

CBCAP New State Leads Orientation Manual



March 2007

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Community-Based Child Abuse Prevention Programs**
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FRIENDS National Resource Center for Community-Based Child Abuse Prevention

A service of the Children's Bureau

Congratulations on your new position with your State's Community-Based Child Abuse Prevention Program (CBCAP). FRIENDS is a National Resource Center, funded by the Office on Child Abuse and Neglect, the same office that funds your CBCAP program. FRIENDS is designed to support CBCAP lead agencies in carrying out their responsibilities under Title II of the Child Abuse Prevention and Treatment Act (CAPTA).

We look forward to supporting you by providing training and technical assistance (T/TA) and helping you identify successful practices in other states that might help your program implementation. Some examples of the types of T/TA that FRIENDS can provide include: developing a strategic state prevention plan; leveraging funds; conducting outcome evaluations for prevention programs; promoting and supporting parent leadership; and becoming more active in the Child and Family Service Reviews process. On a quarterly basis at a minimum, we will contact you to update you on current developments and see how we might be of help. If you have not already been contacted by your FRIENDS Technical Assistance Coordinator, you will be shortly.

Several experienced CBCAP State Lead agency staff have volunteered to serve as a mentor to new State CBCAP leads. Please consider the benefits of having us assign one of them to be available as a peer resource to you. Let your FRIENDS T/TA Coordinator know if you would like us to arrange for that.

We are enclosing a variety of materials regarding FRIENDS and CBCAP. You may already have some of these resources in your files, but we've found it useful to provide a concise packet in order to give new CBCAP contacts an overview to better understand the legislation and resources available to you.

We look forward to talking with you soon.

Sincerely,

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National Alliance of Children's Trust and Prevention Funds

Family Resource Information, Education and Network Development Services

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Community Based Child Abuse Prevention (CBCAP) Programs

Why were CBCAP programs created?

CBCAP programs were established by Title II of the *Child Abuse Prevention and Treatment Act Amendments* of 1996 and most recently reauthorized in June of 2003. The purpose of the CBCAP program is:

- to support community-based efforts to develop, operate, expand, enhance, and, where appropriate, to network, initiatives aimed at the prevention of child abuse and neglect,
- to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect, and
- to foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect

What changes in CBCAP programs have been initiated with recent program instructions to states?

The program instructions issued to states in April of 2006 placed a stronger emphasis on particular areas of programs for CBCAP grantees. These include:

- a stronger emphasis on linking CBCAP programs with Child Welfare systems (Child and Family Services Reviews and IVB planning),
- a stronger emphasis on parent leadership and involvement,
- a focus on evaluating outcomes of funded programs and activities,
- OMB PART process and National Outcomes,
- and linkages with other ACF Priorities (Healthy Marriage, Responsible Fatherhood, Positive Youth Development, Rural Initiative, and Outreach to Faith and Community-Based Organizations)

What is the target population for CBCAP programs?

CBCAP programs should have some activities available to the general population such as public awareness and education about preventing child abuse and neglect. In addition, programs should also target services to vulnerable families that are at risk of abuse or neglect. These families include:

- Parents (all, new, teens, etc.)
- Parents and/or children with disabilities
- Racial and ethnic minorities
- Members of underserved or underrepresented groups
- Fathers

What activities are authorized under CBCAP?

CBCAP programs are authorized to fund child abuse prevention programs in their service area that provide a multitude of services and supports. These services and programs can include:

- Comprehensive support for parents
- Promote the development of parenting skills
- Improve family access to formal and informal resources
- Support needs of parents with disabilities through respite or other activities
- Provide referrals for early health and development services
- Promote meaningful parent leadership

Programs can also; finance the development of a continuum of preventive services through public-private partnerships, financing the start-up, maintenance, expansion, or redesign of child abuse prevention programs, maximizing funding through leveraging funds, and financing public education activities that focus on the promotion of child abuse prevention.

What legislation supports CBCAP?

The key Federal legislation addressing prevention in child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA) which was originally enacted in 1974. This Act has been amended several times in the last 31 years and was most recently amended and reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

This legislation has been summarized in a booklet by the US Health and Human Services Administration for Children and Families Children's Bureau. This booklet presents CAPTA as amended by the Keeping Children and Families Safe Act of 2003. The booklet also contains the Adoption Opportunities program and Abandoned Infants Assistance Act, as amended. It can be downloaded in PDF format at <http://www.friendsnrc.org/download/capta_manual.pdf>.

What reporting requirements are present for CBCAP grantees?

State lead agencies are required to submit a report annually for activity from the previous year. Reports are due 90 days after the close of each Federal fiscal year (ie: December 31). These reports are submitted by the state lead agency to the Federal Regional Office and to the Federal Project Officer.

Once these reports are submitted, FRIENDS completes a summary of each state's report to examine for trends and areas of focused programming. To read these annual summaries, http://www.friendsnrc.org/resources/news_reports.htm

How much is the funding allotment for each state or program?

The appropriation for FY 2006 was \$42 million. Of that allotment, 1% must be aside for purposes spelled out in legislation. These are to

- 1) fund Indian tribes and tribal organizations and migrant programs,

2) continued funding for the NRC for CBCAP, and 3) continued funding for program support.

The remainder of the funds are distributed to states and territories under a formula grant. This process allows that:

- **Seventy percent (70%) of the funds will be allotted proportionately among the states based on the number of children under age 18 residing in each state, except that no state shall receive less than \$200,000. Given the increase in the FY 2005 appropriation, a decision was made to set the minimum grant for this 70% portion to \$200,000 so that all States may benefit from the increase. Future-year minimum grants will depend on the availability of funds appropriated annually for this program, "except that no State shall receive less than \$175,000", and**
- **Thirty percent (30%) of the funds will be allotted proportionately among the states based on the amount of private, State or other non-Federal funds leveraged and directed through the currently designated state lead agency in the preceding fiscal year.**

The funding allotments are estimations each year based on the variables present in determining funding amounts. Each state must provide cash match of 20% in non-Federal funding of the total allotment. The match funds may come from state or private funding.

Estimated funding allotments for FY 2007 can be found in the Program Instructions.

How do states apply for funding?

The Governor in each state designates a lead entity to administer the funds for the implementation of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. Once designated, State lead agencies must then submit an application for funding annually. The instructions for this application are included in a program instruction (PI) that is released in the spring of each year. The PI for FY '07 funding is expected to be released by Spring of 2007.

PI for FY '07 at <http://www.friendsnrc.org/download/pi07.pdf>

How to Request On-Site Training and Technical Assistance (T/TA)

Guidelines

To ensure fair distribution of limited resources, the following guidelines have been developed. FRIENDS will make every effort to remain flexible and to respond to as many requests for T/TA as possible. *Requests for on-site training and technical assistance must come from the CBCAP State Lead Agency.*

1. One request from each State for an on-site training and technical assistance (T/TA) visit of up to three days will be considered during the first six months of each Federal fiscal year (October 1 – March 31).
2. If travel funds are still available, an additional request for on-site T/TA will be considered from each State during the second half of each federal fiscal year (April 1 – September 30).

Process

1. Requesting on-site training and technical assistance begins with a call to your FRIENDS T/TA Coordinator to discuss your request.
2. Your T/TA Coordinator will complete an on-site intake form and send it to the interested parties for review within one week.
3. Once the on-site form is reviewed and approved, FRIENDS staff will identify the provider best suited to performing the requested T/TA.
4. Once a provider is selected, the T/TA Coordinator will submit a copy of the on-site form to the CBCAP Federal Project Officer, Melissa Lim Brodowski, and the appropriate ACF regional contact for the receiving state.
5. Following the on-site T/TA visit, another letter or e-mail message describing the assistance received (including dates, location, participants and satisfaction regarding whether intended outcomes were met) should be sent by the state on-site contact to Linda Baker, FRIENDS Director, at lbaker3@nc.rr.com with courtesy copies sent to your ACF regional office contact person and Melissa Lim Brodowski at melissa.brodowski@acf.hhs.gov.

If you have any questions about the FRIENDS on-site T/TA request process, please feel free to contact your State T/TA Coordinator.

CBCAP Program Instructions

OMB Control No: 0970-0155

Expiration Date: 06/30/2008

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
	1. Log No: ACYF-CB-PI-07-06	2. Issuance Date: March 5, 2007
	3. Originating Office: Children's Bureau Office on Child Abuse and Neglect	
	4. Key Words: Community-Based Grants for the Prevention of Child Abuse and Neglect or Community-Based Child Abuse Prevention	

PROGRAM INSTRUCTION

TO: Offices of the Governors; Community-Based Child Abuse Prevention Program Grantees; State Agencies Administering or Supervising the Administration of titles IV-B and IV-E of the Social Security Act

SUBJECT: Availability of Fiscal Year (FY) 2007 Funds under the Community-Based Grants for the Prevention of Child Abuse and Neglect program created by title II of the Child Abuse Prevention and Treatment Act as amended by P.L. 108-36.

REFERENCES: The Keeping Children and Families Safe Act of 2003; title II of the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5116 et seq.), as amended by P.L. 108-36, enacted June 25, 2003.

PURPOSES: The purpose of this Program Instruction is to (1) set forth the requirements for recipients of Community-Based Grants for the Prevention of Child Abuse and Neglect awards for FY 2007, and (2) provide guidance and instructions for the preparation and submission of the application.

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PART I: INTRODUCTION

A VISION FOR A COMMUNITY-BASED APPROACH TO CHILD ABUSE AND NEGLECT PREVENTION

The reauthorization of the Community-Based Family Resource and Support program (CBFRS) legislation, title II of the Child Abuse Prevention and Treatment Act (CAPTA), on June 25, 2003, as part of the Keeping Children and Families Safe Act 2003, presented a unique opportunity to build upon the strong foundation of the program developed by the States over the last several years. During the reauthorization, the CBFRS program was renamed “Community-Based Grants for the Prevention of Child Abuse and Neglect.” For our administrative convenience, this title II program is now referred to as the Community-Based Child Abuse Prevention (CBCAP) program.

This legislation has a rich history, beginning with the Child Abuse Prevention Federal Challenge Grants Act in 1984 — the first law to direct Federal funds specifically to assist State efforts in preventing child abuse and neglect. Amendments to the law in 1992 and 1994 broadened the earlier legislation to include the provision of community-based child abuse prevention activities and family resource services. The 1996 amendments provided States with additional incentives to create statewide networks for ensuring the safety of children in their families and neighborhoods, and to support activities designed to prevent the occurrence, as well as the reoccurrence, of child maltreatment.

The changes in 2003 placed an emphasis on supporting community-based efforts to develop, operate, expand, enhance, and, where appropriate, to network, initiatives aimed at the prevention of child abuse and neglect, and to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect. There was also a strong emphasis on demonstrating a meaningful commitment to parent leadership, including parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of other underrepresented or underserved groups.

The legislation builds upon the previous program by maintaining many of the core provisions of the CBFRS program, while also emphasizing some additional elements to strengthen and support the health and well-being of families and to build the capacity of the State lead agencies. Although the emphasis on the statewide network is no longer mandatory in the CBCAP program, the lead agency’s role in maintaining and supporting the prevention network in the State is still considered a critically important function. The new legislation includes provisions requiring that lead agencies have the capacity to support community-based and prevention-focused programs and activities that (1) are based on State and community interagency partnerships, and (2) are implemented through an interdisciplinary, collaborative public-private structure that includes parents as full partners. Another prevailing theme of this legislation, which has been maintained, is that lead agencies are to seek innovative approaches to coordinating funding streams and leveraging additional resources to augment the Federal funds. The legislation continues to recognize that individual child abuse and neglect prevention programs cannot stand alone: they are part of a larger statewide and national system of care for families, of which prevention is a key component.

The reauthorization of the program comes at a time when the Children’s Bureau is also working to help States improve child welfare services. This is done by examining outcomes for children and families who receive services and assessing the systemic factors that affect a State’s ability to achieve positive outcomes for children

and families. Through the Child and Family Services Reviews (CFSR), the Children’s Bureau is promoting practice principles believed to support improved outcomes for children and families. These principles include family-centered social work practice, community-based services, individualized services that respond to the unique needs of children and families, and strengthening parental capacity to protect and provide for their children. Findings from the reviews indicate that many States and communities lack adequate prevention and community-based services for families. There is also a need for comprehensive family assessments and for greater engagement of parents in the case planning process. Since the provision of prevention services and the emphasis on parent engagement have always been strong components of the CBCAP program, coordination between the State’s child welfare agency and the CBCAP program can greatly contribute to overall child welfare system improvement.

The Administration has developed several major initiatives in areas that it feels will benefit children, adults, and society and help to strengthen families. The Department’s Healthy Marriages, Responsible Fatherhood, Positive Youth Development, and Faith-based and Community initiatives are consistent with the overall goals of improving the safety, permanency and well-being of children. The CBCAP program provides opportunities to advance these areas within the field of child abuse prevention. Emphasis should be placed on identifying ways to incorporate these priorities into CBCAP programs in the States. (See Attachment 4 for an overview of these initiatives.)

The CBCAP program has been actively working to improve the evaluation capacity of the States and to promote the use of evidence-based and evidence-informed programs and practices. Over the last year, the Children’s Bureau has worked closely with the CBCAP and PART Outcomes workgroups on a larger effort to articulate national outcome and efficiency measures for the CBCAP program. The CBCAP conceptual framework provides an overview of the primary purposes of the legislation, the relationship between the underlying conditions the program seeks to address and the main activities funded (direct and indirect), the outputs, and the short-term, intermediate and long-term outcomes for the program. (See Attachment 1)

The most effective way to meet the challenge of preventing child abuse and neglect is for all child abuse prevention and treatment programs, public and private, to work together in partnership with families and other disciplines such as social services, health and mental health, child care, early childhood, education, law enforcement and other advocacy groups in the community to achieve their common goals.

The CBCAP grantees are in a unique position of leadership as they assume responsibility for directing, leading and evaluating the network of public-private partnerships and the continuum of preventive services for children and families in their States. Our children’s safety and well-being will be best ensured when Federal, State, and faith-based and community agencies collaborate to better coordinate programs and services and be responsive to the needs of all families.

A. LEGISLATIVE BACKGROUND

On June 25, 2003, President George W. Bush signed the bill to reauthorize CAPTA through the Keeping Children and Families Safe Act of 2003 (P.L. 108-36). This legislation, among other things, amended title II of CAPTA and reauthorized and re-named the program previously known as the Community-Based Family Resource and Support (CBFRS) Grants program. The program is now

known as Community-Based Grants for the Prevention of Child Abuse and Neglect or, for administrative purposes, the Community-Based Child Abuse Prevention (CBCAP) program.

The purposes of the CBCAP program are: (1) to support community-based efforts to develop, operate, expand, and enhance and, where appropriate, to network, initiatives aimed at the prevention of child abuse and neglect; (2) to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (3) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

A weblink to title II of CAPTA, as amended by P.L. 108-36, is included in Attachment 1.

B. USE OF FUNDS

Section 201(b) of the Act provides that funds made available to States under the CBCAP program must be used for:

- (1) Developing, operating, expanding, and enhancing community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect (through networks where appropriate) that are accessible, effective, and culturally appropriate, and build upon existing strengths that —
 - (A) Offer assistance to families;
 - (B) Provide early, comprehensive support for parents;
 - (C) Promote the development of parenting skills, especially in young parents and parents with very young children;
 - (D) Increase family stability;
 - (E) Improve family access to other formal and informal resources and opportunities for assistance available within communities;
 - (F) Support the additional needs of families with children with disabilities through respite care and other services;
 - (G) Demonstrate a commitment to meaningful parent leadership, including among parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of underrepresented and underserved groups; and
 - (H) Provide referrals to early health and developmental services.
- (2) Fostering the development of a continuum of preventive services for children and families through State and community-based public and private partnerships.
- (3) Financing the start-up, maintenance, expansion, or redesign of a variety of specific community-based and prevention-focused programs and activities that have been identified as unmet needs, and integrated with the network of child abuse prevention and family support programs in the State, to the extent practicable.
- (4) Maximizing funding through leveraging of funds for establishing, operating, or expanding community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.

- (5) Financing public information activities that focus on the healthy and positive development of parents and children and promotion of child abuse and neglect prevention activities.

C. AVAILABILITY AND DISTRIBUTION OF FUNDS

At this time, the continuing resolution maintains all program funding at Fiscal Year (FY) 2006 levels. Thus, \$42.4 million available for the CBCAP program in Federal Fiscal Year (FFY) 2007. The Children's Bureau will provide updated information on these amounts when it is available.

A certain amount must be set aside for specific legislative purposes, including: (1) one percent of the total appropriation "to make allotments to Indian tribes and tribal organizations and migrant programs;" (section 203(a)); (2) continued funding for a National Resource Center for CBCAP; and (3) continued funding for program support.

The remainder of the FY 2007 appropriation will be distributed to the States and Territories, as described below:

1. Grants to States:

A State¹ is eligible for a grant under the CBCAP program if, in accordance with the eligibility requirements of section 202, the State's Chief Executive Officer (CEO) has designated a lead entity to administer funds under this program and provided certain assurances. The eligibility requirements are described in detail in Part II of this Program Instruction.

Section 203(b)(1) provides that the funds available for distribution to the States under the CBCAP program will be allotted as follows:

- (a) **Seventy percent (70%)** of the funds will be allotted proportionately among the States based on the number of children under age 18 residing in each State², "except that no State shall receive less than \$175,000."

NOTE: Given the increase in the FY 2005 appropriation, a decision was made to set the minimum grant for this 70% portion to \$200,000 so that all States may benefit from the increase. Future-year minimum grants will depend on the availability of funds appropriated annually for this program, "except that no State shall receive less than \$175,000."

¹ In the absence of a definition in title II, we have interpreted "STATE" as having the meaning given the term in CAPTA, section 111 (5) [42 USC 5106g (5)], (i.e., "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.)

² The calculation of that portion of a State's award under paragraph (A) of the formula will be computed by ACYF, using the most current population data provided by the Bureau of the Census, Department of Commerce.

- (b) **Thirty percent (30%)** of the funds will be allotted proportionately among the States based on the amount of private, State or other non-Federal funds leveraged and directed through the currently designated State lead agency in the preceding fiscal year (i.e., FY 2006, 10/1/05 to 9/30/06). If the aggregate of the amounts of leveraged funds claimed by the States exceeds 30% of the amount appropriated, that part of the grant award will be reduced for each State on a pro rata basis. The requirements for leveraged funds are discussed in Part III-F.

2. Grants to Territories:

The following Territories are eligible to receive funds under the CBCAP program: the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. These Territories are eligible to submit either (1) a consolidated grant application in accordance with 45 CFR Part 97, **OR** (2) an independent application that meets all of the requirements set forth in this Program Instruction.

Consolidated Application: If a Territory chooses to submit a consolidated grant application, it need not submit an application under this Program Instruction. An eligible Territory that applies for a consolidated grant will receive the base amount of \$200,000 authorized under the CBCAP program. These grant funds will be included in the Territory's consolidated grant.

Independent Application: If an eligible Territory submits an independent application that meets the requirements of this Program Instruction, the Territory is also eligible to submit a claim for its leveraged funds in accordance with section 203(b)(1)(b) above, and receive its proportionate share of those funds, in addition to receiving the base amount of \$200,000 for its population. If a Territory's independent application is approved, the designated lead agency of the Territory must ensure that the CBCAP grant funds it receives will be used only for the purposes set forth in Part I of this Program Instruction.

D. **COORDINATION AND COLLABORATION WITH EXISTING PREVENTION ORGANIZATIONS**

The CBCAP program is specifically authorized to foster the development of a continuum of preventive services for children and families through State and community-based collaborations and public-private partnerships. States have already established a broad range of Federal, State and locally-funded programs to support the prevention of child abuse and neglect and to provide community-based (and in several States, faith-based) resources to families. It is the responsibility of the lead agency to use the funds awarded under this authority to support programs and activities designed to strengthen and support families for the prevention of child abuse and neglect. Funds can also be used to provide leadership for networks of coordinated resources that will integrate existing services to address unmet needs that have been identified in the State. There are a range of programs that CBCAP may want to coordinate and integrate as part of their prevention network. Given the limited funding available for

prevention services, lead agencies are strongly encouraged to find ways to partner with other public and private organizations serving the same populations and sharing the same goals and objectives. Please see Attachment 2 for a listing of some of these programs and initiatives.

The examples of programs are not meant to be all-inclusive. A strategic plan for the development of a network of prevention and family support programs should include existing child welfare, early childhood, child care, education, vocational rehabilitation, disability, health, mental health, job readiness, self-sufficiency, child and family development, community action, juvenile justice, domestic violence prevention, youth development, teen pregnancy prevention, housing, faith- and community-based programs, fatherhood and healthy marriage programs, and other human service organizations within the State.

E. COORDINATION WITH THE IV-B CHILD AND FAMILY SERVICES PLANS AND THE CHILD AND FAMILY SERVICES REVIEWS/PROGRAM IMPROVEMENT PLANS

Title IV-B, subpart 1, Child Welfare Services and subpart 2, Promoting Safe and Stable Families (PSSF), provide funds to State child welfare agencies for prevention services. PSSF, in particular, provides for community-based family support programs, services to families at risk or in crisis (family preservation programs and time-limited family reunification services), and adoption promotion and support services. Funds for these programs are directed toward State and local child welfare service delivery in order to achieve improved well-being for vulnerable children and their families, particularly those experiencing or at risk for abuse and neglect. In addition, States are required to develop a strategic plan with goals and objectives for a continuum of care in a five-year comprehensive Child and Family Services Plan (CFSP) with annual updates on their progress. The plans must include:

- Current State information on the well-being of children and families, the needs of children and families, and the nature, scope and adequacy of existing child and family and related social services.
- An extensive consultation process with a wide array of representatives of State, local and tribal governments, and both public and private community-based agencies and organizations (this may also include faith-based organizations), with experience in administering programs for infants, children, youth, adolescents and families.
- A description of the ongoing service coordination process to improve access and deliver a range of services to children and families.
- Descriptions of training, technical assistance, evaluation and quality assurance activities.

Every year, States need to submit an Annual Performance and Services Report (APSR) to ACF. CBCAP programs can play a key role in providing input into this process.

The Child and Family Services Review (CFSR) process is another area in which CBCAP lead agencies are strongly encouraged to become more actively engaged. The CFSR process is a major effort to improve child welfare systems. All States completed an initial review by March 31, 2004. States are now preparing to start their second round of reviews. This is an opportunity for CBCAP programs to provide input into the Statewide Assessment process that has already started or will be starting soon. The CFSR process measures a State's substantial conformity with the State plan requirements in titles IV-B and IV-E of the Social Security Act. It identifies State performance on outcomes for the safety, permanency and well-being of children and reviews the systemic factors leading to child welfare outcomes. This process includes three major steps: (1) an assessment based on aggregate data and a

State self-assessment completed in collaboration with a broad range of stakeholders (many of whom also collaborated on the CFSP); (2) an on-site review of cases and stakeholder interviews conducted with a Federal/State partnership team; and (3) a Program Improvement Plan (PIP), and if necessary, addressing the findings of the on-site review and statewide assessment.

Previous Program Instructions (PI) ACYF-CB-PI-02-05 and ACYF-CB-PI-03-05 discussed the requirement for States to integrate the CFSRs with their CFSP/APSR process. Findings from the States indicate that many States and communities lack adequate prevention and community-based services for families. There is also a need for comprehensive family assessments and for greater engagement of parents in the case planning process.

Since the provision of prevention services and the emphasis on parent engagement have always been strong components of the CBFRS/CBCAP program, greater coordination between the State's CFSR and the CFSP/APSR process and the development and operation of the CBCAP program are greatly encouraged. Please see Attachment 3 for some suggested ways in which CBCAP lead agencies can work with these other planning efforts.

F. DEFINITIONS

It is expected that lead agencies will require local service providers to describe their services and programs according to the definitions outlined in the legislation so that there are common frames of reference within and across States in the implementation of this program. The following terms used in this Program Instruction have the same meaning given those terms in section 209 of the Act: (1) "children with disabilities"; (2) "community referral services"; (3) "community-based and prevention-focused programs and activities designed to prevent child abuse and neglect"; (4) "outreach services"; and (5) "respite care services". See Attachment 2 for a link to the Child Abuse Prevention and Treatment Act, as amended by the Keeping Children and Families Safe Act of 2003.

The term "community-based and prevention-focused programs and activities to strengthen and support families to prevent child abuse and neglect" includes organizations such as family resource programs, family support programs, voluntary home visiting programs, respite care programs, parenting education, mutual support programs and other community programs or networks of programs that provide activities that are designed to prevent or respond to child abuse and neglect.

PART II: ELIGIBILITY REQUIREMENTS

A. STATE ELIGIBILITY

Designation of a Lead Entity:³

Before a State can apply for a FFY 2007 grant under the CBCAP program, the Chief Executive Officer (CEO) (i.e. Governor) of the State must designate a lead entity⁴ to administer the funds for the implementation of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. (section 202(1)(A))

The designation of a lead entity by the CEO should be based on a determination that the entity is the most appropriate organization to accomplish both the child abuse and neglect prevention activities and the family strengthening and support goals of the CBCAP program. That determination should be based on the demonstrated ability of the entity to (1) integrate child abuse and neglect prevention services and activities, and (2) leverage and blend State, Federal and private funds at the local level for these activities.

B. LEAD AGENCY ELIGIBILITY

1. Lead Entity Requirements:

As required by section 202(1)(B), the lead entity must:

- (a) Be an existing public, quasi-public, or nonprofit private entity that exists to strengthen and support families to prevent child abuse and neglect;⁵

³ The term "entity" is used with respect to a CEO's designation of a State entity to administer the CBCAP program. Once an entity has been designated, and for purposes of meeting the application requirements, the term "agency" (or "lead agency") will be used in lieu of "entity" or "lead entity".

⁴ Section 202(1)(C)&(D) provides that, in determining which entity to designate, the CEO of the State should "give priority consideration equally to a trust fund advisory board of the State or to an existing entity that leverages Federal, State and private funds ..." Section 202(1)(D) provides that, "in the case of a State that has designated a State trust fund advisory board to be the lead entity... and in which one or more entities that leverages Federal, State and private funds... exist, the [CEO] shall designate the lead entity only after full consideration of the capacity and expertise of all entities desiring to be designated [as lead agency]."

⁵ The designated agency is not required to have been established pursuant to State legislation, executive order, or other written authority of the State.

- (b) Demonstrate the ability to work with other State and community-based agencies to provide training and technical assistance; and
- (c) Demonstrate the capacity to ensure the meaningful involvement of parents who are consumers and who can provide leadership in the planning, implementation, and evaluation of programs and policy decisions of the lead agency in achieving the outcomes of the program.

PART III: APPLICATION INSTRUCTIONS

The information presented in this section is intended to summarize the submission and review process for a CBCAP application, and to describe the content and documentation that must be provided with the application. These requirements include specific materials necessary to establish the eligibility of the lead agency to submit the application and of the leveraged funds to be matched by Federal funds.

A. PREPARATION AND FORMAT OF APPLICATION

1. Preparation:

The application must be prepared and submitted by the lead agency designated by the CEO of the State to administer and oversee the implementation of the programs and activities provided under this grant.

2. Format:

States are not required to submit a Standard Form 424, “Application for Financial Assistance” (although a State may use this form if it chooses). Applications may be submitted in formats best suited to the needs of the applicant. States are strongly encouraged, however, to follow the content outline suggested below:

- I. Submission Letter
- II. Lead Agency Identifying Information
- III. State CEO Documentation and Assurances
 - Lead Agency Designation Letter
 - Governor’s Assurances
- IV. Lead Agency Assurances
- V. Leveraged Claim Form
- VI. Budget
- VII. Description of the Lead Agency and the Operation of the Network of Coordinated Community-based and Prevention-focused Programs and Activities
- VIII. Criteria for Funded Programs
- IX. Outreach Activities for Special Populations
- X. Plans for Parent Leadership and Involvement
- XI. Plan for Support, Training, Technical Assistance and Evaluation Assistance
- XII. Evaluation Plans, Including Plans for Peer Review
- XIII. Plan for Child Abuse Prevention Month, 2008
- XIV. Actions to Advocate for Systemic Change
- XV. Certifications (Lobbying)
- XVI. Attachments (optional)

Information regarding what should be included in the above sections is described in the next sections.

3. Accompanying Documents:

The application must be accompanied by the appropriate certifications, assurances, and other required documentation described throughout this Program Instruction.

B. SUBMISSION LETTER

Each application must be accompanied by a submission letter that is addressed to Joan E. Ohl, Commissioner, Administration on Children, Youth and Families, and signed by an appropriate official of the lead agency designated by the CEO to act for the State in administering the funds and assuming the obligations imposed by the terms and conditions of the grant award. The letter that officially transmits the application must include a description of the lead agency that will be responsible for the administration of funds and the oversight of prevention and family support programs funded through this program; (section 205(1)).

C. LEAD AGENCY IDENTIFYING INFORMATION⁶

Each application must include the following information:

- (1) The name, mailing address, email address and fax number of the lead agency.
- (2) The lead agency's Employer Identification Number (EIN) and DUNS⁷ number.
- (3) The name and telephone number of the program specialist responsible for the CBCAP grant program.
- (4) The name and telephone number of the fiscal agent responsible for the CBCAP grant program.

⁶ It is incumbent upon the lead agency to provide timely notification to the Federal program officer if there are any changes in the following lead agency information during the grant award period.

⁷ All applicants must have a Dun & Bradstreet number. On June 27, 2003, the Office of Management and Budget published in the *Federal Register* a new Federal Policy applicable to all Federal grant applicants. The policy requires Federal grant applicants to provide a Dun and Bradstreet Data Universal Numbering System (DUNS) number when applying for Federal grants on or after October 1, 2003. The DUNS number will be required whether an applicant is submitting a paper application or using the government-wide electronic portal (www.Grants.gov). A DUNS number will be required for every application for a new award or renewal/continuation of an award, including applications or plans under formula, entitlement and block grant programs submitted on or after October 1, 2003. Please ensure that your organization has a DUNS number. You may acquire a DUNS number at no cost by calling the dedicated toll-free DUNS number request line at 1-866-705-5711 or you may request a number online at www.dnb.com

D. STATE CEO DOCUMENTATION AND ASSURANCES

Each application for FFY 2007 funding under the CBCAP program must include the following documentation by the State's Chief Executive Officer (CEO) or Governor:

- (a) The original signed letter from the CEO of the State that (1) designates the lead agency to receive the funds, and (2) contains a statement that the lead agency was designated only after giving full and equal consideration to the capacity and expertise of all entities desiring to be the lead agency (sections 202(1)(A)(C)&(D)) and
- (b) The official signed "State Chief Executive Officer's Assurance Statement"; (sections 202(2)&(3)). A copy of the CEO Assurance Statement is included as Attachment 6 in this Program Instruction.⁸

State CEO's Assurances Regarding the Lead Agency:

Section 202(2) and section 202(3) require the State CEO to provide assurances that the lead agency will provide or be responsible for providing:

- 1) Community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect (through networks where appropriate) composed of local, collaborative, public-private partnerships directed by interdisciplinary structures with balanced representation from private and public sector members, parents, and public and private nonprofit service providers and individuals and organizations experienced in working in partnership with families with children with disabilities; (section 202(2)(A))
- 2) Direction to an interdisciplinary, collaborative, public-private structure with balanced representation from private and public sector members, parents, including those with disabilities, and public sector and private nonprofit sector service providers; (section 202(2)(B))
- 3) Direction and oversight through identified goals and objectives, clear lines of communication and accountability, the provision of leveraged or combined funding from Federal, State and private sources, centralized assessment and planning activities, the provision of training, technical assistance, evaluation assistance and reporting and evaluation functions; (section 202(2)(C))
- 4) A demonstrated commitment to parental participation in the development, operation, and oversight of the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect (through networks where appropriate); (section 202(3)(A))

⁸ To simplify procedures for the applicant, all statutory assurances contained in this Program Instruction are consolidated into two separate Assurance Statements, for signature by the State official who is responsible for making such assurances (i.e., the CEO of the State, or the appropriate lead agency administrator). These Assurance Statements are included as Attachments 6 and 7.

- 5) A demonstrated ability to work with State and community-based public and private nonprofit organizations to develop a continuum of preventive, family-centered, comprehensive services for children and families; (section 202(3)(B))
- 6) Operational support (both financial and programmatic) and training, technical assistance and evaluation assistance to community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect, through innovative, interagency funding and inter-disciplinary service delivery mechanisms; (section 202(3)(C)) and
- 7) Integration of its efforts with individuals and organizations experienced in working in partnership with families with children with disabilities, parents with disabilities and with the child abuse and neglect prevention activities of the State, and a financial commitment to those activities; (section 202(3)(D))

Please note that a **new** Governor's letter and assurance statement must be included every year as part of the CBCAP application.

E. LEAD AGENCY ASSURANCES

The authorized official of the lead agency designated by the CEO to administer funds under the CBCAP program and assume the obligations imposed by the terms and conditions of the grant award must provide the following assurances:

- 1) A description of the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State, will be incorporated into the Annual Performance Report submitted **on or before December 31, 2008**; (section 205(3))
- 2) Funds received under this title will supplement, not supplant, other State and local public funds designated for the startup, maintenance, expansion, and redesign of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect; (section 205(5))
- 3) The State has the capacity to ensure the meaningful involvement of parents who are consumers, including those with disabilities, and who can provide leadership in the planning, implementation, and evaluation of the programs and policy decisions of the applicant agency in accomplishing the desired outcomes for such efforts; (section 205(6)) and
- 4) The applicant agency will provide the Secretary with reports at such time and containing such information as the Secretary may require **not later than December 31, 2008**; (section 205(13)).

The assurance statement must be signed by an authorized official of the agency designated by the CEO to act for the State in administering the CBCAP funds and assuming the obligations imposed by the terms and conditions of the grant award. A form for this assurance statement is included in this program instruction as Attachment 6 (sections 205(3),(5),(6)&(12)).

F. DOCUMENTATION OF LEVERAGED FUNDS FOR FEDERAL MATCHING FUNDS

Each application must include a statement that the fiscal year for which State, private and other non-Federal funds were leveraged for the purpose of submitting a claim under the CBCAP program for FFY 2007 is FFY 2006 (i.e., **October 1, 2005 - September 30, 2006**).

The following documentation of leveraged funds must be provided to receive CBCAP funds available for distribution under section 203(b)(1)(B), (i.e., 30 percent of the total allotment to States that is based on the leveraging of non-Federal funds):

1. Leveraged Funds that May Be Claimed:

Funds claimed as leveraged funds by a State under section 203(b)-(1)(B) may include any funds that were:

- (a) Leveraged by the State from private, State, or other **non-Federal** sources during **FFY 2006 (October 1, 2005 - September 30, 2006)**;
- (b) Directed through the CBCAP lead agency for FFY 2006; and
- (c) Budgeted and spent during **FFY 2006** for use in supporting community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect⁹.

Only funds that have **not** been used to leverage additional Federal funds under any other program may be claimed as leveraged funds for this program. For purposes of this application, State and non-federal funds that are being used to meet the maintenance of effort, match or other cost-sharing requirements for other Federal funding are **not** eligible to be claimed.

2. Completion of Leveraged Funds Worksheet:

In order for a State to document funds claimed as leveraged funds, the application must contain a completed copy of the Leveraged Funds Worksheet (see Attachment 8), which includes (1) an itemization of the funds being claimed, and (2) an assurance statement that is to be signed by the responsible lead agency administrator and fiscal authority for the lead agency verifying the authenticity of the submitted claim.

⁹ Leveraged funds that may be submitted for Federal matching funds are those non-Federal funds which, in the preceding fiscal year, were controlled by the CBCAP lead agency submitting the application, and were spent to provide the types of services and activities for which the current CBCAP Federal funds may be used, as specified by the legislation and described under the Use of Funds section of this Program Instruction.

G. ADDITIONAL APPLICATION REQUIREMENTS

1. Budget, Including State's 20 percent Cash Match. Each State application must include a budget for the development, operation and expansion of the community-based and prevention-focused programs and activities that verifies that the State will expend in non-Federal funds an amount equal to not less than 20 percent of the amount received under this title (**in cash, not in-kind**) for activities under this title; (section 205(4)). The budget should be presented in a format that clearly displays line-item expenditures for both the Federal and non-Federal funds.

The budget must allocate sufficient funds to provide for at least two representatives from the State to attend an annual 3-5 day Federally initiated CBCAP grantees conference. **Attendance at this meeting is a grant requirement.**

Up to 20 percent of available funds may be budgeted for administrative purposes. This does not apply to such program costs as necessary to provide training, technical assistance, evaluation assistance, evaluation, parent leadership and coordination for the prevention network.

The nature of the formula provision is such that States claiming leveraged funds will not know what their total grant award will be when the application is submitted. Consequently, a State with a leveraged funds claim will not know what will constitute its 20 percent match. Therefore, for application purposes, the 20 percent match should be determined based on the population-only portion of the formula. Attachment 8 includes a table showing an estimate of the amount each State will receive based on population. Within 30 days of receipt of the Grant Award Letter, the lead agency must submit an amended budget to reflect a 20 percent match of the full amount of the grant award.

Note: If the non-Federal match money in the budget submitted with the application is equal to or greater than 20 percent of the final grant award, the lead agency is not required to submit a post-award budget amendment.

2. Description of the lead agency. This section describes the interdisciplinary, collaborative, public-private structure, including its representation from private and public sector parents and service providers, that will direct and support networks of coordinated child abuse prevention resources and activities to better strengthen and support families, and how the structure will direct the network; (section 202(2)(B)).

This section should also include a description of how programs and activities will operate; and how community-based and prevention-focused programs and activities provided by public and private, nonprofit organizations, including faith-based programs and those funded by programs under this Act, will be integrated into a developing continuum of family-centered, holistic, preventive services for children and families; (section 205(2)).

3. Criteria for Funded Programs. Each application must include a description of the criteria that the lead agency will use to develop, or select and fund, community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect; (section 205(7)).

This requirement may be met in whole or in part by the inclusion of the State's current announcement of the priority for local grant awards or Request for Proposals (RFP) for CBCAP funds.

4. Outreach Activities for Special Populations. Each application must include a description of outreach activities that the lead agency and the community-based and prevention-focused programs and activities will undertake to maximize the participation of parents, racial and ethnic minorities, children and adults with disabilities and members of other underserved or underrepresented groups; (section 205(8)).

Parents with mild to moderate disabilities are frequently underserved and should also be considered a target population for this outreach. Research has demonstrated the importance of fathers in the healthy development of children. Fathers are an often-overlooked population and care should be taken to include them in the planning of outreach activities. States are encouraged to describe any other special populations that they include in their outreach plans to meet local needs.

5. Plan for Parent Leadership and Involvement. Each application must include a description about how the Lead Agency will implement activities and training to enhance parent participation and leadership in the upcoming year. Plans can include a description of how parents are involved in the planning, implementation and evaluation of funded programs and the network.
6. Plan for Support, Training, Technical Assistance and Evaluation Assistance. Each application must include a plan for providing operational support, training, technical assistance and evaluation assistance to community-based, prevention-focused programs and activities for the development, operation, expansion and enhancement of such activities; (section 205(9)).

These plans should include training and technical assistance to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect. This training may also focus on enhancing cultural competence across all funded programs and activities. Plans should also include training and technical assistance to foster the promotion of strong families. Plans should include a description of how the lead agency will provide assistance to their funded programs on developing evaluation plans which may include quantitative and qualitative methods. States are encouraged to identify training and technical assistance efforts that link with the CFSR/PIP and CFSP/APSR processes, as appropriate.

This plan should indicate the training and technical assistance (T/TA) to be provided in the coming fiscal year, as opposed to an accounting of the T/TA provided in the prior fiscal year.

7. Evaluation. Each application must include a description of how the lead agency's activities, and those of the network and its members, where appropriate, will be evaluated; (section 205(10)). States are encouraged to include evaluation activities which assess culturally competent practices and parent leadership across all funded programs and activities. This section should describe an overall evaluation plan and approach which includes the peer review process the State will conduct under this program; (section 207(7)). States are strongly encouraged to develop evaluation plans which incorporate quantitative and qualitative data collection methods.

States must include plans for meeting the reporting requirements regarding the OMB Program Assessment Rating Tool (PART) and the national outcomes for the CBCAP program, as appropriate. At a minimum, States must provide data about the percentage of CBCAP total funding used to support evidence-based and evidence-informed programs and practices.

States which have allocated a large portion of their CBCAP for network support/ development are strongly advised to develop strategies and methods to evaluate the effectiveness of their network and its activities, as well as their funded programs.

8. Child Abuse Prevention Month, 2008. Each application must include a description of the activities the lead agency will coordinate or participate in, and the network's role in the promotion and observance of Child Abuse Prevention Month during April 2007.
9. Actions to Advocate for Systemic Changes. Each application must include a description of the actions that the lead agency will take to advocate systemic changes in State policies, practices, procedures and regulations to improve the delivery of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect; (section 205(11)).

If the lead agency is actively involved in the CFSR/PIP or IV-B planning process, please describe the extent of the involvement and other relevant information. Please also include other actions that involve other statewide public and private interagency systems change efforts.

This description should not be a report of actions accomplished, but a description or approach to be implemented in the coming fiscal year to identify and advocate for systemic change. It would be especially appropriate to include network activities and support for the proposed actions.

H. CERTIFICATIONS

1. Certification Regarding Lobbying and Disclosure of Lobbying Activities Forms

Pursuant to 45 CFR Part 93, the Certification Regarding Lobbying Form (see Attachment 10) must be signed and submitted with the State's CBFRS program application. If applicable, a Standard Form LLL, which discloses lobbying activities, also must be submitted.

2. Other Certifications (Attachment 10)

The signature on the State's CBCAP Program application by an authorized official attests to the applicant's intent to comply with the following other certification:

- (a) Certification Regarding Environmental Tobacco Smoke

No additional forms are needed for the certification listed above.

I. SUBMISSION OF APPLICATION

1. An original and one copy to the Office on Child Abuse and Neglect (OCAN)

The signed original, including all attachments, must be submitted to the CBCAP Federal Project Officer at the Office on Child Abuse and Neglect **by May 15, 2007.**

The Federal Government is continually striving to promote efficiency in the management of its programs. As such, states are strongly encouraged to submit the application electronically. If the State submits the application electronically, it must include the appropriate electronic signatures from authorized officials. Electronic applications should be sent by email to: cbcaphhs@acf.hhs.gov by the due date. Applications must be submitted in Microsoft Word or Adobe Acrobat format.

However, if a State chooses to submit the application to OCAN by regular mail, commercial delivery, or by hand, it should be addressed to:

Community-Based Child Abuse Prevention Program
Office on Child Abuse and Neglect
Attention: Melissa Lim Brodowski
1250 Maryland Ave., S.W.
8th Floor, # 8127
Portals Building
Washington, D.C. 20024
Phone: 202-205-2629
Email: Melissa.brodowski@acf.hhs.gov

2. One Copy to Regional Office

One copy of the grant application, including all attachments, must be submitted to the Federal Regional Office (RO) that serves the applicant's State. This copy may be submitted electronically to the RO contact. An RO contact list is included as Attachment 11.

Regional Office staff will conduct an initial review of the application and submit their findings and recommendations to OCAN.

In addition to participation in application reviews, RO staff will be active in the administration of this program. The review of a State's application will enable RO staff to become familiar with the State's CBCAP program, and, to the extent appropriate, facilitate linkages with other programs in the State. Additionally, RO staff will be able to provide technical assistance to lead agencies, as requested, and otherwise be a resource to the lead agency.

PART IV: ADDITIONAL INFORMATION

A. CLOSING DATE FOR RECEIPT OF APPLICATIONS

The closing date for receipt of all applications under title II of CAPTA for the Community-Based Grants for the Prevention of Child Abuse and Neglect program is **May 15, 2007**.

B. GRANT ADMINISTRATION REGULATIONS

The regulations that apply to the administration of these grants are contained in 45 CFR Part 92, “Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments.” (See Attachment 1 for a weblink to the 45 CFR Part 92 revised regulations.)

C. EXPENDITURE OF FUNDS

A State must obligate these Federal funds not later than **three** years after the end of the Federal fiscal year in which the funds are allocated, and they must be liquidated by no later than two years after that. This means that the FY 2007 funds must be obligated by September 30, 2010 and liquidated by September 30, 2012. The Office of Administration, Office of Grants Management, in cooperation with the Administration on Children, Youth and Families (ACYF), will review the State’s financial reports. If the State does not fully obligate or liquidate these funds within the required time periods, all unobligated and unliquidated funds will be recouped for return to the Treasury.

D. REPORTING REQUIREMENTS

Under the provisions of CFR Part 92, each State receiving a grant under the CBCAP program must provide both a financial report and a program report. These reports are required annually and are due 90 days after the close of each FFY (i.e., on or before December 31, of 2008, 2009 and 2010). A grant year runs 12 months from the date of issuance of the award. The project period for the CBCAP grant is 36 months with an additional 24 months to liquidate.

1. **Financial Reports:**

Total expenditures under the CBCAP program (**including the 20 percent match**) are to be reported by the lead agency, using the Financial Status Report (Standard Form 269A). Each financial report must cover an entire 12-month period. The annual financial status reports are due no later than 90 days after September 30 of each year. Final Financial Status Reports **are due 90 days after the end of the grant period** (i.e., December 31, 2012). Financial reports are to be mailed concurrently to the State's ACF Regional Administrator (see Attachment 10), and to:

Administration for Children and Families
Office of Administration
Office of Grants Management
Division of Mandatory Grants
Attention: Rachel Hickson
370 L'Enfant Promenade, SW
Washington, D.C. 20447
Phone: 202-401-4569
Email: rachel.hickson@acf.hhs.gov

CPCAP grantees can also submit their financial status reports (SF-269) using the Internet-based On Line Data Collection (OLDC) system. The web address for OLDC is <https://extranet.acf.hhs.gov/oldc/>.

Access to the system is requested by using the Request for OLDC Access form, available on the OLDC Help/FAQ site at <https://extranet.acf.hhs.gov/oldcdocs/materials.html>. Each staff person who will play a role in OLDC needs a request form. Access is controlled by user names, passwords, and job types as well as user roles. Completed forms can be faxed (202-401-5644) or e-mailed (rachel.hickson@acf.hhs.gov) to Rachel Hickson in the Division of Mandatory Grants. Some personnel reporting CBCAP financial information may already use or have access to the OLDC system for other grant programs.

2. **State Program Report:**

- a. **General Requirement.** Each State's annual program report (due December 31st) should (1) document activities conducted during the grant award period on which the report is based, and (2) provide specific information to demonstrate compliance with the requirements for these funds.
- b. **Performance Measures.** Section 207 of the Act provides that any State receiving a grant under the CBCAP program shall, through reports provided to the Secretary, do the following:
 - (1) Demonstrate (through contracts, interagency agreements and other means) the effective development, operation and expansion of community-based and prevention-focused programs and activities that meets the requirements of the CBCAP program; (section 207(1))

- (2) Provide the inventory and description of the services provided to families by local programs that meet identified community needs, including core and optional services as described in section 202 of this legislation; (section 207(2))
- (3) Demonstrate that they have addressed the unmet needs identified by the inventory and description required by section 205(3) of this legislation; (section 207(3))
- (4) Include a description of the number of individuals and families served, noting and including families with children with disabilities, parents with disabilities and the involvement of a diverse representation of families in the design, operation and evaluation of community-based and prevention-focused programs and activities funded under this legislation; (section 207(4)). The participant numbers should be included for all individuals who received direct preventative services. Parents and children with disabilities who received direct preventative services should be reported as a subset of the total number of individuals served. The numbers for individuals who received public awareness or public education activities should be counted separately. States can also choose to report the number of individuals who received training and technical assistance from the Lead Agency as a separate total. (See Attachment 3)
- (5) Include a description of the actual outreach activities for special populations conducted by the lead agency during the reporting period;
- (6) Describe the lead agency's activities to ensure the leadership of parents in the ongoing planning, implementation, and evaluation of CBCAP programs; (section 207(8))
- (7) Include a description of the training, technical assistance and evaluation assistance activities conducted or sponsored by the lead agency during the reporting period;
- (8) Include a description of the Child Abuse Prevention Month activities conducted during the reporting period;
- (9) Provide evaluation data on the outcomes of programs and activities funded under this program. This should include the following:
 - data regarding the OMB PART reporting requirements and the national outcomes for the CBCAP program, as appropriate;
 - for the efficiency measure, provide data on the percentage of total funding that supports evidence-based (EBP) and evidence-informed programs (EIP) and practices. More information about these requirements is included in the document, "Guidelines for CBCAP Lead Agencies on EBPEIP." For more information, see www.friendsnrc.org
 - a demonstration of the high level of satisfaction among families who have used the services of the CBCAP program; (section 207(5));

- a description of the results of the peer review process conducted under the State program; (section 207(7)).
 - evaluation data, where appropriate and available, on the effectiveness of funded programs, the lead agency, and the network;
- (10) Demonstrate (through information and documentation) the establishment or maintenance of innovative funding mechanisms, at the State or community level, that blend Federal, State, local and private funds, and innovative, interdisciplinary service delivery mechanisms for the development, operation, expansion and enhancement of CBCAP programs;
- (11) Describe the lead agency's actions to advocate for systemic change during the reporting period. Include the lead agency's involvement in statewide systemic change efforts such as the CFSR/PIP, IV-B plans, and other related interagency collaboration activities, as appropriate.
- c. Final Program Report.** The final program report must include:
- (1) All of the information listed above; and
 - (2) A statement indicating how the lead agency, in conjunction with the collaborative network, plans to continue to improve its system of child abuse and neglect prevention and the delivery of family resource services.
- d. Submission of Program Reports.**

States are strongly encouraged to submit the Annual Report electronically. If the State submits the application electronically, it must include the appropriate electronic signatures from authorized officials. Electronic submissions should be sent by email to: cbcaphhs@acf.hhs.gov by December 31, 2008. Applications must be submitted in Microsoft Word or Adobe Acrobat format.

In addition, one copy of the Program Reports should be sent electronically or mailed to the State's ACF Regional Administrator.

If a State chooses to submit the Annual Report to OCAN by regular mail, commercial delivery, or by hand, it should be addressed to:

Community-Based Child Abuse Prevention Program
Office on Child Abuse and Neglect
Attention: Melissa Lim Brodowski
1250 Maryland Ave., SW
8th Floor, #8127
Portals Building
Washington, D.C. 20024
Phone: 202-205-2629
Email: Melissa.brodowski@acf.hhs.gov

**E. INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS
(EXECUTIVE ORDER 12372)**

This program has been excluded from the provisions of Executive Order 12372, “Intergovernmental Review of Federal Programs,” and 45 CFR Part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities” (52 FR 161).

F. PAPERWORK REDUCTION ACT

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 40 hours per application response, and 24 hours per Annual Program Report response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

In accordance with the Paperwork Reduction Act of 1995 (P.L. 104-13), the information collection requirements in this Program Instruction have been approved through **June 30, 2008** by the Office of Management and Budget under **OMB Control Number: 0970-0155**.

Catalog of Federal Domestic Assistance # 93.590

G. ADDRESS INQUIRIES TO:

Community-Based Child Abuse Prevention Program
Office on Child Abuse and Neglect
Attention: Melissa Lim Brodowski
1250 Maryland Ave., SW
8th Floor, #8127
Portals Building
Washington, D.C. 20024
Phone: 202-205-2629
Email: mbrodowski@acf.hhs.gov

H. EFFECTIVE DATE

Upon Issuance

_____/s/_____
Joan E. Ohl
Commissioner

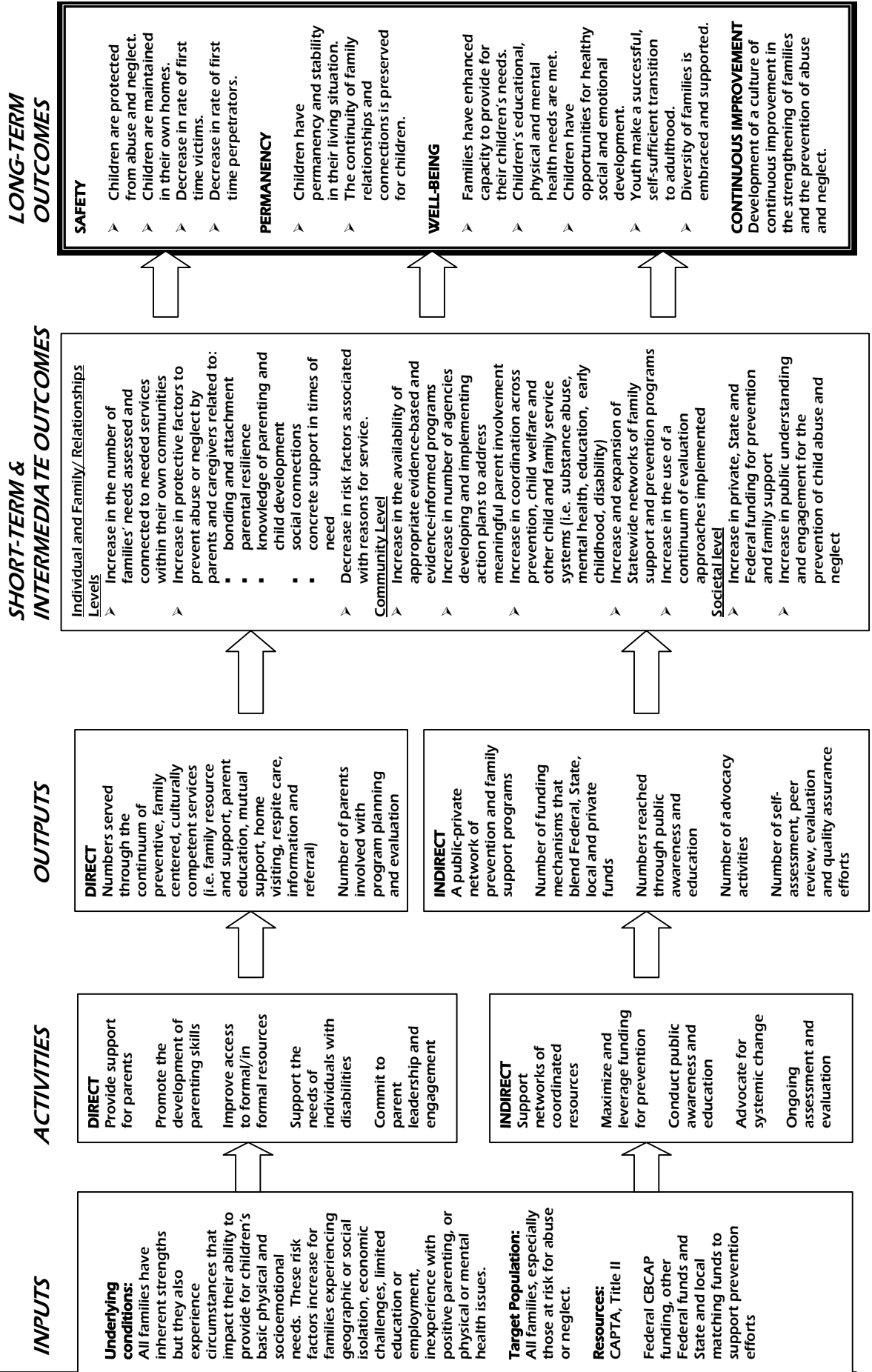
PART V: ATTACHMENTS

- Attachment 1:** CBCAP Conceptual Framework
- Attachment 2:** Links to Various Resource Materials
- a) **Keeping Children and Families Safe Act 2003
Child Abuse Prevention and Treatment Act 2003
Title II, Community-Based Grants for the Prevention of Child Abuse and Neglect, 2003**
 - b) **45 CFR Part 92**
 - c) **Community-Based Grants for the Prevention of Child Abuse and Neglect Contact Lists**
 - d) **Guidelines for CBCAP Lead Agencies on Evidence-Based and Evidence Informed Programs and Practices (PART efficiency measure guidelines)**
- Attachment 3:** CBCAP Annual Report Participant Numbers Guidelines
- Attachment 4:** List of Programs for Potential Coordination and Collaboration With CBCAP
- Attachment 5:** Coordination and Collaboration with the CFSR/PIP and CFSP/APSR Processes
- Attachment 6:** Overview of the HHS/ ACF Healthy Marriage, Responsible Fatherhood, Positive Youth Development, Rural, Faith-Based and Community Initiatives
- Attachment 7:** State Chief Executive Officer Assurance Statement
- Attachment 8:** State Lead Agency Assurance Statement
- Attachment 9:** Leveraged Funds Worksheet
- Attachment 10:** State Grants Based on Population-Only Portion of the CBCAP Funds
- Attachment 11:** Certifications
- Attachment 12:** Regional Offices Contact List

ATTACHMENT 1: CBCAP Conceptual Framework

CBCAP CONCEPTUAL FRAMEWORK (revised 10-19-06)

The purposes of the CBCAP program are: (1) to support community-based efforts to develop, operate, expand, and enhance, and where appropriate to network, initiatives aimed at the prevention of child abuse and neglect; (2) to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (3) to foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.



GUIDELINES FOR CBCAP LEAD AGENCIES ON EVIDENCE-BASED AND EVIDENCE INFORMED PROGRAMS AND PRACTICES

(REVISED 10/3/06)

ACKNOWLEDGEMENTS

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This document is meant to be a working document that will need to be continually updated and refined as we implement this entire process. We look forward to input and feedback from all the CBCAP grantees regarding these guidelines.

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I. CBCAP AND PART

In 2004, the CBCAP program was initially reviewed through the OMB Program Assessment Rating Tool (PART) process and received a rating of “Results Not Demonstrated.” In response, since 2005, the Children’s Bureau (CB) has been working closely with a CBCAP and PART Outcomes Workgroup comprised of 18 State Lead Agencies, FRIENDS and other interested parties to propose additional recommendations for outcomes and efficiency measures for the program. In May 2006, the following efficiency measure was approved by OMB:

To increase the percentage of CBCAP total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices.

II. BACKGROUND AND RATIONALE

Currently, there is widespread acceptance among many social science fields that the use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding, as there is an increased chance that the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment. Based on this movement towards the greater utilization of evidence-based practices (EBP) within the fields of health, mental health, substance abuse, juvenile justice education, and child welfare, this new efficiency measure reflects CBCAP’s progress towards this goal. This process also builds on the previous work conducted by the CB through its *Emerging Practices in the Prevention of Child Abuse and Neglect* project completed in 2003 which highlighted effective and innovative programs. Workgroup members strongly recommended that any effort to move child abuse prevention towards more EBPs must build upon the lessons learned from the other disciplines, other Federal agencies (i.e. SAMHSA, OJJDP, Education) and other similar State efforts.

There are a number of issues that need to be considered when setting targets for this measure. Many community-based prevention programs are limited in their capacity to implement EBP with strong fidelity. In addition, evaluation has historically been less of a priority and thus only a small number of child abuse prevention programs have been able to implement the rigorous research design needed to statistically demonstrate effectiveness in reducing risk factors and increasing protective factors to prevent child abuse and neglect. Randomized control trials may not be feasible or even appropriate in many direct practice settings. As a direct response, the CB and its FRIENDS National Resource Center for CBCAP are working closely with the States to promote the movement towards more rigorous and meaningful evaluations of their funded programs.

Over time, this will increase the number of effective programs and practices that are implemented, thereby maximizing the usage of CBCAP funds. Thus, our efficiency measure captures the current challenges of the field and the direction towards increasing the number of appropriate evidence-based and evidence-informed programs and practices which can be successfully implemented and sustained.

Programs determined to fall within one of the categories described, will be considered, for the purposes of this measure, to be implementing “evidence-informed” or “evidence-based” practices (as opposed to programs that have not been evaluated using any set criteria). The funding directed towards these types of programs will be calculated over the total amount of CBCAP funding used for direct service programs to determine the percentage of total funding that supports evidence-based and evidence-informed programs and practices.

III. VISION AND PURPOSE

This effort has three primary – but equally important— purposes:

1. Promote more efficient use of CBCAP funding by *investing in programs and practices with evidence that it produces positive outcomes* for children and families.
2. Promote critical thinking and analysis across the CBCAP Lead Agencies and their funded programs so that they can be *more informed* funders, consumers, and community partners to prevent child abuse and neglect.
3. Foster *a culture of continuous quality improvement* by promoting ongoing evaluation and quality assurance activities across the CBCAP Lead Agencies and their funded programs.

IV. DEFINITION OF EVIDENCE-BASED AND EVIDENCE-INFORMED PROGRAMS AND PRACTICES FOR CBCAP PROGRAMS

Based on a review of other disciplines’ efforts to define this concept, for purposes of CBCAP:

Evidence-based programs and practices (EBP) is the INTEGRATION of the best available research with child abuse prevention program expertise within the context of the child, family and community characteristics, culture and preferences.

Evidence-informed programs and practices (EIP) is the USE of the best available research and practice knowledge to guide program design and implementation within the context of the child, family and community characteristics, culture and preferences¹.

Additional terms defined²:

Practices are defined as skills, techniques, and strategies that can be used by a practitioner. For purposes of this efficiency measure, we only want to capture EBP/EIP that have evidence to support its effectiveness. Please note that general strategies such as a “therapy” or “parenting classes” would not qualify as an EBP/EIP practice alone. The practice would need to be implementing a specific technique or curriculum with the positive evidence such as Parent-Child Interaction Therapy or the Triple-P – Positive Parenting Program. Both programs are rated as “Well-Supported – Effective.” on the California Clearinghouse on Evidence-Based Practice in Child Welfare.

Programs consist of collections of practices that are done within known parameters (philosophy, values, service delivery, structure, and treatment components). This specifies a specific set of activities to form the entire program. Please note that a generic term such as “home visiting program” would not qualify as an EBP/EIP alone. The program would need to be implementing a specific program with positive evidence such as Nurse-Family Partnership, which is a specific home visiting program and considered “Well-Supported - Effective.”

¹ These definitions were adapted from current definitions developed by the Institute of Medicine and the American Psychological Association.

² Definitions adapted from material developed by the National Implementation Research Network.

V. DEFINITIONS FOR THE LEVELS OF EVIDENCE FOR EBP/ EIP

We conceptualize these definitions further into four specific categories of evidence-based and evidence-informed based programs and practices based on the overall weight of the available evidence³. Please refer to Attachment A: Glossary for definitions of the terms which are underlined in this section.

Level I - Emerging Programs and Practices

PROGRAMMATIC CHARACTERISTICS

- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This may be represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/ caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- Programs and practices may have been evaluated using less rigorous evaluation designs that have with no comparison group, including “pre-post” designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an “untreated” group – or an evaluation may be in process with the results not yet available.
- The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

Examples⁴ of Emerging and Evidence-Informed Programs and Practices:

- A family resource center (or other CBCAP program) using the FRIENDS Family Support Outcomes Survey (retrospective pre-test survey) that also has a logic model or conceptual framework.
- **Circle of Security** (Spokane, Washington). This is a 20 week, group-based, parent education program that was highlighted in the *Emerging Practices in the Prevention of Child Abuse and Neglect (2003)* report. The program was evaluated using a quasi-experimental design, using pre-post test design with NO comparison group. The preliminary evaluation findings demonstrated positive findings in increased caregiver affection and sensitivity and increased secure child attachment. For more information, visit: <http://www.childwelfare.gov/preventing/programs/whatworks/report/index.cfm>

³ These categories were adapted from material developed by the California Clearinghouse on Evidence-Based Practice in Child Welfare and the Washington Council for the Prevention of Child Abuse and Neglect.

⁴ Throughout this document examples are provided to illustrate how the specific program meets the criteria for each level (from Level I through Level IV). The examples do not constitute a formal endorsement of the particular program listed.

Level II - Promising Programs and Practices

PROGRAMMATIC CHARACTERISTICS

- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through presence of a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, and training materials that specifies the components of the practice protocol and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/ caregivers receiving services child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- At least one study utilizing some form of control or comparison group (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice, in reducing risk and increasing protective factors associated with the prevention of abuse or neglect.. The evaluation utilized a quasi-experimental study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's positive outcomes.
- The local program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. Programs continually examine long-term outcomes and participate in research that would help solidify the outcome findings.
- The local program can demonstrate adherence to model fidelity in program or practice implementation.

Examples of Promising Programs and Practices:

- ***Healthy Families America.*** This is a voluntary home visitation program designed to promote healthy families and children through a variety of services, including child development, access to health care, and parent education. The program targets families identified as at risk, with children ages 0 to 5. The program is highlighted as a Promising Program on the OJJDP Model Programs Guide. For more information, visit: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=335

NOTE: There are some State-specific Healthy Families America programs that have undergone more rigorous research and they may fall into another category based on the recent research and findings. For example, Healthy Families New York was recently named a Proven Program by Rand, Corp. (see next section, Well-Supported Programs and Practices)

- ***Project SafeCare.*** This is a parent training program. *Project SafeCare* is an in-home ecobehavioral model that provides direct skill training to parents in child behavior management using planned activities training, home safety training, and teaching child health care skills to prevent child maltreatment. The program is

listed as a Promising Practice on the California Evidence-Based Clearinghouse for Child Welfare website. For more information, visit: <http://www.cachildwelfareclearinghouse.org/program/6>

- ***Nurturing Parenting Programs.*** The programs teach age-specific parenting skills along with addressing the need to nurture oneself. The program curriculum consists of separate curriculum for parents and for the children. The content of the parent portion of the program focuses on increasing self-esteem and self-concept while teaching nurturing parenting skills appropriate for the age group of the child. The program is administered in two formats; Home-Based and Center-Based. The program is listed as a Promising Program on the SAMHSA Model Programs website. For more information, visit: http://www.modelprograms.samhsa.gov/template_cf.cfm?page=promising_list

Level III - Supported Programs and Practices*

PROGRAMMATIC CHARACTERISTICS

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training, or other available writings that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion:
 - At least two rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.

OR

- At least two between-group design studies using either a matched comparison or regression discontinuity have found the practice to be equivalent to another practice that would qualify as supported or well-supported; or superior to an appropriate comparison practice.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.

- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

Examples of Supported Programs and Practices:

- ***Child-Parent Center*** program is a community-based intervention that provides comprehensive educational and family support services to economically and educationally disadvantaged children. The program provides a half-day preschool, a half-day or all-day kindergarten, and an all-day service in the primary grades. The program is highlighted as an “Effective Program” on the OJJDP Model Program Guide website. For more information, visit: http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?ID=52
- ***Creating Lasting Family Connections*** (CLFC) is a comprehensive family strengthening and substance abuse and violence prevention curriculum designed to help youths and families in high-risk environments become strong, healthy, and supportive. CLFC serves African-American, white, Native American, Asian, Pacific Islander, and Hispanic youths ages 9 to 17 and their families living in rural, suburban, or urban settings. Its curriculum is designed for use in a community system (churches, schools, recreation centers, court-referred settings) that provides significant contact with parents and youths, has existing social outreach programs, and is linked with other human service providers. The program is highlighted as an “Effective Program” on the OJJDP Model Program Guide website. For more information, visit: http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?id=318

Level IV - Well Supported Programs and Practices*

PROGRAMMATIC CHARACTERISTICS

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training or other available writings that specify components of the service and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCT’s) or comparable methodology in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

Examples of Well Supported Programs and Practices:

- ***Nurse-Family Partnership*** provides first-time, low-income mothers of any age with home visitation services from public health nurses. The program is highlighted as an “Exemplary Program” on OJJDP’s Model Programs Guide website and is a SAMHSA Model Program. For more information, visit: http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?ID=368
- ***The Incredible Years*** series features three comprehensive, multi-faceted, and developmentally based curricula for parents, teachers, and children. The program is designed to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children (2 to 8 years old). This program is highlighted as a SAMHSA Model Program. For more information, visit: http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=29
- ***Strengthening Families Program*** is a parenting and family skills training program that consists of 14 consecutive weekly skill-building sessions. Parents and children work separately in training sessions and then participate together in a session practicing the skills they learned earlier. The program is highlighted as an “Exemplary Program” on OJJDP Model Programs Guide website. For more information, visit: http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?ID=429
- ***Healthy Families New York (HFNY)*** is a community-based prevention program that seeks to improve the health and well-being of children at risk for abuse and neglect by providing intensive home visitation services. The target population consists of expectant parents and parents with an infant less than three months of age who are considered to be at high risk for child abuse and neglect. The program is highlighted as a “Proven Program” on the RAND Promising Practices Network website. For more information, visit: <http://www.promisingpractices.net/program.asp?programid=147>

** Please note that for purposes of OMB PART reporting, programs and practices at Levels III Supported Program and Practices and Level IV Well Supported Programs and Practices will be given the same weight.*

We also plan to collect data on the category listed below to reflect all other programs that do not meet the criteria for Evidence-Based or Evidence-Informed Programs and Practices.

Programs and Practices Lacking Support or Positive Evidence

PROGRAMMATIC CHARACTERISTICS

- The program is not able to articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes.
- The program does not have a book, manual, other available writings, training materials that describe the components of the program.

RESEARCH & EVALUATION CHARACTERISTICS

- Two or more randomized, controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care.

OR

- If multiple outcome studies have been conducted, the overall weight of evidence does NOT support the efficacy of the practice.

OR

- No evaluation has been conducted. The program may or may not have plans to implement an evaluation.

VI. DOCUMENTING THE EVIDENCE-BASED AND EVIDENCE-INFORMED PROGRAMS AND PRACTICES⁵

We recognize that it is not possible or even desirable for CBCAP Lead Agencies to only fund programs that meet the highest level of evidence (i.e. Well-Supported – Effective or Supported – Efficacious). At a minimum, we expect that all CBCAP lead Agencies should help their programs at least meet the criteria for “Emerging and Evidence-Informed Programs and Practices.” The purpose of this efficiency measure is to promote the movement along this continuum and to ultimately increase the overall quality and effectiveness of all programs funded by CBCAP.

There a number of resources available in the Attachment that lists various lists and websites which have identified evidence-based programs and practices. CBCAP Lead Agencies that are funding programs/practices that are not included in these resources must insure that their funded program provides them with a narrative justification that summarizes the evidence for effectiveness and acceptability of the proposed service/practice using the definitions outlined in the previous section.

In areas where little or no research has been published in the peer-reviewed scientific literature, the Lead Agencies may request that their funded programs present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts. If consensus documents are presented, they must describe consensus among multiple experts whose work is recognized and respected by others in the field. Local recognition of an individual as a respected or influential person at the community level is not considered a “recognized expert” for this purpose.

⁵ This section is adapted from SAMHSA’s Services Grant Announcement general template.

Justifying Selection of the Service/Practice for the Target Population

CBCAP Lead Agencies should advise their funded programs that they must demonstrate that the proposed service/practice is appropriate for the proposed target population. Ideally, this evidence will include research findings on effectiveness and acceptability specific to the proposed target population. However, if such evidence is not available, the applicant should provide a justification for using the proposed service/practice with the target population. This justification might involve, for example, a description of adaptations to the proposed service/practice based on other research involving the target population.

Justifying Adaptations/Modifications of the Proposed Service/Practice

Research has found that a high degree of faithfulness or “fidelity” (see Glossary) to the original model for an evidence-based service/practice increases the likelihood that positive outcomes will be achieved when the model is used by others. Therefore, we strongly encourage CBCAP Lead Agencies monitor the fidelity to the original evidence-based service/practice to be implemented. It is important to note that adaptations or modifications to the original model may be necessary for a variety of reasons:

- To allow implementers to use resources efficiently
- To adjust for specific needs of the client population
- To address unique characteristics of the local community where the service/practice will be implemented

CBCAP Lead Agencies are encouraged to ask their funded programs to describe and justify any adaptations or modifications to the proposed service/practice that will be made.

VI. ROLE OF THE LEAD AGENCY

As the leader of the prevention network and the entity implementing the CBCAP program, the Lead Agency will be responsible for:

- Educating the community about evidence-informed and evidenced based programs and practices for child abuse prevention
- Educating the community about benefits, challenges and factors that must be considered when attempting to implement these types of programs and practices.
- Promoting the use of data, research and relevant practice and contextual information to guide program planning and funding decisions in the State.
- Providing technical assistance to grantees, community-based prevention program administrators, practitioners and consumers in how to make more informed decisions about effective resource allocation in the State.
- Assisting grantees with making the feasibility determination regarding which evidence-based and evidence-informed programs and practices are appropriate for the community and populations being served.
- Assisting grantees in developing systems to assess the fidelity of their funded programs with the original model. Also, to work with their grantees to document the rationale for, and impact of, adaptations that were needed based on the population being served.
- Assisting their funded programs with translating research findings into meaningful program practice.
- Collecting data regarding the types of programs being funded to meet the reporting requirements for the OMB PART Efficiency measure.

- Providing feedback to the Children’s Bureau regarding the lessons learned and areas for improvement throughout this process.
- Participating in a learning community with other CBCAP Lead Agencies so that lessons learned and knowledge can be shared about implementing and tracking evidence-based and evidence-informed programs and practices.

VII. ROLE OF THE CHILDREN’S BUREAU AND FRIENDS

- Provide technical assistance to the Lead Agencies on the requirements for the PART reporting through its FRIENDS National Resource Center for CBCAP and other resources available.
- Continue to facilitate and work with the CBCAP and PART Outcomes Workgroup to solicit input on this process.
- Use the lessons learned from the States’ experience to guide future guidance and data collection for this effort.
- Provide information on relevant Federal efforts and other initiatives regarding evidence-based practices that may impact this work.
- Continue to keep all the States informed about the process and any other requirements or changes on a timely basis.

VIII. ROLE OF THE CBCAP PROGRAMS FUNDED BY THE LEAD AGENCY

- Determine whether it will be implementing an evidence-based or evidence-informed program or practice. This may be done in consultation with the Lead Agency.
- If yes, work with staff to implement the program or practice with fidelity to the original model. If this is not possible, work with the Lead Agency to assess the training or technical assistance needed.
- If the program is not implementing an evidence-based or evidence-informed program or practice as defined in this document, work with the Lead Agency to identify what training or technical assistance may be needed to meet the minimum threshold for the efficiency measure.

IX. REPORTING REQUIREMENTS

CBCAP Lead Agencies must identify for each of their funded programs, the category under the level of evidence the program should be included. This information should be reported in the attached spreadsheet [see sample in Attachment] on a yearly basis. The report will be due as part of the Annual Report due on December 31st of each year.

The following identifies the key steps in this process. States may adapt these steps to better align with their existing procedures.

Step 1:

Develop an inventory of all the CBCAP funded programs. The primary focus should be on the programs funded by CBCAP (including any State match funds reflected in the CBCAP application). However, this inventory may also include other programs that are partially supported by CBCAP. Programs should be providing a direct service to families. Typical programs include the core programs for CBCAP such as: voluntary home visiting, parenting programs, parent mutual support, respite care, family resource centers, or other family support programs. [NOTE: Do not include public awareness or brief information and referral

activities. We may include this later, but not for the first data collection.] At a minimum, the inventory should include the name of the program, the level of funding, and type of program.

Step 2:

Identify for each program whether they are replicating another existing program or practice model or not. This information should be available directly from the Lead Agency or the grantee. If yes, collect the name of the program. If no, ask for additional information from the grantee about the program model.

Step 3:

Conduct a brief review of the information about the program and whether there is research to support its effectiveness.

If the program is replicating an existing model, conduct a brief review of research on its effectiveness. This information should be available from the grantee since they selected the program to implement. Review the research and information provided and make the determination regarding the strength of the evidence. [You may use the EBP EIP Checklist to help with making the determination.]

If the program is not implementing a specific model, probe deeper with the program to ascertain whether they have developed a program USING evidence from research from other programs. This program may be implementing an “evidence-informed” program or practice.” [You may use the EBPEIP Checklist to help with making the determination.]

Step 4:

Make a determination which level the program should be assigned to, based on the information provided by each of the grantees and other resources available. Enter the program information, including funding level in the spreadsheet [or form]

Step 5:

Submit the report with the Annual Report for CBCAP.

Attachment A:

CBCAP Efficiency Measure Glossary

Comparison group: A group of individuals whose characteristics are similar to those of a program’s participants. These individuals may not receive any services, or they may receive a different set of services, activities, or products; in no instance do they receive the same services as those being evaluated. As part of the evaluation process, the experimental group (those receiving program services) and the comparison group may be assessed to determine which types of services, activities, or products provided by the program produced the expected changes.

Conceptual framework: A conceptual framework is used in research to outline possible courses of action or to present a preferred approach to a system analysis project. The framework is built from a set of concepts linked to a planned or existing system of methods, behaviors, functions, relationships, and objects.

Control group: A group of individuals whose characteristics are similar to those of the program participants but who do not receive the program services, products, or activities being evaluated. Typically, participants are randomly assigned – as if by lottery – to either the experimental group (those receiving program services) or the control group. A control group is used to assess the effect of the program on participants who are receiving the services, products, or activities being evaluated. The same information is collected for people in the control group and those in the experimental group.

Controlled setting: A controlled setting implies a setting in which the practice or program can be implemented with the greatest fidelity, in other words, as close to the way it was intended as possible. For instance, a program or practice might be implemented in a laboratory or in a university-based setting, in which the individuals implementing the practice or program have complete control over the hiring of staff, the development of staff evaluations, pay scales, and other factors relative to how the program or practice is implemented. This is in contrast to a “usual practice” setting, in which many different factors might affect the implementation of the intervention.

Efficacy: Efficacy focuses on whether an intervention can work under ideal circumstances (e.g., controlled settings, like university laboratories, as described above) and whether the intervention has an effect in that setting.

Effectiveness: Effectiveness focuses on whether a treatment works when used in the real world (e.g., practice settings). An effectiveness trial may be done after the intervention has been shown to have a positive effect in an efficacy trial.

Empirical evidence: Empirical evidence consists of research conducted “in the field,” where data are gathered first-hand and/or through observation. Case studies and surveys are examples of empirical research.

Experimental design: In an experimental design, also called a randomized control trial, participants are randomly assigned to receive either an intervention or control treatment (often usual care services). This allows the effect of the intervention to be studied in groups of people who are: (1) the same at the outset and (2)

treated the same way, except for the intervention(s) being studied. Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance.

Experimental group/Treatment group: A group of individuals participating in the program activities or receiving the program services being evaluated or studied. Experimental groups (also known as treatment groups) are usually compared to a control or comparison group.

Fidelity: Fidelity refers to the extent to which an intervention is implemented as intended by the designers of the intervention. Fidelity refers not only to whether or not all the intervention components and activities were actually implemented, but whether they were implemented in the proper manner.

Inputs: The resources (products, services, information) that support and produce program activities. For example, the number of program staff, the programs' infrastructure (building, land, etc.), and the program's annual budget.

Logic model: A systematic and visual way to describe how a program should work, present the planned activities for the program, and articulate anticipated outcomes. Logic models present a theory about the expected program outcome, however they do not demonstrate whether the program caused the observed outcome. Diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of "if-then" statements are often used when presenting logic models.

Matched comparison group (including matched wait list): A comparison group in which individuals, or another unit such as a classroom, is matched to those in the treatment group based on characteristics felt to be relevant to program outcomes. This can include a matched waiting list, in which children from a waiting list are matched to children in the program based on key characteristics.

Methodology: The way in which information is found or something is done. Research methodology includes the methods, procedures, and techniques used to collect and analyze information.

Multiple Site Replication: Replication is an important element in establishing program effectiveness and understanding what works best, in what situations, and with whom. Some programs are successful because of unique characteristics in the original site that may be difficult to duplicate in another site (e.g., having a charismatic leader or extensive community support and involvement). Replication in other settings establishes the strength of a program and its prevention effects and demonstrates that it can be successfully implemented in other sites. Programs that have demonstrated success in diverse settings (e.g., urban, suburban, and rural areas) and with diverse populations (e.g., different socioeconomic, racial, and cultural groups) create greater confidence that such programs can be transferred to new settings.

Outcomes: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, or altered behavior. One example of an outcome is reduced incidence of child maltreatment (measured by the number of substantiated reports). Outcomes, are often expressed in terms of: knowledge and skills (these are typically considered to be short-term outcomes); behaviors (these are typically considered to be intermediate-term outcomes); and values, conditions and status (these are typically considered to be long-term outcomes).

Outputs: The direct products of program activities; immediate measures of what the program did. For example, the number of children served, the length of time treatment was provided, or the types of services provided.

Peer-review: An assessment of a product conducted by a person or persons of similar expertise to the author. The peer-review process aims to provide a wider check on the quality and interpretation of a report. For example, an article submitted for publication in a peer-reviewed journal is reviewed by other experts in the field.

Placebo group: A placebo is something that does not directly affect the behavior or symptoms under study in any specific way, but is given to a control or comparison group as a way of keeping them unaware of the fact that they are in the control or comparison group. A researcher must be able to separate placebo effects from the actual effects of the intervention being studied. For example, in a drug study, subjects in the experimental and placebo groups may receive identical-looking medication, but those in the experimental group are receiving the study drug while those in the placebo group are receiving a sugar pill. Typically, subjects are not aware whether they are receiving the study drug or a placebo.

Practice: A practice is an accepted method or standardized activity.

Pre-post test design: A study design that includes both a pre-test and a post-test and examines change in the two.

- **Pretest:** A test or measurement taken before services or activities begin. It is compared with the results of a posttest to show change in outcomes during the time period in which the services or activities occurred. A pretest can be used to obtain baseline data.
- **Posttest:** A test or measurement taken after services or activities have ended. It is compared with the results of a pretest to show change in outcomes during the time period in which the services or activities occurred.

Program: A coherent assembly of plans, projects, project activities, and supporting resources contained within an administrative framework, whose purpose is directed at achieving a common goal.

Program Evaluation: Evaluation has several distinguishing characteristics relating to focus, methodology, and function. Evaluation (1) assesses the effectiveness of an ongoing program or practice in achieving its objectives, (2) relies on the standards of evaluation design – such as whether it uses a randomized control or comparison group – to distinguish a program’s effects from those of other forces, and (3) may be used to improve the program through modification of current practices/operations.

- **Outcome evaluation:** The systematic collection of information to assess the impact of a program on anticipated outcomes, present conclusions about the merit or worth of a program, and perhaps make recommendations about future program direction or improvement. For example, if a program aims to reduce smoking, an outcomes evaluation would examine the degree to which individuals in the program showed reduced smoking.
- **Process evaluation:** The systematic collection of information to document and assess how a program was implemented and operates.

Protective factors: Characteristics, variables and/or conditions present in individuals or groups that enhance resiliency, increase resistance to risk, and fortify against the development of a disorder or adverse outcome. For example, stable family relationships, parental employment, and access to health care and social services.

Quasi-experimental: A research design with some, but not all, of the characteristics of an experimental design (or randomized control trial, described below). While comparison groups are available and maximum controls are used to minimize threats to validity, random selection is typically not possible and/or practical.

Randomized Control Trial: In a randomized control trial or experimental design, participants are randomly assigned to receive either an intervention or control treatment (often usual care services). This allows the effect of the intervention to be studied in groups of people who are: (1) the same at the outset and (2) treated the same way, except for the intervention(s) being studied. Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance.

Regression Discontinuity: An evaluation design in which the program or practice’s eligibility criteria are used as a mechanism to evaluate the outcomes of the program. For instance, a regression discontinuity design might evaluate the effectiveness of a pre-Kindergarten program by comparing outcomes for children who are age-eligible for pre-K to those who are just below the age cutoff. At its essence, this comparison would examine the degree to which outcomes for the two different groups of children differ more than would be expected given their differences in birth date.

Reliability: A characteristic of a measure indicating the extent to which the same result would be achieved when repeating the same measure study again. For example, a scale is unreliable if a child is weighed three times in three minutes and the scale produces significantly different weights each time.

Risk factors: Characteristics, variables and/or conditions present in individuals or groups that increase the likelihood of that individual or group developing a disorder or adverse outcome. Both the potency and clustering of risk and protection factors can vary over time and developmental periods. Thus, successful, developmentally appropriate prevention and interventions take this variation into account. Examples of risk factors include parental substance abuse, parental stress or mental health issues, and community violence.

Theory of change: Often used in association with program evaluation, a theory of change refers to the causal processes through which change comes about as a result of a program’s strategies and actions. It relates to how practitioners believe individual, group, and social/ systemic change happens and how, specifically, their actions will produce positive results.

Untreated group: This group serves as a control or comparison with the treatment or intervention group. This group receives no treatment at all during the study.

Validity: Validity refers to the degree to which a result is likely to be true and free of bias. There are two types of validity:

- **External validity:** External validity is the extent to which the results of a study apply (or can be generalized to) people other than the ones that were in the study.
- **Internal validity:** Internal validity is the extent to which a study accurately measures what it is supposed to measure. This also includes the extent to which measures in a study are measuring what they purport to measure, as well as whether the study is appropriately assessing the “cause” and “effect” of interest (in other words, can the conclusions drawn be said to represent the causal effect of one thing on another).

References:

These glossary definitions were based on information from the following sources:

Bureau of Justice Assistance (OJP/DOJ) (www.ojp.usdoj.gov/BJA/evaluation/glossary/index.htm)

The California Evidence Based Clearinghouse for Child Welfare (www.cachildwelfareclearinghouse.org/glossary)

Centers for Disease Control (HHS) — Introduction to Program Evaluation for Public Health Programs (www.cdc.gov/drugresistance/community/files/program_planner/Glossary_EvaluationResources.pdf)

Evidence Based Practice & Policy Online Resource Training Center — Willma & Albert Musher Program at Columbia University School of Social Work
(http://www.columbia.edu/cu/musher/Website/Website/EBP_Resources_EBPGlossary.htm)

National Center for Children Exposed to Violence (www.ncccev.org/resources/terms.html)

Office of Juvenile Justice and Delinquency Prevention (OJP/DOJ) (<http://ojjdp.ncjrs.org/grantees/pm/glossary.html>)

Substance Abuse and Mental Health Services Administration (SAMHSA) National Mental Health Information Center (CDC/HHS) (<http://mentalhealth.samhsa.gov/resources/dictionary.aspx>)

FRIENDS Resources

FRIENDS National Resource Center for Community-Based Child Abuse Prevention

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FRIENDS Partner Organizations

Chapel Hill Training Outreach Project, Inc. (CHTOP), lead agency for FRIENDS, provides a team of qualified staff and consultant experts in the field of child abuse and neglect prevention that offer T/TA to CBCAP grantee's in order to build their capacity to meet the requirements of Title II of the Child Abuse Prevention and Treatment Act (CAPTA) as amended in 2003. CHTOP provides specialized training and assistance in

- Designing and conducting needs assessments and strategic planning
- Program Planning and Design including respite care, fatherhood and healthy marriage programs
- Program self assessment and outcome accountability and evaluation
- Development and evaluation of statewide networks
- CBCAP applications and annual program performance reports
- Outreach to diverse populations

Child Welfare League of America (CWLA) will assist CBCAP Leads in building effective working relationships with the State Child Welfare Agencies with the goal of strengthening overall state efforts to enhance the capacity of families to provide for their children's needs. CWLA's assistance to states includes

- Reviewing the Child and Family Service Review (CFSR) reports and Performance Improvement Plans (PIPs) and providing state-specific assistance to enhance PIP achievement
- Assessing the status of the relationship between State Child Welfare and CBCAP Lead Agencies
- Identifying States where collaboration is working to develop a model approach or "lessons learned"
- developing tools/products outlining ways that CBCAP agencies can coordinate with the CFSR/ PIP and IV B Plans
- providing state-specific assistance in achieving PIP, CFSP, and CAPTA goals

Independent Living Resources, Inc. serves as the external evaluator for the FRIENDS project and will be conducting needs assessments for the project. ILR, Inc. staff will also be available to provide T/TA on program self assessment, evaluation, and needs assessments.

Circle of Parents is committed to providing T/TA assistance to CBCAP Lead Agencies to enhance their

- Understanding the benefits, and challenges of including parent leaders in child abuse prevention programs and policy development
- Ability to engage parents as participants and leaders in the design, implementation and evaluation of program initiatives
- Influence on including parent leaders in the PIPs, CFSR's and the Child and Family Services Plan (CFSP) processes
- Competence to contribute to the creation of a useful tool kit on parent leadership development for state wide and community-based child abuse prevention programs.

National Alliance of Children's Trust and Prevention Funds is responsible for

- **Reviewing and reporting on the State CBCAP Annual Performance Reports**
- **Coordinating the annual CBCAP grantee's meeting**
- **Assisting CBCAP leads by providing T/TA and product development on**
 - **Successful procedures for maximizing funding through leveraging funds and blending funding streams**
 - **Developing a secure funding base**
 - **Designing an effective RFP process**
 - **Evidenced based child abuse prevention and family resource and support programming**
 - **Coordination and collaboration**

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Resources

Resources related to CBCAP are available on the FRIENDS Website at www.friendsnrc.org. The resources include publications, fact sheets, State Performance Report Summaries, State Lead Agency contact list, Events calendar, links to other resources and a listing of available services from FRIENDS.

Publications/Fact Sheets related to CBCAP priority areas include topics on:

- Child/Family Service Reviews**
- Collaboration**
- Cultural Competence**
- Faith-based and Community Initiatives**
- Family Support Programs**
- Fatherhood**
- Healthy Marriage**
- Network Building**
- Outcome Accountability and Evaluation**
- Parent Leadership/Support**
- Peer Review**
- Public Awareness**
- Respite and Crisis Care**

Topic-Related Teleconference Calls

- Peer Review**
- PART**
- Fiscal Reporting**
- Maximizing Resources**
- Parent Leadership**
- Culturally Competent Strategies**

Reframing Tool Kit

Produced by PCA America for FRIENDS, this tool kit shares the research findings and recommendations from PCA America's 2003 strategic frame analysis of child abuse and neglect prevention conducted by the FrameWorks Institute. In this tool kit you will find information that explains the theory behind the FrameWorks Institute's strategic frame analysis, key findings and recommendations from the research, as well as some of the obstacles advocates face in communicating about this issue. Most importantly, the tool kit contains practical information, materials and guidelines on how to best implement this research to increase public understanding of and engagement in child abuse prevention.

Evaluation Tool Kit

The Evaluation Toolkit was developed to help program managers, administrators and interested others develop and implement evaluation processes that will be useful in day-to-day practice, and to help provide evidence that their programs make meaningful differences to children and families. The Toolkit is meant to be a resource for developing an individualized evaluation plan from the ground up. In addition, with the Federal Government's greater emphasis on demonstrating the effectiveness and efficiency for all programs, including child abuse prevention, the toolkit is an important resource to help States and local programs meet increased demands for accountability. The toolkit is divided into four linked components. They are: **Building Your Evaluation Plan, Logic Model Builder, Outcomes and Indicators, and Annotated Measurement Tools.**

Logic Model Builder -This component of the tool-kit was developed in collaboration with the Child Welfare Information Gateway. It guides users as they create their own logic model. Users select outcomes and indicators from the menu, which are exported to a template for their own logic model. The user can modify the outcomes and indicators to more accurately reflect the user’s intent and format. To access the logic model builder go to: <http://www.toolkit.childwelfare.gov/toolkit/>.

PART-The Program Assessment Rating Tool was developed by the President’s Office of Management and Budget (OMB) within the Federal government. All programs receiving Federal assistance are participating in this assessment process. CBCAP was reviewed under PART in 2004 and was given an initial score of “Results Not Demonstrated” because the program lacked an efficiency measure and an independent rigorous evaluation of entire program. Based on that rating, the Children’s Bureau has worked to propose a new efficiency measure and continues to work with the grantees in an ongoing effort to demonstrate results.

- CBCAP includes one long-term outcome measure to decrease the rate of first-time victims of child maltreatment. This rate is calculated using data from the National Child Abuse and Neglect Data System.
- The CBCAP efficiency measure is to increase the percentage of CBCAP total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices.

State Performance Report Summaries from FY2003– FY2004- provides information on each state’s accomplishments during the year, related to the CBCAP priority areas.

State Lead Agency Contact List- provides contact information on the designated lead agency in each State.

Meeting & Events Calendar – Any upcoming events related to CBCAP.

Links to other Resources – Other web sites of interest for CBCAP SLAs.

FRIENDS Services – provides a description of services available to SLAs in helping them to implement the CBCAP program.

