



# Ohio Children's Trust Fund

## SFY 2012 Application

### Introduction

The Ohio Legislature established the Ohio Children's Trust Fund in 1984 to support efforts designed to prevent child abuse and neglect within the state. The mission of the Ohio Children's Trust Fund (OCTF) is to prevent child abuse and neglect through investing in strong communities, healthy families and safe children.

Governed by a board of 15 members, the Ohio Children's Trust Fund is the State of Ohio's only publicly funded child abuse prevention agency. Together with our county partners, the Trust Fund is dedicated to the prevention of child abuse and neglect through funding, supporting, educating and promoting child abuse prevention awareness and services within communities statewide.

ORC 3109.17 states that the Ohio Children's Trust Fund shall allocate funds to each child abuse and child neglect prevention advisory board for the purpose of funding child abuse and child neglect prevention programs. Funds are allocated among advisory boards according to a formula based on the ratio of the number of children under age eighteen in the county or multicounty district to the number of children under age eighteen in the state, as shown in the most recent federal decennial census of population. Subject to the availability of funds and except as provided in section 3109.171 of the Revised Code, each advisory board shall receive a minimum of ten thousand dollars per fiscal year. In January of 2008, the OCTF Board voted to increase the minimum allocation to \$15,000.

The state fiscal year (SFY) 2012 application is very similar to the SFY 2011 application and is designed to simplify and streamline the application process. Most of the changes from the SFY 2011 application come from the feedback and suggestions provided by our grantees, as well as from lessons learned from the previous grant cycle.

The Ohio Children's Trust Fund seeks to fund programs that provide a framework for child abuse and neglect prevention by promoting an understanding of how building protective factors, in addition to reducing risk factors, can reduce maltreatment for young children and their families.

### **The Relationship Between Child Abuse and Neglect Prevention and Protective Factors**

Research has demonstrated that the following five protective factors reduce the incidence of child abuse and neglect by providing even stressed parents with what they need to parent effectively. By incorporating these protective factors into programming, programs build relationships with families. When these relationships are established, a program can learn to recognize the signs of stress and help build families' protective factors in their time of need.

As a result, each proposed program must include at least one of the five protective factors described below.

## THE PROTECTIVE FACTORS

The five protective factors are:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Children’s social and emotional development

Protective factors are the strengths and resources that families can draw upon when they encounter stressful situations and challenges. Taking those characteristics and building on them is a proven way to strengthen the entire family thereby decreasing the likelihood of maltreatment. Each of the protective factors is vital, but most important is what they do together to create stability in families.

Protective Factors <sup>1</sup>
<b>Parental resilience:</b> The ability to cope and bounce back from all types of challenges
<b>Social connections:</b> Friends, family members, neighbors and other members of a community who provide emotional support and concrete assistance to parents
<b>Knowledge of parenting and child development:</b> Accurate information about raising young children and appropriate expectations for their behavior
<b>Concrete support in times of need:</b> Financial security to cover day-to-day expenses and unexpected costs that come up from time to time, access to formal supports like TANF and Medicaid, and informal support from social networks
<b>Children’s social and emotional development:</b> A child’s ability to interact positively with others and communicate his or her emotions effectively

### Parental Resilience

Parents who are emotionally resilient are able to bounce back during tough times and are more able to maintain a positive attitude, solve problems creatively, rise to challenges in their lives effectively and avoid situations that compromise their child’s healthy development and overall welfare<sup>2</sup>.

### Social Connections

<sup>1</sup> From the Center for the Study of Social Policy

<sup>2</sup> Strengthening Families through Early Childcare and Education ([www.strengtheningfamilies.net](http://www.strengtheningfamilies.net))

Parenting programs offer the important opportunity for parents to get to know other parents and make new friendships. Parents, especially parents of young children, can feel isolated and have a greater need for support from others. Friends can be an important source for relief in times of parenting stress, advice and information on parenting issues, and back-up support.

### **Knowledge of Child Development**

Understanding child development is an important part of good parenting. Having realistic expectations of what children can and cannot do at certain ages helps a parent avoid frustration and understand their child better.

### **Concrete Support In Times of Need**

It can be difficult at times for parents to get the help and advice they need. When parents or caregivers experience problems with housing, finances, illness, unemployment, or conflict in relationships, it can deplete their energy and take away the focus from their child. In addition, parents face challenges when trying to navigate their way around the systems they need in order to get help. Getting assistance when it's needed helps a caregiver to be a better parent by making sure they can give their child what they need. Having the ability to give their child what he or she needs greatly reduces the stress and anxiety that can make a parent short-tempered and irritable with their child.

### **Social and Emotional Development in Children**

As children grow, so do their emotions and ability to express themselves. And just like reading to children and playing with them can help their brains and bodies develop, there are many ways that parents can help their children learn to express and regulate their emotions. Social and emotional skills are the most important developmental skills that young children learn during their first years of life.

## **Protective Factors & Incorporation into CAN Programming**

### **Parent Resilience**

Children of resilient parents are more likely to be prepared to be better skilled at meeting and making new friends and more likely to respond appropriately to stressful situations than children of less resilient parents.

#### **Parent Resilience and Child Abuse and Neglect Prevention**

- Research demonstrates that parental psychology plays an important role in both the causes and prevention of child abuse and neglect. Parents who are emotionally resilient are able to maintain a positive attitude, creatively solve problems, and effectively deal with challenges that may arise in their lives. Having these skills greatly reduces parental stress, a known risk factor for child maltreatment.
- By incorporating the parent resilience protective factor into programming, parents get to know and trust the staff. A parent who knows and trusts staff is more likely to reveal problems such as domestic violence or general feelings of frustration; more importantly, these parents are more likely to ask for help- thereby reducing or eliminating the risk for abuse and neglect.

## **Examples of How to Incorporate the Parent Resilience Protective Factor Into CAN**

### **Programming:**

- Train staff on creating trusting relationships with families, and develop time within the program to provide opportunities for these relationships to flourish.
- Train staff to watch for early signs of child or family distress and respond with encouragement, support, and help in solving problems.

### **Social Connections**

Programs for parents and caregivers offer the important opportunity for parents to get to know other parents and make new friendships. Parents, especially parents of young children, can feel isolated and have a greater need for support from others. Friends can be an important source for relief in times of parenting stress, advice and information on parenting issues, and back-up support.

#### *Social Connections and Child Abuse and Neglect Prevention*

- Helping parents build constructive friendships and other positive connections can reduce their isolation, which is a consistent risk factor in child abuse and neglect. Isolation is a particular problem for family members who are in crisis or need intensive help.
- Social connections enable parents to develop and reinforce community norms about behavior, such as violence. Norms against violence reduce the occurrence of child maltreatment.
- Through fostering social connections within your program, a parent or caregiver develops friendships that lead to mutual assistance in obtaining resources that all families need from time to time, such as transportation, respite child care, and other tangible assistance as well as emotional support.

## **Examples of How to incorporate the Social Connections Protective Factor Into CAN**

### **Programming:**

- Provide special networking workshops after (or built into) a parent education class
- Help parents connect with organizations and resources outside the program
- Provide special outreach and activities for fathers, grandparents, and other extended family members

### **Knowledge of Parenting and Child Development**

Understanding child development is an important part of good parenting. Having realistic expectations of what children can and cannot do at certain ages helps a parent avoid frustration and understand their child better.

#### *Knowledge of Parenting and Child Development and Child Abuse and Neglect Prevention*

- Parents who understand normal child development are less likely to grow frustrated and be abusive and are more likely to nurture their children's healthy development. Additionally, observing other children helps parents understand their own children in context.
- Parents often need timely help from someone they trust in order to address children's problem behaviors, such as biting or hitting, without resorting to harsh discipline techniques.

- When parents are educated about child development, they are more easily able to identify potential developmental delays, special needs and behavioral problems. Parents of children with developmental or behavior problems or special needs require additional support and coaching in their parenting roles to reduce their frustration and provide the help their children need.

**Examples of How to incorporate Knowledge of Child Development into CAN Programming:**

- Hold informal interactions between parents and program staff on issues such as tantrums, biting, etc.
- Parent education classes can use various approaches, including presenting information on developmental stages, or identifying parents with children the same age.
- Create an observation space where parents can watch their child interact and learn new techniques from observing staff.

**Concrete Support**

It can be difficult at times for parents to get the help and advice they need. When parents or caregivers experiencing problems with housing, finances, illness, unemployment, or conflict in relationships, it can deplete their energy and take away the focus from their child. In addition, parents face challenges when trying to navigate their way around the systems they need in order to get help. Getting assistance when it's needed helps a caregiver to be a better parent by making sure they can give their child what they need. Having the ability to give their child what he or she needs greatly reduces the stress and anxiety that can make them short-tempered and irritable with their child.

Concrete Support and Child Abuse and Neglect Prevention

- It is a known fact that child neglect can be a consequence of family crisis, a parental condition (such mental health or addiction), or stresses associated with lack of resources.

**Examples of How to incorporate Concrete Support in Times of Need into CAN Programming:**

- Strive to serve the family as a whole, not just the individual child or parent in your program.
- When possible, give referrals to specific individuals at service agencies (not just the agencies themselves)
- Serving as an access point for health care, child care subsidies, and other services. Initiate the contact or invite conversation if staff suspect a family problem or emergency.
- Offering on-site food pantries and clothing closets is not only an easy way to assist families in need, but also identify those who may be experiencing crisis and in need of further assistance.

**Social and Emotional Development**

As children grow, so do their emotions and ability to express themselves. And just like reading to children and playing with them can help their brains and bodies develop, there are many ways that parents can help their children learn to express and regulate their emotions. Social

and emotional skills are the most important developmental skills that young children learn during their first years of life.

Staff in your prevention program can work with children to help them learn about their emotions so that they can talk about and describe what they're feeling. Staff can work with parents in a parenting program on how their response to their child's emotions influences how children learn to understand and cope with feelings of anger, happiness and sadness that are a fundamental part of the human experience.

#### Social and Emotional Development in Children and Child Abuse and Neglect Prevention

- It is a well known fact that children with challenging behaviors are at greater risk for abuse. Identifying and working with children early to keep their development on track helps keep them safe.
- Helping children develop socially and emotionally impacts the way parents and children interact. As children learn to verbalize their emotions rather than act them out, they are more able to tell parents how they feel, what they need, and how their parents' actions make them feel. This allows a parent to be more responsive to their children's needs and reduces the probability to yell or hit.

#### **Examples of How to incorporate Social and Emotional Development into CAN Programming:**

- Host a parent café style dialogue for parent participants in the program
- In prevention programs for children, staff can incorporate time to teach children social skills, such as sharing and being respectful of others and emotional skills such as expressing feelings.
- Staff can be trained to notice possible signs of problems. When they are concerned about a child, they can respond quickly by asking another teacher or staff member to observe, or talk with the parent.
- Programs can offer an activity such as an art project that allow children to express themselves in ways other than words, many of which include a take-home component that involves parents.

<b>General Information</b>
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#### **Please be sure to read all application information and the application carefully.**

- All proposed programs and/or services must be designed *specifically* to prevent or reduce child abuse and neglect.
- Each proposed program should include strategies for preventing child abuse and neglect and each program must include at least one of the five protective factors.
- The OCTF cannot fund tertiary programs, including direct treatment or therapy programs for abused children. In addition, OCTF dollars cannot be used in any instance where the program participants have an open or substantiated case of abuse and/or neglect with a public children's services agency.

- Programs providing a direct service to parents and/or primary caregivers are required to administer the full protective factors survey. A copy of this survey, along with additional background and implementation information is included in Attachments G and H.
- Programs, except those that are school-based, are required to collect demographic information by having participants complete the first two pages of the protective factors survey.

**\*\*\*PLEASE NOTE\*\*\***

THE OCTF WILL **NOT** ACCEPT ANY APPLICATION RECEIVED AFTER 5:00 PM on Friday, April 1, 2011.

- Any application received after this deadline will not be considered by the OCTF Board and will not receive an allocation for SFY 2012.
- Once you submit your application electronically, you should receive an e-mail from the OCTF confirming receipt. If you do not receive a confirmation e-mail within two business days after submitting your application, please contact your OCTF program manager.
- The time of submission for applications submitted via U.S. Mail will be physical receipt in the Ohio Children's Trust Fund. Applications received after April 1<sup>st</sup> but postmarked prior will not be accepted.

<b>Program Criteria</b>
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The OCTF can fund *only* primary and secondary prevention programs as outlined in section 3109.13 of the Ohio Revised Code.

Primary prevention is defined as "*activities and services provided to the public designed to prevent or reduce the prevalence of child abuse and child neglect before signs of abuse or neglect can be observed.*"

Secondary prevention is defined as "*activities and services that are provided to a specific population identified as having risk factors for child abuse and child neglect and are designed to intervene at the earliest warning signs of child abuse or child neglect, or whenever a child can be identified as being at risk of abuse or neglect.*"

*Please note that the OCTF cannot fund tertiary prevention programs or services. Applications that include tertiary prevention risk receiving a reduced allocation and/or having the application rejected entirely by the OCTF Board per ORC 3109.171.*

- All proposed programs and/or services must be designed *specifically* to prevent or reduce child abuse and neglect.
- Programs must collect, maintain and report outcome and evaluation data, as well as demographic data as a part of their program delivery.

- Program providers must be willing to partner with parent participants and clients in order to increase participant involvement and leadership within the program.
- Program outcomes and outcome accountability must be identified. A logic model presenting program's strategies, outcomes and measurement must be included with the application.

Evidence Based, Evidence Informed, Promising Practice and Emerging Programs and Practices
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The use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding due to the fact there is an increased chance the program will produce its desired result. Research suggests that effective programs often have long-term economic returns that far exceed the initial investment.

The OCTF will fund only evidence based, evidence informed, promising practice and emerging programs and practices.

**Evidence-based programs and practices (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.*

**Evidence-informed programs and practices (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) (or other comparable methodology) 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.*

## **Promising Practices (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 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.*

## **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 no comparison group. This includes using “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. For additional information on evaluation and developing logic models, visit the FRIENDS Evaluation Toolkit and Logic Model Builder at : <http://www.friendsnrc.org/outcome/toolkit/index.htm> <sup>3</sup>.*

Practices are defined as skills, techniques, and strategies that can be used by a practitioner. 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 implement a specific technique or curriculum with the positive evidence.

<b>Annual Grant Funding</b>
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- Funding for OCTF grants comes from a stipend on birth certificates, death certificates and divorce & dissolution decrees.
- The OCTF anticipates distributing approximately \$3.8 million dollars for SFY 2012. County FCFC’s whose applications are approved by the OCTF board will receive one-half of their allocation in late September 2011 and the other half in late March 2012.
- Funding is for SFY 2012 (July 1, 2011 through June 30, 2012). Any unspent funds remaining at the end of the fiscal year must be returned to the OCTF per ORC 3109.18.

<b>Grant Timeline: Reporting Requirements and Payments</b>
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- December 14, 2010: SFY 2012 Application Released

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<sup>3</sup> *These definitions come from the FRIENDS National Resource Center for CBCAP Evidence-Based & Evidence-Informed Programs Matrix Appendix A: Characteristics of Well-Supported, Supported, Promising and Emerging/Evidence Informed Programs.*

- January 31, 2011: SFY 2011 Semiannual Program Report Due
- Late March 2011: Second Half SFY 2011 Allocation sent to grantees
- April 1, 2011: SFY 2012 Applications due to Ohio Children's Trust Fund.
- April – June 2011: Peer Review (by review teams consisting of FCFC coordinators, representatives from the OCTF and community stakeholders)
- July 2011: OCTF Board reviews and approves SFY 2012 county allocation plans.
- July 2011: SFY 2012 award letters sent to grantees
- August 15, 2011: SFY 2011 Annual Program & Fiscal Reports Due
- Late September 2011: First Half SFY 2012 Allocation sent to grantees
- January 31, 2012: SFY 2012 Semiannual Program Report Due
- Late March 2012: Second Half SFY 2012 Allocation sent to grantees
- April 2<sup>4</sup>, 2012: SFY 2013 Applications due to the Ohio Children's Trust Fund
- August 15, 2012: SFY 2012 Annual Program and Fiscal Reports Due
- Late September 2012: First Half SFY 2013 Allocation sent to grantees

<b>Application Organization and Format</b>
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- We recognize the time and effort required to complete this application. Please make use of the technical assistance provided by OCTF staff in clarifying any questions you may have.
- Your program narrative should fall between 5-15 pages in length. It is to your benefit to keep your application as brief and succinct as possible while explaining your program fully.
- When answering questions, please write the question, and then your answer.
- Number all pages of your grant application.
- Please submit your application with all materials in the following order:
  1. Applicant Information (Attachment A)
  2. Completed and signed Grant Application Checklist (Attachment B)

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<sup>4</sup> SFY 2013 Applications are due April 2, 2012 due to April 1, 2012 falling on a Sunday.

3. Statement of Assurance (Attachment C)
4. Program Narrative
5. Logic Model (Attachment D)
6. Budget Forms (Attachments E-1, E-2 and E-3)
7. Evaluation Tools

- **Attachments Included in this Application:**

- (A) Applicant Information template
- (B) Grant Application Checklist
- (C) Statement of Assurance template
- (D) Logic Model
- (E) Budget Templates [Executive (E-1), Program (E-2) and Vendor Budgets (E-3)]
- (F) Allowable/Unallowable Expenditures
- (G) Protective Factors Survey User Manual
- (H) Protective Factors Survey
- (I) Scoring Tool
- (J) Semiannual Program Report
- (K) Annual Program Report
- (L) Annual Fiscal Report

<b>Application Selection and Awards Process</b>
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- Applications will undergo an initial review by OCTF staff to ensure the application is complete and contains all requisite forms.
- Next, applications will undergo a peer review. Review teams consisting of FCFC coordinators, representatives from the OCTF and community stakeholders will meet to review the applications.
- Applications will be reviewed based on their focus on strengthening families to prevent child abuse and neglect, the need for proposed services and complete and detailed budgets.
- Applicants may be contacted by OCTF staff during the review period for clarification of items in their application.
- After the peer review, applications will be forwarded to the full OCTF Board for consideration.
- The OCTF will make the final funding decision, in accordance with ORC 3109.171. The Board reserves the right to reject any or all applications and to negotiate the award amount, authorized budget items and specific programmatic goals prior to releasing a county allocation.

<b>Requirements for Funded Projects</b>
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- Grantees are required to acknowledge OCTF as the funding source on printed material related to the funded program.
- Grantees are required to complete and submit a Semiannual Program Report (Attachment J) no later than January 31, 2012.
- Grantees are required to complete and submit the Annual Program and Fiscal Reports to the OCTF no later than August 15, 2012. Pursuant to ORC 3109.171(C) "*If an advisory board fails to submit to the children's trust fund board an annual report not later than the fifteenth day of August following the year for which the report is written, the board, for the following fiscal year, may allocate a reduced amount of funds to the advisory board on a pro-rata daily basis.*"

<b>Closing Date</b>
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**\*\*\*PLEASE NOTE\*\*\***

THE OCTF WILL **NOT** ACCEPT ANY APPLICATION RECEIVED AFTER 5:00 PM on Friday, April 1, 2011.

- We *strongly* encourage you to submit your applications electronically. Completed applications should be sent to: [COUNTY\\_OCTF\\_APPLICATIONS@jfs.ohio.gov](mailto:COUNTY_OCTF_APPLICATIONS@jfs.ohio.gov)
  - Once you submit your application electronically, you should receive an e-mail from the OCTF confirming receipt. If you do not receive a confirmation e-mail within two business days after submitting your application, please contact your OCTF program manager.
- Documents requiring original signatures can be scanned and included as an attachment, or forwarded via U.S. Mail. These documents *must* be received by the OCTF before 5:00 PM on Friday April 1<sup>st</sup>. These documents should be sent to the following address:
 

Ohio Children's Trust Fund  
50 West Town Street, 6<sup>th</sup> Floor  
Columbus, Ohio 43215
- Please ensure that all documents submitted by U.S. Mail are received by 5:00 PM on Friday, April 1, 2011.
- **The OCTF will consider only complete applications. A complete application is defined as one that addresses each requirement as outlined within this application. Partial applications will not be accepted.**

<b>Technical Assistance</b>
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- Technical assistance regarding the grant application is available. If you have any questions or would like to request technical assistance, please contact the OCTF

Program Manager for your county (Kristen Rost or David Monder). If you are unsure of the Program Manger responsible for your county, please call our office at (614) 387-5478 or email Carolyn Brewer at [Carolyn.Brewer@jfs.ohio.gov](mailto:Carolyn.Brewer@jfs.ohio.gov)

#### Statement of Assurance

Each application must include a signed statement of assurance on their letterhead. Please use the attached template (Attachment C) in completing the statement of assurance.

#### Program Narrative

The program narrative should provide information to support the selection of the proposed programs and/or services. This section should include the goals, objectives and appropriate performance measures for each identified program.

**The program narrative should be outlined as follows:**

##### **Section A**

**Summary:** Please provide a brief summary of all of your proposed programs. Please identify each proposed program as evidence based, evidence informed or promising practice and give a brief explanation for your identification(s). Please include at least one citation and/or reference for each of your proposed programs where additional information concerning the proposed program's level of evidence can be easily obtained.

**Description of Need:** Outline the need(s) or opportunities your proposal addresses, and how these were determined. Applicants can utilize the most recent county wide needs assessment conducted by the Family and Children First Council, PCSAO Fact Book data, data from your PCSA, or other relevant data.

##### **Section B**

For each proposed program, please provide the following:

##### **Program Description, Goals, Activities, and Timeline:**

- A description of what the program will do as well as the activities that will take place as part of that program.
- An explanation of how the program strengthens families in order to prevent child abuse and neglect. When possible, be specific in terms of protective factors and your program strategies. Provide this description as a narrative. In addition to the program narrative, applicants should complete a logic model (*\*See logic model below*).
- The outcomes to be achieved with the program.

- A description of the level of parent engagement in the program. This should go beyond simply stating whether or not parents are actual participants in the program. It should involve explaining the role of parents (if any) in developing or evaluating the program and it should provide examples such as a parent advisory board. It should also explain the role of parents (if any) in providing feedback on the content of the program and its' operation.
- A timeline for implementation of your program that at a minimum includes: the program start and end date and the dates when evaluation of the program will take place.

**Program Participation:**

- A description of the population for your program. Please explain whether this a primary or secondary prevention program/service.
- A description of how the program and its' services are sensitive to the ethnic or cultural backgrounds of participants and what activities the program 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 and any other special population (i.e. Appalachian, poverty, military, etc.).
- A statement of how many families, adults and children are anticipated to participate in the program.
- A description of how program participants will be involved in your anticipated activities. This should include an explanation of any planning, advisory and/or oversight roles that parents and/or children play in the program and how this affects program activities.

**Section C**

**Evaluation:** When completing this section, please keep in mind that programs providing direct service to parents and/or primary caregivers will administer a protective factors survey as required by the Ohio Children's Trust Fund. A copy of this survey, along with additional background and implementation information is included in this packet (Attachments G & H).

- Describe how you plan to evaluate the programs for which you are requesting funding, and what information you plan to collect.
- For each proposed program, please provide a sample copy of the evaluation tools that will be utilized.
- Describe how the success of each program will be measured (please be specific). Performance measures should be concrete and state how the success of an objective will be quantified.

- Who will be responsible for evaluation? Please explain who will be administering the evaluation and who will be evaluating program effectiveness.

**OCTF Needs Assessment:** The Ohio Children’s Trust Fund is currently contracting with Child Trends, Inc. to conduct a statewide needs assessment and evaluation. As part of the needs assessment, Child Trends will be conducting regional focus groups that will discuss and seek input on the incidence of child maltreatment, perceptions regarding reporting and substantiation of maltreatment, efforts to prevent and address child maltreatment and the best practices that have emerged. Child Trends will include representatives from all 88 counties in the focus group. As a result, you will be required to have someone from your FCFC participate in a focus group.

- Please provide a statement indicating your FCFC’s willingness to participate in one of the focus groups conducted by Child Trends, Inc.

<b>Logic Model and Protective Factors</b>
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**Applicants must create a logic model outlining their strategy, protective factor, outcome and how success will be measured. This logic model should include all of your proposed programs.**

**\*A template is included with this application (Attachment D).**

The OCTF Logic Model structure is part of an ongoing effort to integrate the five protective factors into the work and services of all grantees who touch the lives of Ohio’s children and their parents and caregivers. Focusing prevention programs within the five protective factors forms the basis for moving away from risk based intervention and towards strength based prevention.

Logic Model definitions:

**Long Term Outcome:** *A county focused, broad statement of well-being*

**Intermediate Outcome:** *A participant focused, broad statement of well-being*

**Program Strategies (include activities, training, and curricula that specifically and intentionally relate to protective factors):** *What strategies will you use to connect the protective factors and your program?*

\*Please note that your program **DOES NOT** need a strategy to connect to each protective factor.

**Outcomes:** *What one or two changes do you believe will occur in the lives of your program’s participants as a result of your services? Outcome statements are written by determining who will do what.*

**Measurement Tools:** *What form of measurement will you use to measure your indicators? (A scale, survey, checklist, questionnaire, or other measurement tool?)*

**EXAMPLE:** Please refer to sample logic model.

\*\*Please note that if you have more than one program strategy, you can populate by hitting enter, which will bring up additional boxes for you to input additional strategies. We request that you do this rather than submit multiple logic models.

## **Budget**

Applicants must submit a completed Executive Budget Summary, FCFC Program Budget (if applicable) and Vendor Program Budget(s). Please use the budget forms found in Attachment E.

Please see below for budget definitions:

Executive Budget Summary (Attachment E-1) - this budget form must be completed by the FCFC. You should list your total expenditures for each budget category. This form represents a compilation of your FCFC budget as well as your program budget for any direct services that you provide and finally your Vendor Program Budgets for any vendors you are contracting with to provide services.

FCFC Program Budget (Attachment E-2) - if your FCFC provides any direct services (i.e. services that are not provided through a vendor), you will need to complete and submit this budget form.

Vendor Program Budget (Attachment E-3) - if your FCFC contracted with any vendors to provide services, you will need to complete and submit this budget form for each vendor with whom you contracted.

Please refer to the sample Vendor Program Budget as well as the sample Executive Budget Summary. (Executive Budget Summary = Vendor Program Budgets + FCFC Program Budget)

Allowable and Unallowable Expenditures:

All proposed expenditures must *directly* relate to the service of conducting primary and/or secondary prevention strategies within the community. Allowable and unallowable expenditures are defined in Attachment F.

## **Protective Factors Survey**

The FRIENDS National Resource Center for Community-Based Child Abuse Prevention spearheaded a project to develop a Protective Factors Survey (PFS) for its network of federally-funded Community Based Child Abuse Prevention (CBCAP) programs in 2004. The project was initiated to help programs better assess changes in family protective factors.

The Protective Factors Survey is a product of the FRIENDS Network in collaboration with the University of Kansas Institute for Educational Research and Public Service. The instrument was developed with the advice and assistance of researchers, administrators, workers, and experts specializing in family support and maltreatment and psychological measurement. The survey has undergone three national field tests.

### Purpose and Use

The PFS is designed for use with caregivers receiving child abuse and neglect prevention services. The instrument measures protective factors in five areas: family functioning and resiliency, social support, concrete support, nurturing and attachment and knowledge of parenting & child development. The primary purpose of the Protective Factors Survey is to provide feedback to agencies for continuous improvement and evaluation purposes. The survey results are designed to provide the following information:

- A snapshot of the families you serve
- Changes in protective factors
- Areas where workers can focus on increasing individual family protective factors

### Description

The Protective Factors Survey is a pencil and paper survey. The survey takes approximately 10-15 minutes to complete. The instrument is divided into two sections: the first section is completed by a program staff member and the second section is completed by the program participant. The participant portion of the survey contains the core questions of the survey. In the demographic section, participants are asked to provide details about their family composition, income and involvement in services. This will assist you in gathering demographic data about the population that you serve. In the family protective factors section, participants are asked to respond to a series of statements about their family, using a seven-point frequency or agreement scale. The following table provides a brief summary of the multiple protective factors covered in the survey.

Protective Factor	Definition
Family Functioning & Resiliency (5 items)	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve and manage problems.
Social Support (3 items)	Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.
Concrete Support (3 items)	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Child Development & Knowledge of Parenting (5 items)	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children's abilities.
Nurturing and Attachment (4 items)	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

OCTF grantees using the following types of funded programs must administer the Protective Factors Survey and submit survey results to the Trust Fund in their semiannual and annual program reports:

- Programs providing a direct service to parents and/or primary caregivers are required to administer the full Protective Factors Survey. A copy of this survey, along with additional background and implementation information is included in Attachments G and H.
- All programs, except those that are school-based, are required to collect demographic information by having participants complete the first two pages of the Protective Factors Survey.