Attachment E: Eastern Ohio Regional Child Abuse and Neglect Prevention Council Prevention Plan

Executive Summary

The Voinovich School at Ohio University serves as the regional prevention coordinator of the Eastern Ohio Regional Child Abuse and Neglect Prevention Council, which serves ten rural counties. Each of the counties in the Eastern Region shows the overwhelming presence of risk factors related to poverty and unemployment, as well as the lack of protective factors including adequate resources to meet community needs, quality public transportation, quality childcare, capacity/willingness to nurture and attach to child among parents/caregivers, and physical, emotional, and economic well-being of families. Based on the needs assessment, the Council developed two strategies to address identified issues:

1. Provide High Quality Care and Education Early in Life

Quality child care is associated with positive outcomes for children and families. It reduces parental stress and increases the likelihood that children will experience safe, stable, nurturing relationships and environments and thus decreases the likelihood of child maltreatment. The Region has lost over 3,000 licensed child care spaces in the last four years and of the 7,132 licensed spaces in 2016, 62% are rated 0 or have no ODJFS *Step Up to Quality* rating.

The Council has chosen fostering the increase of high quality child care and early education by providing training and assistance to unlicensed and licensed family child care providers and licensed child care centers as a five-year strategy designed to: provide parents with concrete supports in times of need, increase caregiver and parent knowledge of parenting and child development, and improve social and emotional competence of children.

Target Population and Projected Number to be Served: The target population is family child care providers (licensed and unlicensed) and licensed child care centers with a goal of retaining them and improving the quality of services provided to children and families. The SFY 2017-2018 number of provider/center participants is projected at 100-115 across the region. The number of parents and children impacted will vary depending on number of children served by the participants which could range from 1-7 in a home to a large center serving 90 or more. There are no similar services in any part of the region.

Outcomes: Intermediate outcomes are (a) increase the number of licensed, high quality family child care providers and centers; (b) increase the number of children socially and emotionally prepared to enter school; and (c) reduce risk factors and increase protective factors for child abuse and neglect.

2. Provide Mentoring Services to Youth to Promote Positive Social and Emotional Development

Many children in this region are being raised in poverty. Over half of children in eight of the region's counties are below 200% of the Federal Poverty level and the percentage of students attending school districts designated as economically disadvantaged is higher than the state average in over half the counties in the region. The overwhelming survey data from the community strongly suggests children receive limited social and emotional support from their parents.

The Council has chosen mentoring services to children and/or adolescents as a five-year strategy designed to provide concrete supports in times of need, build social and emotional competence of children (along with youth resilience) and foster social connections.

Both strategies are closely aligned with the OCTF goals to increase family support and promote child safety and health.

Target Population and Projected Number to be Served: The target population for Strategy 2 is children and adolescents, with priority given to programs serving youth who may be exposed to substance abuse, mental health, or domestic violence at home, and youth with disabilities. Less than 500 youth in the region participate in mentoring programs compared to the more than 50,000 children in the region living below 200% of the Federal Poverty Level. A review of mentoring programs in Ohio, including programs in Coshocton and Tuscarawas counties, show great range in program models, number of participants, and funding. The SFY 2017-2018 number of participants is projected to be between 265 - 550 youth across the region.

Outcomes: Intermediate outcomes are (a) youth with greater resiliency; (b) youth who have increased self-esteem and increased ability to see a successful future at home, at school, at work, and in the community and demonstrate success in school and the workplace.

Both Strategies:

Evaluation and Reporting Mechanisms: The Council will work with OU-E and the Voinovich School to conduct an ongoing evaluation of the prevention plan and strategy outcomes. The evaluation will entail:

- Working closely with all contracted service providers to develop evaluation protocols and requirements for regularly submitting participant and program data to Council.
- Quarterly data collection from service providers; quarterly evaluation reports submitted to the Council and OCTF which will primarily contain output data of numbers served, services provided, whether the Council is reaching its target population in each strategy. Outcome data will be collected, analyzed and reported every six months.
- Monitoring of new referrals and placement information from the region's child protective services agencies annually as well as other population level data, such as kindergarten readiness may be monitored as it relates to the plan.

Description of Needs Identified for the Region

Overall Regional Needs

The Eastern Ohio Prevention Council and the Voinovich School conducted a regional baseline needs assessment of the Eastern Region over the course of July-October 2016. The needs assessment included surveys of parents, the community, and child and family service providers, as well as the collection of publicly available secondary data. In keeping with guidance provided by OCTF, data collection was informed by the Protective Factors Framework (which stresses parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children). Using the collected data and the Protective Factors Framework, regional needs were identified in the following ways:

Risk factors (such as social isolation or substance abuse) were deemed to be present and therefore needs if the secondary data showed that they are present in the region at rates *exceeding* the state average and/or if community providers, community members, and parents reported on survey that the risk factors have a significant presence in the region.

Protective factors (such as quality public transportation or healthy relationships) were deemed to be absent and therefore needs if the secondary data indicated that the factors are present in the region at rates *below* the state average and/or if community providers or community members/parents indicated on survey that the factors are not sufficiently available in their communities. In some cases, the data relating to a factor were conflicting or incomplete, and in those cases, the factor was not identified as a need. This means that there may be additional needs in the region that are not identified by the needs assessment because of a lack of clear, available data.

Identified Needs in Ohio's Eastern Region

Risk factors

- Poverty and deprivation of basic needs at society and child level
- Unemployment

Protective factors

- Adequate resources to meet community needs
- Quality public transportation
- Quality childcare
- Capacity/ willingness to nurture and attach to child among parents/ caregivers
- Physical, emotional, and economic well-being of families

Needs Related to Strategy One: Provide High Quality Care and Education Early in Life

Fostering the increase of high quality care and early education is a strategy designed to provide **concrete supports in times of need**, increase **knowledge of parenting and child development**, and promote the **social and emotional competence of children**.

Concrete Supports in Times of Need

Increasing the supply of high-quality child care services in the region will provide a concrete support for families in the region. The need for this support is closely connected to two needs that emerged during the baseline needs assessment:

- Lack of quality childcare—The number of licensed child care settings has decreased in recent years (from 10,094 in 2012 to 7,132 in 2016). Of the slots that are available, 62% are in centers that are not rated or have received a zero out of five star rating by the Ohio Department of Job and Family Services Step Up to Quality rating system. This substantiates the need for more childcare, as does the low rate of surveyed parents and community members (39%) who indicated that quality childcare is available in their communities.
- Unemployment—Unemployment rates in six of the ten counties are close to, at, or above the state unemployment rate. Community members and service providers identified lack of jobs as a persistent problem in the region that negatively impacts many aspects of families' lives. The rates of unemployment in the region support the need to ensure that parents and caregivers who are able to work are not prevented from doing so because of lack of access to childcare.

My biggest challenge is quality daycare for my children. The hours of operation for daycare centers are not early enough or late enough to be able to work a first-shift factory job or a second-shift food service job, which is mainly what is available in my county. There are not enough providers to meet the need of parents needing care…

Our county has increased jobs that would be filled by parents willing to work if they had adequate childcare during the hours of operation of the hiring businesses.

-Eastern Region parent

More generally, the need for more concrete supports overall in the region is demonstrated by the many other factors identified by the needs assessment that reduce the concrete supports available to families:

- Poverty—Over half of children in eight of the ten counties in the region live below 200% of the Federal Poverty Level (FPL). The percentage of the population receiving SNAP benefits is higher for half of the Eastern region when compared to the state.
- Lack of adequate resources to meet community needs—The region compares unfavorably to the state in terms of access to insurance for adults age 18-64. The region also compares unfavorably to the state with regard to access to pediatricians, primary care providers, and obstetricians/ gynecologists. In particular, the number of people served by each pediatrician in the region is roughly ten times larger in the Eastern Region (which has 6 pediatricians per 100,000 residents) compared to the state (which has 62 pediatricians per 100,000).
- School readiness—While the region's current rates of kindergarten readiness are on par with the state (36% of children in the region are identified by Kindergarten Readiness Assessment scores as demonstrating readiness for school, compared to 37% in the state), there are still only a little more than a third of children taking the assessment who demonstrate readiness.

Knowledge of Parenting and Child Development

Increasing the supply of high-quality child care services and early education in the region will increase knowledge of parenting and child development among parents and caregivers. On the survey, community members, parents, and service providers indicated a need to increase this protective factor. For example:

- Only 36% of service providers and 41% of community members expressed any degree of agreement with the statement, "Parents in the community know what to do as a parent."
- Only 35% of service providers and 44% of community members expressed agreement with the statement, "Parents in the community know how to help their children learn."
- In addition, parent support groups, which can be forums for increasing knowledge of parenting and child development, are not widely available in the region. Only 19% of community members and 36% of service providers reported that parent support groups are present in their communities.

Social and Emotional Competence of Children

Increasing the quality and availability of childcare and early education in the region will also promote the social and emotional competence of children. While data at the child level are difficult to obtain, several indicators from the needs assessment suggest that the social and emotional competence of children in the Eastern Region should be supported:

- Unmet basic needs—Compared to the state, all but one county in the region (Belmont County) have higher rates of children living at or below 200% FPL when compared to the state (in which 44% of children live at this income level). With 59% of children living below 200% FPL, Coshocton County has the highest percentage of children living in this income range. Children in the Eastern Region are also more likely to be uninsured compared to the state, with most counties having higher percentages of uninsured 0-18 year olds than the state overall.
- Physical and mental health disabilities—The percent of students in the Eastern Region who have identified disabilities—and therefore an Individualized Education Plan with the public school system—is higher in the Eastern Region (14.3%) than in the state overall (13.4%).
- Child abuse and neglect—Substantiated allegations of neglect, sexual abuse, and psychological/emotional abuse are more prevalent in the Eastern Region than in the state.
- Substance abuse—Community members, parents, and service providers indicate that substance abuse in the region is negatively impacting many aspects of families' lives. Rates of Neonatal Abstinence Syndrome (NAS), which is a group of problems that occur when a baby is exposed to addictive drugs before birth, are higher in five of the counties in the region compared to the state (which reports 8.8 instances per 1,000 live births). Jefferson and Guernsey counties in particular have high rates of NAS, with 23.6 cases per 1,000 live births and 21.1 cases per 1,000 live births, respectively.

Needs Related to Strategy Two: Provide Mentoring Services to Adolescents to Promote Positive Youth Social and Emotional Development

Children living in poverty tend to have more cognitive, behavioral, and socioemotional problems than other children, and also tend to complete less schooling and experience more years of unemployment

when older.[1] Those children who grow up in poverty yet do not experience these potential negative effects tend to demonstrate higher levels of resilience.[2] Among those factors that promote resiliency are positive relationships with caring adults, self-regulation skills, effective stress management, perceived efficacy, and problem-solving skills[3], all of which can be fostered by mentoring relationships.

Providing mentoring services to adolescents is designed to provide **concrete support in times of need**, build **social and emotional competence of children** (along with youth resilience) and foster **social connections**.

Concrete Support in Times of Need

As already discussed, there is a need to bolster the concrete supports available to families and children in the Eastern Region. For example:

- Over half of children in eight of the region's counties are below 200% of the Federal Poverty level.
- SNAP data for children also indicate high levels of economic need in the region. Six of the counties have higher percentages of children receiving SNAP benefits compared to the percentage of children receiving SNAP statewide (29.3%). Jefferson County has an especially high percentage of children receiving SNAP benefits (42.7%).
- The percentage of students that the school districts designated as economically disadvantaged is also higher than the state average in over half of the counties in the region. Coshocton in particular has a much higher percentage of disadvantaged students (81%) compared to the state percentage (46%).

Social and Emotional Competence of Children

As already discussed, many factors that support children's social and emotional competence are in short supply in the region. Survey data further suggest that some youth in the region are not receiving the positive social and emotional support that builds social and emotional competence and that can be provided by mentoring relationships. For example:

- Only 36% of service providers reported that children in the community are praised for good behavior more frequently than half of the time.
- Only 34% of service providers and 47% of community members indicated that "parents and children in the community have close relationships" over half of the time.

Additionally, many of the traits associated with nurturing and attachment, which promote youth resilience, are in need of development in the region:

- Slightly more than half of service providers (54%) and half of community members (50%) reported that "parents in the community are able to soothe their children when they are upset" more frequently than half of the time.

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[1] Federal Interagency Forum on Child and Family Statistics. (2016). *America's children in brief: Key national indicators of well-being*. Retrieved from http://www.childstats.gov/americaschildren/index.asp

[2] Seccombe, K. (2002) "Beating the odds' versus 'changing the odds': *Poverty, resilience, and family policy. Journal of Marriage and Family* (64), 384-394 Retrieved from https://www.andrews.edu/~rbailey/Chapter%20four/6569691.pdf

[3] Cutuli, J.J., Herbers, J.E., Lafavor, T.L., & Masten, A.S. (2008). Promoting competence and resilience in the school context. *Professional School Counseling*, 12(2), 76-84. Retrieved from http://nysteachs.org/media/NCHE_Resilience.and.AtRisk.Children.and.Youth.pdf

- Only 36% of service providers and 46% of community members reported that "children in the community are praised when they behave well" over half the time.
- Only 21% of service providers and 52% of community members indicated that parents in the community "spend time with their children doing what their children like to do" more than half the time.
- Forty-two percent of service providers and 52% of community members indicated that "parents in the community are happy being with their children" more than half the time.
- Less than a third of service providers (31%) reported that "parents in the community lose control when they discipline their children" rarely or very rarely. The rest of the respondents reported that parents lose control while disciplining about half the time or more frequently.

Social Connections

Providing mentoring services to adolescents will increase children's social connections. The need for this is substantiated by several indicators collected through the baseline needs assessment process.

- Quality public transportation—Lack of access to transportation impedes the development of social connections, and three of the counties in the region have no publicly funded transportation systems at all. Service providers, community members, and parents indicated on survey that lack of access to transportation is a persistent problem in the region, creating barriers to accessing many protective factors.
- Fifty-eight percent of providers expressed some degree of agreement with the statement: "If there is a crisis, children have others they can talk to." Fifty-five percent of community members expressed agreement with this statement.
- Fifty-four percent of providers expressed some degree of agreement with the statement: "Children in the community have others who will listen when they need to talk about their problems." The same percentage of community members agreed with the statement.
- Only half of providers (50%) expressed some degree of agreement with the statement: "When children are lonely, there are several people they can talk to."

Plans for Strategies to Prevent Child Abuse and Neglect in the Region

The Eastern Ohio Regional Prevention Plan covers the timeframe from January 2017 through June 2021. It reflects the determination of the Council to see results in funded priority areas by allowing selected providers some security in knowing that the funding is an opportunity for them to build and grow a program without the pressure to find alternative funding immediately in order to sustain a program/service.

This plan is the result of extensive review of the regional needs assessment, thorough development and review of currently available services, and discussion and input by the Council and Prevention Plan workgroup. The comprehensive regional baseline needs assessment included: secondary data, and significant community input gathered through a broad-based Community and Parent Survey (313 responses), and Child and Family Service Provider Survey (119 responses). The Eastern Council prioritized substance abuse, mental health, and poverty for families as it relates to day to day struggles, domestic violence, poverty, and early childhood as issues of highest concern/need. Ultimately, the Council has chosen to focus on one strategy to strengthen early childhood experiences and readiness for school by promoting quality child care and education early in life and a second strategy to provide youth with healthy relationships that can help them succeed. The primary goal of this Prevention Plan is to reduce the incidence of child abuse and neglect in the Eastern region of Ohio by increasing efforts to strengthen families and improve the health, safety, and well-being of children and families in the region.

Strategy One: Fostering the increase of high quality child care and early education by providing training and assistance to unlicensed and licensed family child care providers and licensed child care centers.

Current Services and Unmet Needs: Ohio University staff completed an extensive internet search of the region to identify programs and services that are currently providing primary or secondary child abuse and neglect prevention activities. The Council provided edits and additions to the inventory. Our inventory provided us with information related to the ODJFS state-wide quality rating and improvement system, *Step Up to Quality* in 2008 that promotes high quality in early childhood programs. Providers may request to participate and receive limited technical assistance from ODJFS. We are unaware of any locally available, "boots on the ground," programs/services in the region to assist unlicensed and licensed child care providers, and licensed child care facilities to improve their deliver of quality care.

Protective Factors Addressed: Concrete Support in Times of Need, Knowledge of Parenting and Child Development, and Social and Emotional Competence of Children

Strategy Description: The Eastern Ohio Regional Prevention Council proposes a five-year strategy that would allow a vendor to work closely with unlicensed and licensed child care providers, and licensed child care facilities to deliver quality care. The following should be considered by the applicant.

Program Components

1. Home visits to unlicensed and licensed child care providers to train and assist them to deliver high-quality home-based programs that promote children's learning and development, and are delivered in a safe and healthy environment.
2. Evidence-based, best practice curriculums. Recommend the use of evidence-based, best practice curriculums such as the *Creative Curriculum for Family Child Care* (http://shop.teachingstrategies.com/page/71035-creative-curriculum-family-child-care.cfm#product_overview) or *Supporting Care Providers through Personal Visits* (http://www.parentsasteachers.org/supporting-care-providers-through-personal-visits).
3. Home visits to provide consultation and training to assist family, friend, and neighbor child care providers to become and stay licensed.
4. Provide training and consultation to licensed day care facilities to enhance their quality of care.
5. A focus on recruitment and retention: Innovative methods are needed to make programming accessible to the target population through outreach and addressing barriers (e.g. convenient time and location) to participation.

Why This Strategy? Access to quality child care can affect a parents' ability to attend school, training, and work, and can support children's development. Licensed child care is limited in the region and quality of care is highly variable. Home-based child care including licensed family child care, and family, friend, and neighbor care that is exempt from licensing requirements is a common child care arrangement for many young children in Ohio, especially low-income families. Families choose this option for a variety of reasons, among them is flexible hours, trust, lack of other options, cost, and proximity to their home.

The quality of child care has a lasting impact on children's well-being, ability to learn, and future success. Child care providers play a critical role in the healthy development of children and help them to develop the skills needed for successful transitions to kindergarten. Research shows that parents and caregivers who have support from family, friends, neighbors, and their communities are more likely to provide safe and healthy homes for their children. However, it can be difficult for child care providers, especially those providing home-based care, to feel supported and have access to coaching, mentoring, and professional development to enhance their knowledge, skills, and performance. Making these opportunities available in their home, along with information and guidance to become licensed and improve the home-based child care environment, helps to improve instructional practices and contributes to overall early care and education quality.

Project Goals and Objectives:

1. Support parents' employment, training, and/or school participation through providing an increase in the supply of high quality child care services (unlicensed and licensed child care providers, center-based) as a concrete support.
2. Increase caregivers' knowledge of early childhood development, and understanding of health and safety issues.
3. Improve the quality of child care services in the region.

4. Provide individuals who are interested in becoming licensed family child care providers with the information and supports to enable them to complete the licensing process.
5. Children are nurtured, safe, and engaged.
6. Enhance school readiness among children ages birth to 5 who are cared for by family, friend, and neighbor caregivers, licensed family child care providers, and in licensed facilities.

Relevance to the Ohio Children's Trust Fund Mission and Strategic Plan: Goal 2, Increase Family Support and Goal 4, Increase the Promotion of Child Safety and Health. Quality child care providers and centers are essential to families and employers because they provide necessary care so parents can work, or attend school or training. Parents can lead more productive and satisfying lives when they know their young children are receiving care in a safe and nurturing environment.

Population of Interest: Unlicensed family, friend, and neighborhood child care providers, licensed child care providers, and licensed child care centers with a goal of retaining them and improving the quality of their care to children and families.

Areas of Interest: This strategy is applicable and needed in all ten counties of the Eastern region.

Projected Number to be Served SFY 2017 and SFY 2018: According to a November 12, 2016 search on the ODJFS website there are currently 179 licensed family homes and 97 licensed centers in the region, and an unknown number of unlicensed providers caring for children. There are up to 25,000 children under age 5 that may need services in the approximately 7,132 spaces across the region. The number of licensed options per county ranges from 4 providers in Noble and Monroe counties to a high of 91 in Muskingum County. There is no history of this type of service in Ohio that is designed to work individually with child care providers, and specifically unlicensed providers to raise up the quality of care. The SFY 2017-2018 number of provider/center participants is projected at 100-115 across the region. The number of parents and children impacted will vary depending on number of children served by the participants which could range from 1-7 in a home to a large center serving 90 or more.

Expected Outcome(s):

1. Knowledge of parenting and child development: Caregivers and parents have realistic expectations of infants/young children and apply them to interactions with the infant/child(ren), caregivers and parents use positive, age-appropriate disciplinary practices, caregivers and parents establish and maintain predictable, age-appropriate daily routines for their child(ren), caregivers and parents engage in appropriate play with their child or children on a regular basis, improved parent-child interactions (e.g., increased nurturing)
2. Concrete support in times of need: Parents can identify child care providers that can provide a safe environment, and developmentally appropriate care for their

child(ren). Increase in the number of licensed family child care providers. Increase in providers receiving ODJFS *Step Up to Quality* ratings.

3. Social and emotional competence of children: Increase the number of preschool children entering kindergarten that are socially and emotionally ready for school.
4. Overall: Reductions in risk factors for child abuse and neglect, increases in protective factors for child abuse and neglect. Decrease in child maltreatment.

Strategy Two: Provide mentoring services to children and/or adolescents to promote positive youth social and emotional development.

Current Services and Unmet Needs: Ohio University staff completed an extensive internet search of the region to identify programs and services that are currently providing as a component child abuse and neglect primary or secondary prevention activities. The Council provided edits and additions to the inventory. Our inventory provided us with information related to Community Connectors, an Ohio mentoring initiative, begun in 2014 to bring together families, community organizations, faith or values based organizations, businesses and others to mentor students. Our inventory process identified one such mentoring program in Coshocton County projected to serve 105 students in 2016, and one such program in Tuscarawas projected to serve 15 students in 2016. We are also aware of Big Brothers in Jefferson County and a young professionals group that is working with high school students in Guernsey County on job skills, career exploration, and community involvement. In the Eastern Region, 51.2% or 50,583 children are living in households with income below 200% of the Federal Poverty Level. Roughly 1.8% or 1,840 children live in homes where an adult reports intimate partner violence. The current number of children participating in formal mentoring programs in the region is less than 300 students compared to the more than 104, 000 children living in the region.

Protective Factors Addressed: Concrete Supports in Times of Need, Social and Emotional Competence of Children, and Social Connections. In addition, mentoring programs address the *Youth Thrive and Protective and Promotive Factors* of Concrete Supports in Times of Need, Cognitive and Social-Emotional Competence of Youth, Social Connections, and Youth Resilience.

Strategy Description: The Eastern Ohio Regional Prevention Council proposes a five-year strategy that would allow a vendor to facilitate mentoring to children and/or adolescents. Mentoring takes place between youth and older or more experienced persons who are acting in a non-professional helping capacity to provide relationship-based support that benefits one or more areas of the youth's development. This involves one-to-one, and/or group mentoring. All programs must utilize evidence-based curriculums or research-informed best practices for creating and sustaining impactful mentoring relationships and strong program services. Two resources include: *Elements of Effective Practice for Mentoring, 4th Edition* is available at no charge at http://www.mentoring.org/program-resources/elements-of-effective-practice-for-mentoring/ and *40 Developmental Assets for Adolescents* at http://www.search-institute.org/research/developmental-assets

Program Components

1. The services must use evidence-based curriculums or include the following six core standards: recruitment, screening, training, matching, and initiation, monitoring and support, and closure that cover the aspects of mentoring programs as described in *Elements of Effective Practice for Mentoring, 4th Edition*.
2. Services and contacts may be made in the community, at school, and via phone, text, and e-mentoring (in which mentors and youth interact online).
3. Develop or incorporate group programs and activities in the community that will encourage positive social-emotional development and provide opportunities for youth to connect with mentors.

Why This Strategy? Youth face many different issues and can benefit from year round support services to help them address the difficulties they face in school, at home, and in the community. Young people need support in developing the social, emotional, and cognitive skills that lead to having a strong belief in self and not to be defined by present circumstances such as poverty, familial substance abuse, mental health, or domestic violence. Mentoring provides a young person with someone outside the family who cares about them and assures them that they are not alone in meeting daily challenges and makes them feel like they matter. Mentors connect a young person to social and economic opportunity, and promote personal growth and development. Mentoring has been shown to result in higher educational attainment and well-being, and instills hope for a brighter future.

Project Goals and Objectives:

1. Provide emotional support to children and adolescents so they can develop decision making skills that lead to success at home, in school, and in the workplace.
2. Youth are nurtured, safe, and engaged.

Relevance to the Ohio Children's Trust Fund Mission and Strategic Plan: Goal 2, Increase Family Support and Goal 4, Increase the Promotion of Child Safety and Health. Mentoring programs provide relationship-based support to young people, expose youth to new ideas and opportunities, assist the youth to become more resilient, and promote personal safety and health.

Population of Interest: Children and adolescents. Priority given to youth who may be exposed to substance abuse, mental health, or domestic violence at home, and youth with disabilities.

Areas of Interest: This strategy is applicable and needed in all ten counties of the Eastern region.

Projected Number to be Served SFY 2017 and SFY 2018: A review of Community Connectors mentoring programs in Ohio, including programs in Coshocton and Tuscarawas counties, show great range in program models, number, of participants and funding. The SFY 2017-2018 number of participants is projected to be between 265 - 550 youth across the region.

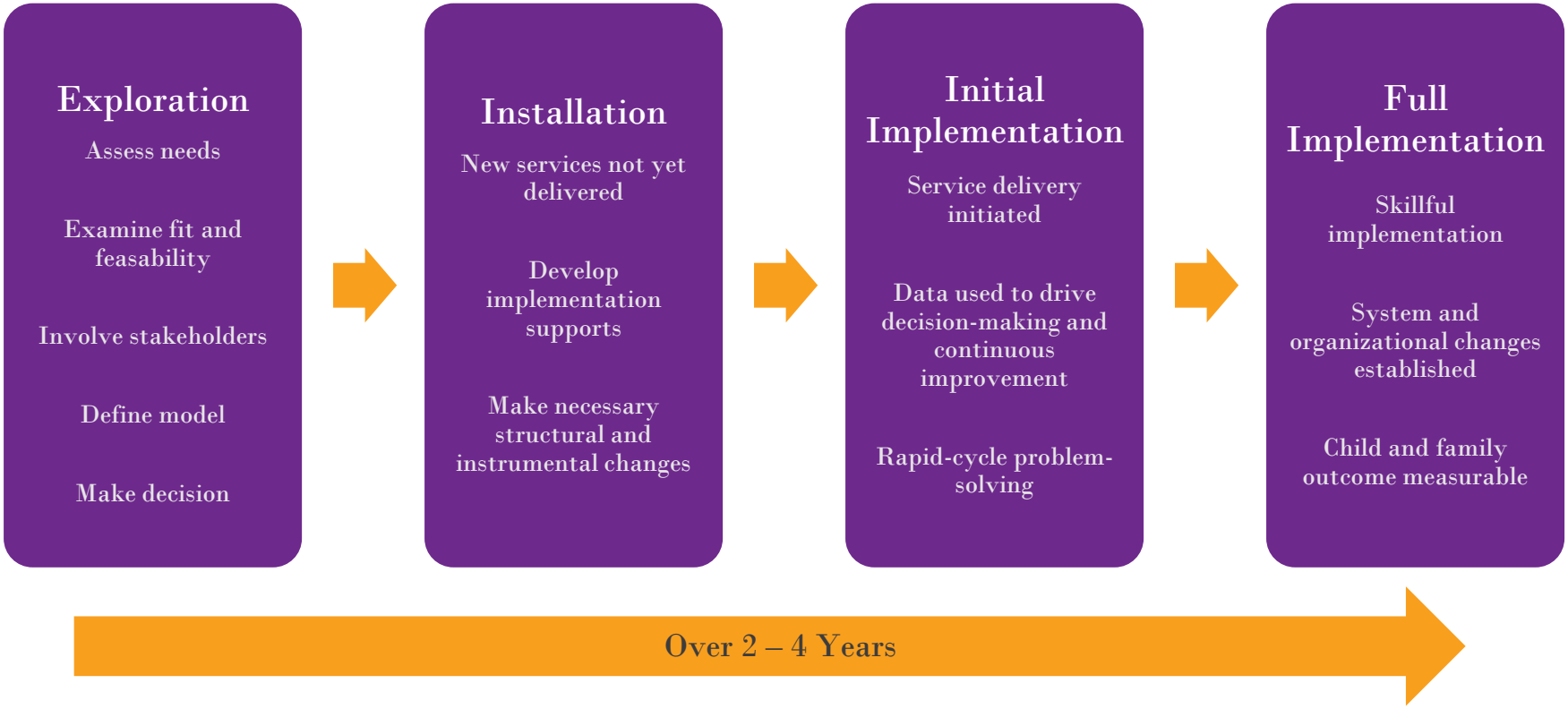
Expected Outcome(s):

1. Youth Resilience: Youth with less stress, greater competence in managing stress, greater anger management (coping) skills.

2. Social Connections: Youth can identify a person(s) who has/have provided (and can be counted on to provide in the future) emotional and/or instrumental support when needed, parents are connected to community supports.
3. Concrete Support in Times of Need: Youth have knowledge of community supports and capacity to seek help when needed.
4. Cognitive and Social-Emotional Competence of Youth: Youth have increased self-esteem and increased ability to see a successful future at home, at school, at work, and in the community. Increased sense of hope and optimism.
5. Overall: Reductions in risk factors for child abuse and neglect, increases in protective factors for child abuse and neglect. Reduction in child maltreatment.

General Implementation Timeline: The table on the following pages shows the general implementation timeline to achieve the strategy goals throughout the duration of the proposal funding period.

The Four Stages of Implementation[4]



[4] Source: Halle, T., Paulsell, D., Daily, S., Douglass, A., Moodie, S., & Metz, A. (2015). Implementing parenting interventions in early care and education settings: A guidebook for implementation (OPRE 2015-94). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/ecd/parenting_implementation_guidebook_109.pdf

Expected Implementation Timeline

Stage	Task	SFY17 Q2	SFY17 Q3-4	SFY18 Q1-2	SFY18 Q3-4	SFY19 Q1-2	SFY19 Q3-4	SFY20 Q1-2	SFY20 Q3-4	SFY21 Q1-2	SFY21 Q3-4
Exploration	Identify implementation team members and develop a work plan										
	Assess strengths and needs of parents and families in the community										
	Determine the potential fit and feasibility of new parenting intervention(s)										
	Develop a theory of change and logic model										
Installation	Develop recruitment strategy for parents/families										
	Train implementation team members and staff										
	Evaluate training and potential modifications										
	Identify, hire and train coaches?										
	Develop coaching plans and practice guidance?										
	Set up/modify existing data systems to capture staff performance, fidelity, dosage, outcomes data										
Initial Implementatio	Implementation team work plan adjusted to focus on continuous improvement during initial implementation										
	Collect data to monitor and assess implementation and supports										
	Adjust service delivery guidance, implementation supports and monitoring tools as needed										
Full Implementation	New knowledge and lessons learned by implementation team about data-driven decision making shared										
	Implementation team work plan adjusted to focus on institutionalizing intervention/support system										
	Collection and monitoring of data to assess fidelity and participant outcomes and engage in continuous improvement continued										

Evaluation Plans

The Eastern Prevention Council will work with Ohio University- Eastern, the Regional Prevention Coordinator and evaluation experts at the Voinovich School to conduct an ongoing evaluation of the prevention plan. The evaluation will look at both implementation and outcomes on three levels; individual participants (parents, children and families) each county and throughout the region.

Since the ultimate goal of the Regional Prevention Council is to prevent and reduce child abuse and neglect, the evaluation will annually monitor new referrals and placement information from the region's 10 Child Protective Services agencies. Additionally, other population level data, such as kindergarten readiness may be monitored as it relates to the prevention plan.

The Voinovich School will also work with all contracted services and develop evaluation protocols and requirements for submitting participant and program data on a regular basis to the Council. Data tracking protocols will be implemented and collected quarterly. Programs utilizing evidence-based practices will be expected to use the tools or measurements prescribed by the developer. Any services that address parenting with multiple sessions will be required to collect the Protective Factors Survey upon the initiation of services and at appropriate intervals, depending on the length of engagement. Appropriate and valid instruments to measure mentoring and social-emotional competence among adolescents will be identified and all contracted services working on this strategy will utilize the same tool.

Quarterly evaluation reports will be submitted to the Council and to OCTF. These quarterly reports will primarily contain output data as it isn't realistic to access outcomes every three months. Output data will provide an overview of how many people are being served, what services are being provided, is the Council reaching its target population in each of the strategies. Outcome data will be submitted every six months from the contracted services and will be analyzed and presented to the Council and to OCTF.

Strategy One: Provide high quality child care and education early in life							
Outputs	**Evaluation measurement**	**Short-term outcomes**	**Evaluation measurement**	**Intermediate term measurement**	**Evaluation measurement**	**Long term outcomes**	**Evaluation Measurement**
# of contracts issued	Council records	Increase provider knowledge and understanding of children's development, and health and safety issues	Tool for measuring provider environment to be identified, possibly evidence-based developer tools.	Increase in the number of preschool children entering kindergarten that are socially and emotionally ready for school. Increase in the number of licensed child care providers. Increase in providers receiving ODJFS *Step Up to Quality* ratings.	Kindergarten assessment by district and county from ODE school data. ODJFS records of child care providers and *Step Up to Quality* Ratings		
# of providers/centers in the target population served	Program reports from grantees	Increase provider and parent knowledge and understanding of children's development, and health and safety issues	Tool for measuring provider environment to be identified, possibly evidence-based developer tools.	Reductions in risk factors for child abuse and neglect	Provider Survey/ Protective Factors Survey	Decrease in child maltreatment	Referrals to CPS
# of counties served	Program reports from grantees	Providers better able to provide a safe environment, and developmentally appropriate care	Tool for measuring provider environment to be identified, possibly licensing standards, Step Up to Quality	Increase in protective factors for child abuse and neglect prevention	Provider Survey/ Protective Factors Survey	Decrease in child maltreatment	CPS placements
Cost per provider/child	Calculated annually from program reports and council budget	Programs will reach child care providers	Count of family child care providers seeking/receiving licensure and Quality Ratings - CJFSD/ODJFS records	Programs will demonstrate their effectiveness in meeting the outcomes outlined in the prevention plan	Annual Evaluation Report		
# of programs providing evidence-based services to fidelity	Program reports from grantees	Programs will provide evidence-based services	Program reports/ Council monitoring reports				
# of barriers addressed	Program reports from grantees	Programs will reach child care providers	Program reports/ Council monitoring reports				
# of programs measuring outcomes	Program reports from grantees/Council monitoring reports						
# of programs demonstrating effectiveness in terms of reach and depth	Program reports from grantees/Council monitoring reports						

Strategy Two: Provide mentoring services to children and/or adolescents to promote positive youth social and emotional development							
Outputs	**Evaluation measurement**	**Short-term outcomes**	**Evaluation measurement**	**Intermediate term measurement**	**Evaluation measurement**	**Long term outcomes**	**Evaluation Measurement**
# of contracts issued	Council records	Youth will receive social support from non-parenting adult(s) or older adolescent(s)	Program reports from grantees	Youth will exhibit greater resiliency. Youth will have the ability to form and sustain quality, caring relationships.	TBD- Council will identify valid measure(s) that can be used across sites. May consider secondary data related to protective factors related to forming and sustaining caring relationships, community/parent survey	Increased sense of hope and optimism	Secondary data related to protective factors related to sense of hope and optimism, community/parent survey
# of youth in the target population served	Program reports from grantees	Youth will receive social support from older adolescent or non-parenting adult(s)	Tool for measuring mentoring to be identified	Increased self-esteem and social competence	TBD- Council will identify valid measure(s) that can be used across sites		
# of counties served	Program reports from grantees	Youth will gain knowledge of community supports and know how to access them	Youth Survey	Success in school and workplace.	School graduation rates	Reductions in risk factors for child abuse and neglect.	Community/parent survey
Cost per youth	Calculated annually from program reports and council budget	Programs will reach and engage youth	Program reports/ Council monitoring reports	Success in school and workplace.	College/post-secondary rates	Increase in protective factors for child abuse and neglect prevention	Community/parent survey
# of programs following best practices re: mentoring	Program reports from grantees	Programs will implement evidence-based programs or programs following best practices	Program reports/ Council monitoring reports	Programs will demonstrate their effectiveness in meeting the outcomes outlined in the prevention plan.	Annual Evaluation Report	Decrease in child maltreatment	Referrals to CPS
# of programs measuring outcomes	Program reports from grantees/Council monitoring reports	Programs will reach and engage youth	Program reports/ Council monitoring reports			Decrease in child maltreatment	CPS placements
# of programs demonstrating effectiveness in terms of reach and depth	Program reports from grantees/Council monitoring reports	Programs will implement evidence-based practices	Program reports/ Council monitoring reports				

Logic Model

Strategy 1: Provide high quality child care and education early in life.				
Goal: Implement strategies with depth and breadth throughout the 10 Counties of the Eastern Region to promote concrete support to families in times of need, increase knowledge of parenting and childhood development, and promote the social and emotional competence of children to prevent and reduce child abuse and neglect in our region.				
Actions	**Outputs**	**Short-Term Outcomes**	**Intermediate Term Outcomes**	**Long-Term Outcomes**
Contract for services to conduct home visits using an evidence-based curriculum to unlicensed and licensed child care providers to train and assist them to deliver high-quality child care. **Contract** for services to provide consultation and training to assist family, friend, and neighbor care providers to become and stay licensed. **Contract** for services to provide training and consultation to licensed child care facilities to enhance their quality of care. A focus on recruitment and retention: Innovative methods are needed to make programming accessible to target populations through outreach and addressing barriers (e.g. scheduling conflicts, convenient location and transportation options) to participation.	# of contracts issued # of people/providers in the target population served # of counties served Cost per provider/child # of programs providing evidence-based services to fidelity # of programs measuring outcomes # of barriers addressed	Increase provider knowledge and understanding of children's development, and health and safety issues. Providers better able to provide a safe environment, and developmentally appropriate care. Increase parent knowledge and understanding of children's development, and health and safety issues.	Increase in the number of licensed child care providers. Increase in providers receiving ODJF *Step Up to Quality* Ratings Increase in the number of preschool children entering kindergarten that are socially and emotionally ready for school. Reductions in risk factors for child abuse and neglect. Increase in protective factors for child abuse and neglect prevention	Decrease in child maltreatment
Monitor and evaluate the implementation of the contracted services in terms of reach and effectiveness towards meeting outcomes.	# of programs measuring outcomes # of programs demonstrating effectiveness in terms of reach and depth	Programs will reach the providers. Programs will provide evidence-based programs and/or evidence informed services.	Programs will demonstrate their effectiveness in meeting the outcomes outlined in the prevention plan.	

Strategy 2: Provide mentoring services to youth to promote positive youth social and emotional development.				
Goal: Implement strategies with depth and breadth throughout the 10 Counties of the Eastern Region to promote concrete supports in times of need, promote the social and emotional competence of children and increase social connections to prevent and reduce child abuse and neglect in our region.				
Actions	**Outputs**	**Short-Term Outcomes**	**Intermediate Term Outcomes**	**Long-Term Outcomes**
Contract for services to provide mentoring and youth development activities to youth that use an evidence based curriculum or include the following best practice standards: recruitment, screening, training, matching and initiation, monitoring and support, and closure. **Services and contacts** may be made in the community, at school, and via phone, text, and e-mentoring (in which mentors and youth interact online). **Develop** or incorporate group programs and activities in the community that will encourage positive social-emotional development and provide opportunities for youth to connect with mentors.	# of contracts issued # of youth in the target population served # of counties served Cost per child/family # of programs providing evidence-based services to fidelity # of programs following best practice standards # of programs measuring outcomes	Youth will receive social support from non-parenting adult(s) or older adolescents Youth will gain knowledge of community supports and know how to access them.	Youth will exhibit greater resiliency Ability to form and sustain quality, caring relationships Increased self-esteem and social competence Success in school and workplace	Increased sense of hope and optimism Decrease in child maltreatment Reductions in risk factors for child abuse and neglect Increase in protective factors for child abuse and neglect prevention
Monitor and evaluate the implementation of the contracted services in terms of reach and effectiveness towards meeting outcomes	# of programs measuring outcomes # of programs demonstrating effectiveness in terms of reach and depth	Programs will reach and engage the target population Programs will implement evidence-based practices.	Programs will demonstrate their effectiveness in meeting the outcomes outlined in the prevention plan.	

END