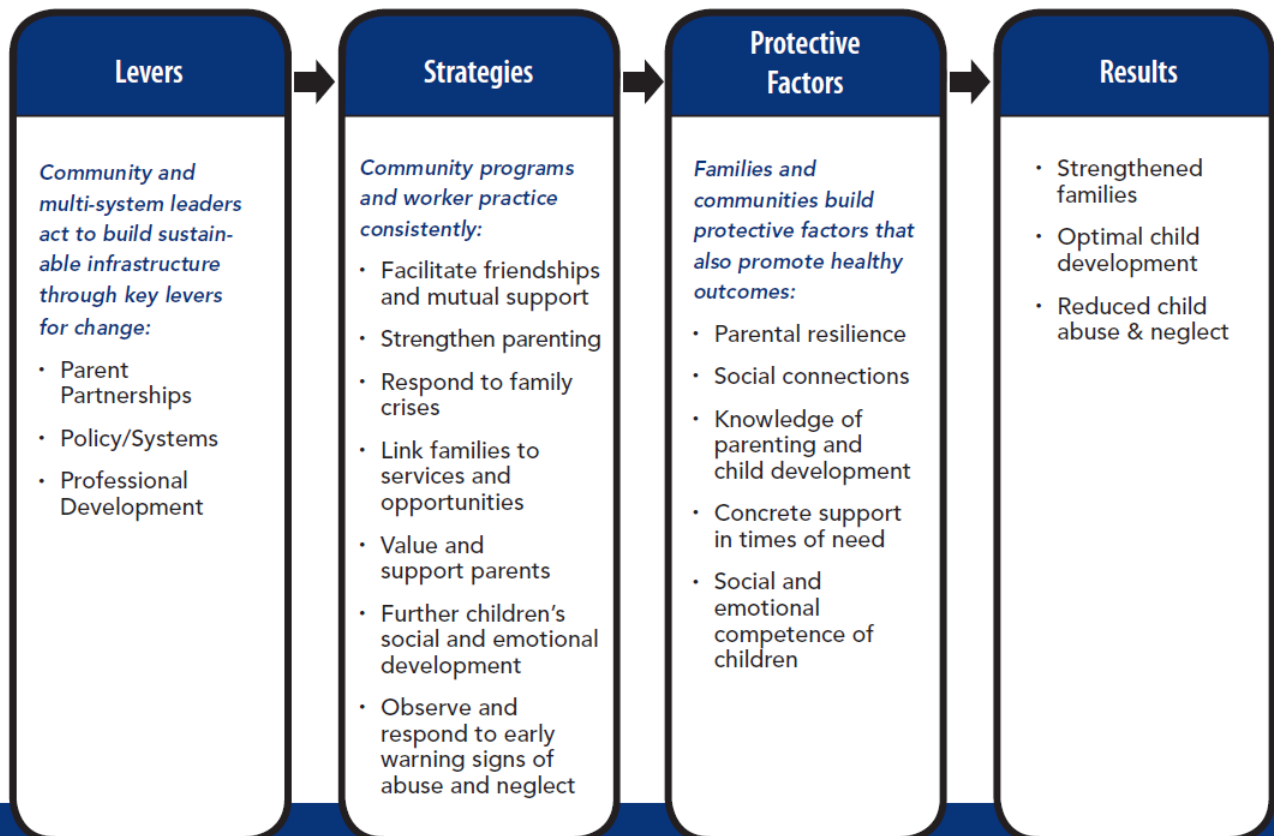
A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

Mobilizing partners, communities and families
to build family strengths, promote optimal
development and reduce child abuse and neglect

Strengthening Families: Creating a New Normal

The Strengthening Families Approach:

- Benefits ALL families
- Builds on family strengths, buffers risk, and promotes better outcomes
- Can be implemented through small but significant changes in everyday actions
- Builds on and can become a part of existing programs, strategies, systems and community opportunities
- Is grounded in research, practice and implementation knowledge



A New Normal

Families and communities, service systems and organizations:

- Focus on building protective and promotive factors to reduce risk and create optimal outcomes for children, youth and families
- Recognize and support parents as decision makers and leaders
- Value the culture and unique assets of each family
- Are mutually responsible for better outcomes for children, youth and families



FRIENDS Report



Making the Case for Preventing Child Abuse and Neglect ***An Overview of Cost Effective Prevention Strategies***

It is vitally important that any approach to protecting children and strengthening families includes a strong prevention component. The increased effectiveness in terms of human and other costs is significant when families are helped to build on their own strengths, use community resources appropriately to meet their needs and to provide safe and caring homes for their children.



Although there is limited rigorous research that identifies proven, cost effective child abuse and neglect prevention programs, there is a growing body of knowledge regarding the value of prevention strategies and programs that can demonstrate positive outcomes for targeted populations. This report will provide the following:

- A brief review of the cost-benefits of child abuse and neglect prevention;
- Identification of a number of noteworthy prevention programs and strategies, including some evaluation data;
- Discussion of the limitations of the existing research;
- Identification of important factors to consider in the replications of prevention programs;
- Additional prevention resources for more information.



The value of prevention

Historically public resources have primarily gone into tertiary prevention or treatment programs. These programs, while necessary and lifesaving, cost states millions of dollars annually. A study conducted by Prevent Child Abuse America in 2001 estimates the costs related to child abuse and neglect to be greater than \$90 billion each year. Direct costs include those associated with hospitalization, mental health care, the child welfare system, the legal system, etc. Indirect costs such as mental health and health care, special education, juvenile delinquency and adult criminality, to name a few, are estimated to cost the nation far more than the direct costs.



Making the Case for Preventing Child Abuse and Neglect

In terms of indirect effects of child maltreatment, the Adverse Childhood Experiences (ACE) study, led by the Centers for Disease Control and Prevention (CDC), posed the question of whether, and how, childhood experiences affect adult health decades later. The study included 17,421 adults at Kaiser Permanente's Department of Preventive Medicine in San Diego, California and the findings show the important relationship between emotional experiences as children and physical and mental health as adults. They concluded that there exists "a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults." It therefore makes sense to provide activities that promote actions or behaviors that prevent child abuse in order to save the precious available resources.

In a study conducted by the Michigan Children's Trust Fund, costs of providing prevention services to all first-time parents in the State were compared to those of funds expended for child abuse/neglected treatment. Given the high cost of treatment and the relatively lower cost of prevention, it was concluded that "investments in prevention can be cost effective if they result in even modest reductions in abuse events (Caldwell, 1992)."

Measuring Effectiveness

While the field clamors to receive validation that prevention programs and strategies are indeed preventing child maltreatment, ethical field research cannot definitively conclude that an intervention prevents something from occurring. According to *Emerging Practices in the Prevention of Child Abuse and Neglect*, "Existing knowledge about the efficacy of prevention in the field of child maltreatment is limited; clearly, all the major prevention models and strategies could benefit from more rigorous study (Thomas, Thomas, D., Leicht, C., Hughes, C., Madigan, A., Dowell, K., 2003, p. 57)." It further states "...it is clear that much more can and must be learned about the effectiveness of these programs in terms of what works and for whom."

Acceptable means of alluding to the effectiveness of prevention programs is rather through reducing risk factors and strengthening or increasing protective factors in caregiving. (For a listing of common risk and protective factors, visit <http://nccan.ch.acf.hhs.gov/topics/prevention/emerging/emerging.cfm>)

In this decade most agencies realize they must provide evidence of reducing risk factors and increasing protective factors by evaluating their programs in terms of outcomes achieved. Funders are demanding to know whether or not the funds provided actually make a difference and whether the goals and objectives of the programs are achieved. So while one cannot demonstrate whether or not something *did not* occur as the result of an intervention, one can measure whether or not a discrete behavior was learned and ultimately practiced as the result of an intervention. For example, a parent education class might teach child development where parents are taught developmentally appropriate activities and behaviors for their toddlers. Parents learn, and subsequently practice, providing appropriate activities for their toddlers. One could conclude that a result of knowledge and skills learned might be the promotion of actions or behaviors that prevent abuse.

Noteworthy Prevention Programs

According to *Emerging Practices in the Prevention of Child Abuse and Neglect*, "there are three principal areas where research on maltreatment prevention has historically been most concentrated: home visitation programs, parent education programs and school-based programs for the prevention of child sexual abuse.

Home Visitation Programs

While not universally positive across all evaluations, research suggests that home visiting can be an effective approach to preventing child maltreatment. The CDC recently completed a systematic review of the effectiveness of home visiting and found it to be an effective strategy for preventing child maltreatment for

F R I E N D S R E P O R T

Making the Case for Preventing Child Abuse and Neglect

certain populations (<http://thecommunityguide.org/violence/default.htm>).

Nurse Family Partnership (www.nccfc.org) Dr. David Olds of the University of Colorado found positive short and long term outcomes for young first-time mothers and their children who participated in this program. This is one of the few prevention programs that has used an experimental research design which randomized participants into treatment and control groups. Outcomes included decreased rates of child maltreatment (79% fewer reports), juvenile delinquency (56% fewer arrests in 15 year olds), and maternal criminality (69% fewer arrests); increased economic self-sufficiency and increased social-emotional development (Thomas, et al., 2003; Lutzker, 2004).

The Public Health Nursing Infant Home Visitation program in Wyoming is based on the nurse-family partnership model and targets low income, pregnant women and families with infants, incarcerated women, women with histories of substance abuse or mental illness, and victims of domestic violence. Public Health nurses provide the visits and services for up to the infant's 24th month (Lutzker 2004).

Healthy Families America (www.healthyfamiliesamerica.org) is a national program model designed to help expectant and new parents get their children off to a healthy start. Families participate voluntarily in the program and receive home visiting and referrals from trained staff. By providing services to overburdened families, Healthy Families America fits into the continuum of services provided to families in many communities. Healthy Families America exists in over 440 communities in the United States and Canada. 90% of all the families who are invited to participate in the program accept services. Approximately 30 evaluations have been or are currently being conducted at the state or site level across the country. The findings from quasi-experimental designs demonstrate positive outcomes in the areas of reducing child maltreatment; ensuring healthy child development; encouraging school readiness; promoting family self-sufficiency; and demonstrating positive parenting (PCA

America, 2002). Some of the more recent research has demonstrated mixed results.

Healthy Families Arizona (www.lecroymilligan/hfaz/nfaz.htm) is an example of the statewide implementation of the Healthy Families America model. The program provides a statewide system of home visitation services that builds on family strengths, promotes health, optimizes child development and prevents child abuse and neglect. Intensity of services depends on family needs and gradually decreases from weekly home visits to quarterly home visits. Services are provided for up to 5 years.

Project SafeCare and *Project 12-Ways* use in-home strategies to prevent and treat child maltreatment. *Project 12-Ways*, ongoing in Illinois since 1979, offers parent training and a host of other skill training. Data suggest that *Project 12-Ways* is more effective than other services offered to families in the same region. *Project SafeCare*, a home visiting program originally developed in Illinois and California, uses a succinct teaching format to focus on parent-child interaction training, home safety, and child health care. The program has proven effective in reducing subsequent reports of suspected maltreatment and in preventing neglect (Lutzker, 2004; Valle, et al., 2004). The State of Oklahoma is currently testing and evaluating a statewide replication of this model.

The *Healthy Start* program provides home-based, parent education and support services to high-risk mothers. In addition to findings of reductions in pregnancy risk status, birth complications and subsequent pregnancies and increases in childhood immunization rates and the number of adequate/safer home environments, the study also reported a reduced number of confirmed reports of child abuse and neglect (Thomas, et al., 2003).

The *Family Connections* program (www.family.umaryland.edu) based out of the University of Maryland, Baltimore is a community-based neglect prevention program targeting at risk families with children between the ages of 5 and 11. Evaluation results show *Family Connections* improves protective factors such as parenting skills and attitudes, and reduces risk factors

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such as parent depression, caregiver drug use, caregiver stress, and children's behavioral problems. The program also demonstrated reduced incidents of child abuse and neglect and increased child safety and well-being. This program is now being replicated in eight communities with funding from the Children's Bureau, U.S. Department of Health and Human Services.

STEEP (Steps Toward Effective, Enjoyable Parenting) (<http://education.umn.edu/ICD/harriscenter/STEEPinfo.htm>) is an intensive intervention program of home visits and group sessions for high-risk women and their first-born children. Participants demonstrated better understanding of child development, better life management skills, fewer depressive symptoms, and more organized and appropriately stimulating home environments compared to a control group (Thomas, et al., 2003).

Parenting Partnerships is a home visitation program based on the *STEEP* program and is designed to meet the needs of medically fragile children living in socially vulnerable families. The Tacoma, Washington program also includes monthly group meetings.

Some other interesting models of home visitation programs which have not yet undergone more rigorous research include:

The *Miami Safe Start* project provides maltreated children under age 3 with assessments and referrals to early intervention services. The project videotapes mother-child interactions and uses standard assessment tools to refer families to needed services to prevent further maltreatment (Lutzker 2004).

The *Hui Makuakane Program* was developed in response to a need to engage fathers in the *Hana Like Home Visitor Program*. The Honolulu program provides supportive services to fathers, both in and out of the home, with the goal of preventing child abuse and neglect by engaging fathers in the lives of their children and supporting them as effective parents and positive role models.

The *Fussy Baby Program* (www.oaklandfamilyservices.org) in Michigan uses Infant Mental Health Specialists to provide weekly home visits to families of children birth to 3 years with regulatory or behavioral disorders.

Parent Education Programs and Parent Support Groups

A few studies have demonstrated positive findings focused on short-term gains in knowledge, skills or abilities but little is known about the impact of these programs on child maltreatment in the long term (Thomas, et al., 2003). The National Committee for Prevention of Child Abuse (now Prevent Child Abuse America) conducted an evaluation of 14 parent programs that served 1078 parents who received parent education services between 1990-1991. They found that parents' potential for physical child abuse decreased significantly. Additionally there was an observed reduction in the use of corporal punishment and inadequate supervision of their children. Participants also demonstrated greater responsiveness to the emotional needs of their children (Thomas, et al., 2003).

Parent Education Programs

The *Nurturing Program* (www.nurturingparent.com), developed by Stephen Bavolek, is a parenting education program that focuses on creating improvement in four parenting constructs - inappropriate parental expectations, lack of empathy toward the child, belief in corporal punishment and parent-child role reversal. While the results of the evaluation were positive, showing significant improvements from pre- to post-test in each of the four areas, the use of a control group could make a stronger case for the program's efficacy (Cowan, 2001).

The *Positive Parenting Program*, or the *Triple P*, was developed as a "universal" parenting program that can be introduced early in the parenting process in order to prevent child maltreatment. The *Triple P* was originally developed in Australia. In 2004 the CDC funded the University of South Carolina to implement and evaluate an efficacious universal parenting intervention. The

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University is evaluating the *Triple P*. The program has five levels that vary in intensity. Level One provides information; Levels Two and Three provide brief consultations for parents of children with typical behavioral problems; and Levels Four and Five provide 10 or more sessions to address severe child behavioral problems (www.cdc.gov/ncipc/pub-res/parenting).

Parents as Teachers (PAT) is an international early childhood parent education and family support program serving families throughout pregnancy until their children enter kindergarten, usually age 5. The program is designed to enhance child development and school achievement through parent education accessible to all families. It is a universal access model (www.patnc.org).

The *Effective Black Parenting Program* is based on an achievement orientation of African American parenting. It provides an excellent learning and relearning context to help parents of African American children do the best job possible. Its basic ideas are derived from the writing of African-American parenting scholars, from research with African-American parents, and from adaptations of parenting skills that have been found helpful in raising children of all ethnic and socioeconomic backgrounds (www.nbccongress.org/black-catholic-news/effeactive_black_parenting_program.asp).

Parent Support Groups

Parents Anonymous® Programs (www.parentsanonymous.org) include weekly, free of charge Parents Anonymous® Groups which are co-led by parents and professional Group Facilitators trained in the Parents Anonymous® model of mutual support and shared leadership. Parents can join a Parents Anonymous® Group at any time and attend for as long as they wish. They transform attitudes, learn new behaviors and create long-term positive changes in their families. While parents are meeting, their children and teens attend the Parents Anonymous® Children's Program where they engage in a variety of hands-on activities that stimulate positive emotional growth and development.

Circle of Parents is a parent mutual self-help support program based on a simple and time tested model: through peer-to-peer leadership and support at weekly meetings, people in a parenting capacity can, over time, gain self-esteem, overcome isolation and improve their parenting skills by exchanging support and positive parenting suggestions (www.preventchildabusewi.org/circle).

Programs offered in the Schools or Child Care Settings

Families and Schools Together (FAST) is a multifamily group intervention designed to build protective factors for children (4 to 12 years old) and empower parents to be the primary prevention agents for their own children. A collaborative team of parents, trained professionals and school personnel recruit participants and then deliver FAST program components to five to 25 families at a time. Team members do not lecture at FAST, but structure highly participatory, research-based activities with turn taking, experiential learning and parent support (www.wcer.wisc.edu/fast/). The FAST experimental studies across populations and sites show statistically significant results in the following areas: Improved FAST child's academic competence and performance; Improved FAST child's behavior (social skills and attention span); Reduced FAST child's problem behaviors (aggression, anxiety, and depression in classroom); Increased FAST parent involvement in school; Reduced FAST child's aggression and anxiety at home; Reduced family conflict; Increased the friendship networks for families.

In addition to the above-mentioned programs, The PACE program (*Parenting Our Children to Excellence*) is a group intervention program for parents and caregivers of preschool children who are socio-economically disadvantaged. The *Parent-Child Interaction Therapy (PCIT)* is a dyadic parent-child intervention focused on improving parent-child relationships and parents' management skills.

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A growing trend in prevention is the effort to infuse prevention principles into existing situations where parents engage regularly with staff. The most recent example is the work underway at the Center for the Study of Social Policy (CSSP), funded by the Doris Duke Charitable Foundation. CSSP recently identified 21 exemplary early child care programs that work with families to reduce child abuse. These programs help parents develop parenting skills, understand child development, and access community and social supports. Focusing on families enrolled in child care programs can potentially help large numbers of children. Families often develop long-term relationships with their child care providers and share information about their family life that they would not ordinarily share with government intervention services (Lutzker 2004). (For more information go to www.cssp.org/doris_duke/)

Respite and Crisis Care Programs

Evaluation of respite and crisis care programs by the ARCH National Resource Center (www.archrespite.org) provided promising results in the prevention of child maltreatment. Respite care services provide short-term care to children with disabilities or chronic or terminal illnesses or to children who are at risk of abuse and neglect. The temporary relief to caregivers significantly reduced stress and parents reported that crisis care services helped to keep their child safe and reduced the risk of harm to their children (ARCH, 2003).

Family Resource and Support Centers

Family Support Centers or Family Resource Centers provide a number of services that promote the strengthening of families and a strong sense of community. Some of the centers include above mentioned services such as home visiting and parent education programs, as well as job training, substance abuse prevention programs, counseling, child care, etc. One outcome through the provision of this array of services

is the development of protective factors resulting in the prevention of child abuse and neglect.

As mentioned earlier, while one cannot measure something that did not occur, with the proper tools, one can measure the reduction of risk factors and the strengthening of protective factors. Common protective factors include, but are not limited to, such things as secure attachment, supportive family environment, parental coping skills, family expectations of pro-social behavior, access to health care, consistent employment and adequate housing. Many of the individual community-based programs evaluate their services and an effort is underway through the FRIENDS Resource Center and the Community Based Child Abuse Prevention programs to amass some aggregate outcome data on programs providing similar services across the country.

Web Resources

There are several web resources available which list a variety of model programs or best practices for serving children and families. Appendix B offers additional web resources.

The Promising Practices Network (www.promisingpractices.net/default.asp) highlights programs and practices that credible research indicates are effective in improving outcomes for children, youth and families. One of the programs highlighted as a proven program on the website is the *Nurse Family Partnership* which provides home visits by registered nurses to first time mothers, beginning during pregnancy and continuing through the child's second birthday.

Blueprints for Violence Prevention website (www.colorado.edu/cspv/blueprints/) is another valuable resource. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) and *Blueprints* have evolved into a large scale prevention initiative both identifying model programs and providing training and technical assistance to help sites choose and implement a set of demonstrated effective programs with a high degree of integrity.

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Two websites that provide information on substance abuse and other high risk behaviors are *SAMHSA Model Programs* (www.modelprograms.samhsa.gov) and *CSAP* (www.northeastcapt.org/science/). *SAMHSA* serves as a comprehensive resource for anyone interested in learning more about model programs that prevented or reduced substance abuse. *CSAP* offers a variety of resources in substance abuse prevention. Given the strong linkages between child abuse and neglect and substance abuse, prevention of substance abuse may be viewed as a strategy for preventing child abuse.

The Children's Bureau's *National Clearinghouse on Child Abuse and Neglect Information's Prevention* website (www.nccanch.acf.hhs.gov/topics/prevention/index) provides a wealth of information resources to help communities develop, promote, and sustain child abuse prevention programs and activities.

State Children's Trust and Prevention Funds (www.dfalliance.org) are major supporters of effective prevention programs in communities throughout the country. They collectively provide approximately \$100 million to fund hundreds of programs serving a widely diverse range of two million children and families.

Important Factors to Consider

The programs described in the previous section of this report are working to prevent child abuse and neglect in various communities throughout the country. When implementing them in new locations, it is important to maintain the integrity of the program model by ensuring program fidelity. The positive results achieved thus far with these models are based on a constellation of factors, activities and materials. *Replications* should include all pertinent aspects of a program model. If there is interest in *adapting* a program model, the results may vary. When adapting a program, new evaluation is needed to ensure that the changes in components continue to offer positive results. Lutzker (2004) offered three key evaluation recommendations for State officials who are trying to prevent child abuse and neglect as follows: (1) If they are involved in evaluating a program they should

affiliate with very solid research teams. The teams should have considerable expertise in evaluation and a record of producing publishable outcomes. (2) States should adopt programs that have been shown scientifically to be effective. Avoid programs whose evaluations turn out to be self-evaluations. (3) Once states choose a program, they should start small. Then if the outcome data look good, they can scale up and start expanding gradually.

Deborah Daro and Anne Cohn Donnelly, both respected researchers in the child abuse prevention field, reported in *Child Abuse and Neglect* (2002) that child abuse prevention efforts have peaked in several waves during the past thirty years. The first wave promoted the concept of prevention and the need to make the public aware of the problem. The second wave resulted in a prevention continuum that included numerous programs for families who knew they needed help. The third wave, which is still influencing our work, saw a return to the scientific and empirical roots that were important in the first wave. See Appendix A for some resources in programs that purport positive prevention evaluation results.

Daro and Donnelly caution against common mistakes in the prevention field and offer the following advice:

- Avoid oversimplifying the work of prevention and recognize the importance of an ecological framework;
- Recognize that prevention will be successful in many situations, but not all – it's important not to set the bar unrealistically high;
- Accept that some parents may not participate in or benefit from prevention programs;
- Be sure to establish significant partnerships between local child protective service agencies and local child abuse prevention programs;
- Ensure that existing programs have necessary supports and are well-integrated into the community before developing new programs;
- Work to create the political will to realize meaningful legislative reforms that promote prevention.

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Given the importance of preventing child abuse and neglect and the wide range of programs and strategies available, there is no reason to delay investments in prevention. To help ensure success in new and existing prevention programs, consider the following steps:

- Assess the current strengths in the public child welfare system and in the communities for preventing child abuse and neglect;
- Build effective partnerships with important partners in prevention, including community based child abuse prevention programs, the faith community, early childhood programs, schools, health care providers and other relevant entities;
- Engage parent leaders who have experience using services to strengthen their families as key partners in planning, implementing and evaluating prevention activities;
- Review national models of prevention programs and incorporate those that best fit the state's needs and interests;
- Utilize training and technical assistance opportunities to support these activities as needed. The FRIENDS National Resource Center (www.friendsnrc.org) can provide a variety of technical assistance. Through the National Alliance of Children's Trust and Prevention Funds (www.nacpf.org), one of the partners in FRIENDS, state children's trust funds provide valuable peer support to each other and can be a useful resource to their peers in other states.

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The following articles are available through the National Clearinghouse on Child Abuse and Neglect Information

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To access these articles, visit the National Clearinghouse on Child Abuse and Neglect at <http://nccanch.acf.hhs.gov>

Child Abuse Prevention Organizations & Resources

The Administration for Children and Families (ACF) (www.acf.hhs.gov), within the Department of Health and Human Services (HHS), is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following: families and individuals empowered to increase their own economic independence and productivity; strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children; partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress that enable solutions which transcend traditional agency boundaries; services planned, reformed, and integrated to improve needed access; and a strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

ARCH National Respite Network & Resource Center (www.archrespite.org) is a web site devoted to issues regarding the provision of respite (temporary relief for caregivers and families) to caregivers and families who are caring for people with disabilities or other special needs such as chronic or terminal illnesses, or who are at risk of abuse and neglect, through a variety of means including Federal Legislation.

The Center for Community Partnerships in Child Welfare (<http://www.cssp.org/center/index.html>) works with jurisdictions across the country to improve the response to protecting society's most vulnerable children. The Center provides funding and technical assistance to help communities keep children safe from abuse and neglect and strengthen families. This work engages the public child protection agency, human services providers, local organizations, the faith community, and neighborhood leaders. The promise of community partnership is that children will be safer, families will be healthier, and communities will be stronger. The motto is, "Keeping Children Safe is Everybody's Business." A community partnership approach to child abuse prevention requires a significant shift in ownership so that everyone in a neighborhood believes they have a role in keeping children safe and supporting families. The partnership harnesses the creative talents of neighborhood leaders, human services providers, the faith community and local organizations to work with the public child protection agency to enhance safety and well-being for all families.

The Center for the Study of Social Policy (www.cssp.org) strives to help states and localities implement creative and effective strategies that strengthen disadvantaged communities and families and ensure that children grow up healthy, safe, successful in school and ready for productive adulthood.

The Centers for Disease Control and Prevention (CDC) utilizes a public health approach to address child maltreatment. This approach has four steps: define the problem, identify risk and protective factors, develop and test prevention strategies and assure widespread adoption of prevention principles and strategies. Much of the CDC's work to prevent child abuse and neglect takes place through their National Center for Injury Prevention and Control. They are funding numerous prevention strategies throughout the country. (www.cdc.gov)

The Child Abuse Prevention Network (www.child-abuse.com) operates as a collaborative among its 1000 members and partners. They provide access to over 1,500 professionals in research and related field through various electronic mailing lists, including the National Data Archive on Child Abuse and Neglect, Child-Abuse-L for professionals in the field, SIGCA-MD-L for physician and those involved in the clinical issues, HUSITA-L list for human services information technology applications, and SBSpro for the particular issue of Shaken Baby Syndrome.

The Child Welfare League of America (CWLA) (www.cwla.org) is the nation's oldest and largest membership-based child welfare organization. They are committed to engaging people everywhere in promoting the well-being of children, youth, and their families and protecting every child from harm.

The Children's Defense Fund (CDF) (www.childrensdefense.org) has worked toward, and made great progress in, reducing the numbers of neglected, sick, uneducated, and poor children in the United States. CDF's research, public education campaigns, budget and policy advocacy and coalition building have contributed to millions of children gaining immunizations, health care, child care, Head Start, a right to education, adoptions, a chance to escape poverty, and protections in our child welfare, mental health, and juvenile justice systems.

Family Support America (www.familysupportamerica.org) is recognized worldwide as a pioneer in the family support movement. Their reputation is based on decades of leadership in building on families' strengths. Family Support America has been the nation's catalyst, clearinghouse, and thought leader in family support,

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based on a bedrock belief: If you want to help families, ask parents what they want.

The FRIENDS National Resource Center (www.friendsnrc.org), a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, is a partnership of 6 organizations that work together to provide training and technical assistance to state lead agencies for Community Based Child Abuse Prevention (CBCAP) programs. CBCAP, authorized by Title II of the Child Abuse Prevention and Treatment Act, provides Federal funds to a Lead Agency designated by the Governor in every State to support community-based child abuse prevention programs and activities.

The National Alliance of Children's Trust and Prevention Funds (www.ctfalliance.org) initiates and engages in national efforts that assist state Children's Trust and Prevention Funds in strengthening families to prevent child abuse and neglect. This includes promoting and supporting a system of services, laws, practices, and attitudes that supports families by enabling them to provide their children with a safe, healthy, and nurturing childhood. Members of the National Alliance of Children's Trust and Prevention Funds are catalysts for the development of community-based child abuse and neglect prevention programs in their states. They are also incubators for innovative new programs and services related to strengthening families to prevent child abuse and neglect.

The National Black Child Development Institute (NBCDI) (www.nbcdi.org) is a nonprofit organization that has provided and supported programs, workshops, and resources for African American children, their parents and communities in early health and education; health, elementary and secondary education, child welfare, and parenting. Through hands-on service and community-outreach programs, NBCDI initiates positive change for the health, welfare, and educational needs of all African American children.

The National Clearinghouse on Child Abuse and Neglect Information Clearinghouse (www.nccanch.acf.hhs.gov) is a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The mission of the Clearinghouse is to connect professionals and concerned citizens to timely and well-balanced information on programs, research, legislation, and statistics regarding the safety, permanency, and well-being of children and families.

The National Exchange Club Foundation (www.preventchildabuse.com) is committed to making a difference in the lives of children, families and communities through its national prevention of child abuse program. The Foundation coordinates a nationwide network of nearly 100 Exchange Club Child Abuse Prevention Centers who utilize the parent aide program and provide support to parents at risk.

The National Head Start Association (www.nhsa.org) is a private not-for-profit membership organization dedicated exclusively to meeting the needs of Head Start children and their families. The Association provides support for the entire Head Start community by advocating for policies that strengthen services to Head Start children and their families; by providing extensive training and professional development to Head Start staff; and by developing and disseminating research, information, and resources that enrich Head Start program delivery.

The National Indian Child Welfare Association (NICWA) (www.nicwa.org) works to address the issues of child abuse and neglect through training, research, public policy, and grass roots community development. NICWA also works to support compliance with the Indian Child Welfare Act of 1978, which seeks to keep American Indian children with American Indian families.

Parents Anonymous® Inc. (www.parentsanonymous.org) is the nation's oldest child abuse prevention organization that focuses on parent leadership and mutual support to strengthen families and build caring communities that support safe and nurturing homes for all children. They lead a dynamic national network of organizations that provide weekly, free of charge, community based Parents Anonymous® Groups and Children's Programs. They are national leaders in helping individuals, organizations and systems achieve meaningful Shared Leadership by building partnerships between parents and professionals. Their *Shared Leadership in Action* Program is based on research into leadership practices and strategies that promote the development and growth of leadership in parents.

Prevent Child Abuse America (www.preventchildabuse.org) has been a national leader since 1972 in building awareness, providing education and inspiring hope to everyone involved in the effort to prevent the abuse and neglect of our nation's children. Working with chapters in 39 states and the District of Columbia, they provide leadership to promote and implement prevention efforts at both the national and local levels.

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Resources for Identifying Evidence-Based Programs

(current as of July 12, 2010)

Administration of Children and Families

The ACF website offers resources in grant opportunities and information on previously funded programs.
<http://www.acf.hhs.gov/index.html>

Benefits and Costs of Early Intervention Programs for Children and Youth

Summarizes “research-based” prevention or early intervention programs for youth. This report describes study findings and provides an overview of how the analysis was conducted.

<http://www.wsipp.wa.gov/pub.asp?docid=04-07-3901>

California Evidence-Based Clearinghouse for Child Welfare

The CEBC provides professionals with easy access to vital information about selected programs related to child welfare. Each program is reviewed and rated according to the CEBC Scientific Rating scale to determine the level of evidence for the program. The programs are also rated on a Relevance to Child Welfare Rating Scale.

<http://www.cachildwelfareclearinghouse.org/>

Child Trends What Works

Child Trends is a nonprofit, nonpartisan research center that studies children at every stage of development. Its mission is to improve outcomes for children by providing research, data, and analysis to the people and institutions whose decisions and actions affect children, including policymakers, program providers, foundations, and the media. Visit the link and click on What Works.

<http://www.childtrends.org/>

Child Welfare Information Gateway

This website includes a library search feature as well as other useful tools, documents and resources helpful in identifying evidence-based and evidence-informed practices.

<http://www.childwelfare.gov>

Early Childhood Interventions: Proven Results, Future Promise

This document is a thorough, objective review and synthesis of current research that addresses the potential for interventions of various forms in early childhood to improve outcomes for participating children and their families. http://www.rand.org/pubs/research_briefs/RB9145.

Ohio State University Center for Learning Excellence

Evidence-based practice tools

Evidence-Based Program Database

This web-based system can assist in selecting and implementing evidence-based programs that positively affect youth behaviors.

<http://cle.osu.edu/resouces/evidence-based-practice-tools/>

Find Youth Info

This tool provides an Evidence-Based Program Directory. The Program Directory is a searchable database of evidence-based, federally-funded youth programs. You can search by risk factors, protective factors, or key word.

<http://www.findyouthinfo.gov/programsearch.aspx>

The Campbell Collaboration (C2)

This nonprofit organization aims to help people make well-informed decisions about the effects of social, behavioral and educational interventions. C2 prepares, maintains and disseminates summaries and electronic brochures of reviews of intervention studies and reports of trials for policy makers, practitioners, researchers, and the public.

<http://www.campbellcollaboration.org>

Pathways Mapping Initiative

This website addresses what it takes to improve the lives of children and families living in America's tough neighborhoods. Community coalitions, providers of services and other support, funders, and policymakers will find a wealth of information about what works in social programs and policies.

http://www.cssp.org/major_initiatives/pathways.html

Promising Practices Catalog from the Finance Project's Information Resource Center

This resource is designed to help you learn about exciting programs, practices, and initiatives across the country that aim to improve the futures of children, families and communities.

<http://www.financeproject.org/index.cfm?page=23>

The Promising Practices Network

This website highlights programs and practices that credible research indicates are effective in improving outcomes for children, youth, and families.

<http://www.promisingpractices.net/>

NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices

NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

<http://www.nrepp.samhsa.gov/>

Selecting and Identifying Evidence-Based Interventions

This was developed by the Substance Abuse Mental Health Services Administration as a guide for its State Incentive Grant Program, but the concepts are relevant for child abuse prevention.

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17983>

Wisconsin Clearinghouse for Prevention Resources

This Clearinghouse resource has an area for identifying "evidence-based" methodologies in prevention.

<http://wch.uhs.wisc.edu>