



Ohio Children's Trust Fund

SFY 2013 Application Instructions

Introduction

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

Governed by a board of 15 members, the OCTF 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.

Ohio Revised Code (ORC) section 3109.17 states that the OCTF 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 September of 2002, the OCTF Board voted to increase the minimum allocation to \$15,000.

The State Fiscal Year (SFY) 2013 application is designed to simplify and streamline the application process.

The OCTF 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.

Protective Factors & Incorporation into Child Abuse and Neglect Prevention Programming

For information concerning the protective factors and incorporating them into child abuse and neglect prevention programming, please visit the OCTF website (www.ifs.ohio.gov/octf).

General Information & Program Criteria

Please be sure to read all application information and the application carefully.

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. 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.

- **All proposed programs and/or services must be designed *specifically* to prevent or reduce child abuse and neglect and they must be implemented with a high degree of fidelity to the original program design.**
- 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.
- Programs must collect, maintain and report outcome and evaluation data, as well as demographic data as a part of their program delivery. Utilization of the Protective Factors Survey is required in most cases.
- Program outcomes and outcome accountability must be identified. A logic model presenting program’s strategies, outcomes and measurement must be included with the application.
- Funding is for SFY 2013 (July 1, 2012 through June 30, 2013). Any unspent funds remaining at the end of the fiscal year must be returned to the OCTF per ORC 3109.18.

SFY 2013 Grant Timeline: Reporting Requirements and Payments

- November 23, 2011: SFY 2013 Application Released
- April 1, 2012: SFY 2013 Applications due to the Ohio Children’s Trust Fund
- May 2012: OCTF Board reviews and approves SFY 2013 county allocation plans.
- June 2012: SFY 2013 award letters sent to grantees

- Late September 2012: First Half SFY 2013 Allocation sent to grantees
- January 31, 2013: SFY 2013 Semiannual Program Report Due
- Late March 2013: Second Half SFY 2013 Allocation sent to grantees
- August 15, 2013: SFY 2013 Annual Program and Fiscal Reports Due

Application Organization and Format

- Your program narrative should not exceed 5 pages in length. Please 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.
- **A completed and signed application must be submitted in order for the application to be considered complete.**
- **Applicants that propose any child abuse and/or neglect prevention programs that are NOT on the SFY 2013 OCTF Program Menu must complete the application supplement.**
- Attachments included with the Application instructions:
 - (A) Application
 - (B) Program Participation Analysis
 - (C) Application Supplement Forms [Evidence Based Program (C-1), Evidence Informed Programs (C-2), Promising Practice Programs (C-3) and Emerging Programs (C-4)]
 - (D) Logic Model
 - (E) Budget Templates [Executive (E-1), Program (E-2) and Vendor Budgets (E-3)]

Application Selection and Awards Process

- 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.
- 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.

Requirements for Funded Projects

- 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 no later than January 31, 2013.
- Grantees are required to complete and submit the Annual Program and Fiscal Reports to the OCTF no later than August 15, 2013. 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.*"

Closing Date

PLEASE NOTE

ANY FCFC WHOSE APPLICATION IS EMAILED OR POSTMARKED AFTER Sunday, April 1, 2012, WILL BE ALLOCATED A REDUCED AMOUNT OF FUNDS ON A PRO-RATA DAILY BASIS OR MAY BE DENIED FUNDING

- We *strongly* encourage you to submit your applications electronically. Completed applications should be sent to: 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.
- Applications can be sent via U.S. Mail. They should be sent to the following address:

Ohio Children's Trust Fund
50 West Town Street, 6th Floor
Columbus, Ohio 43215

- Please ensure that any application submitted by U.S. Mail is received or postmarked by April 1, 2012.
- You can also fax your completed and signed application to the OCTF (614-752-5229).
- **The OCTF will consider only complete applications. A complete application is defined as the following:**

1. Completed and signed Application (Attachment A)

2. **Program Participation Analysis (Attachment B)**
3. **Application Supplement Forms (Attachments C-1, C-2, C-3 and C-4) – you must complete one of the application supplement forms for each proposed program that is not on the SFY 2013 OCTF Program Menu**
4. **Logic Model (Attachment D)**
5. **Budget Forms (Attachments E-1, E-2 and E-3)**

Technical Assistance

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

Ohio Children’s Trust Fund State Fiscal Year 2013 Program Menu

For State Fiscal Year (SFY) 2013, the Ohio Children’s Trust Fund (OCTF) will be utilizing the following Program Menu.

County FCFCs that propose child abuse and/or neglect prevention programs that are not on this menu will be required to complete the Application Supplement.

Prevention Education Programs for Children

- Incredible Years Dina Classroom
- Incredible Years Small Group Therapy
- Families and Schools Together (FAST)

Prevention Education Programs for Parents

- Incredible Years Parent Program
- Strengthening Families (3-5, 6-12, 10-14)
- Nurturing Parenting
- Active Parenting Now
- Parenting Wisely
- Parents as Teachers

Prevention Education/Training for Professionals

- Have a Plan – Preventing Shaken Baby Syndrome
- Stewards of Children
- Strengthening Families Framework

Home Visiting

- Healthy Families America (HFA)

- Nurse Family Partnership (NFP)
- Project 12-Ways/SafeCare
- Child First
- Parents as Teachers

SFY 2013 Application Supplement

Applicants must complete this supplement for each child abuse and/or neglect prevention program that they propose that is NOT on the SFY 2013 OCTF Program Menu.

Please review the FRIENDS National Resource Center definitions (below) for evidence based, evidence informed, promising practice and emerging programs and practices in order to identify the level of evidence for each of your proposed programs.

Once you identify the level of evidence, please complete the appropriate SFY 2013 Application Supplement Form for your proposed program. Please note that at the end of each level of evidence below is a reference to which SFY 2013 Application Supplement Form you will need to complete.

- Form 1 – Evidence Based Programs**
- Form 2 – Evidence Informed Programs**
- Form 3 – Promising Practice Programs**
- Form 4 – Emerging Programs**

Evidence Based, Evidence Informed, Promising Practice and Emerging Programs and Practices Definitions

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.*

If your proposed program is an evidence based program, please complete “Form 1 – Evidence Based Programs”.

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.*

If your proposed program is an evidence informed program, please complete “Form 2 – Evidence Informed Programs”.

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.*

If your proposed program is a promising practice program, please complete “Form 3 – Promising Practice Programs”.

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>¹.*

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.

If your proposed program is an emerging program, please complete “Form 4 – Emerging Programs”.

Logic Model and Protective Factors

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 and sample logic model is included with this application (Attachment D).**

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. Please be certain to quantify your outcomes.*

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

Budget

¹ *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.*

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 and refer to the sample Vendor Program Budget as well as the sample Executive Budget Summary.

Executive Budget Summary (Attachment E-1) - this budget form must be completed by the FCFC. The categories on this form represent the combined explanations and total amounts requested from each of the categories on your FCFC budget as well as your Vendor Program Budgets for any vendors you are contracting with to provide services and finally your program budget for any direct services that you provide.

(Executive Budget Summary = Vendor Program Budgets + FCFC Program Budget)

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.

Allowable and Unallowable Expenditures:

All proposed expenditures must directly relate to the service of conducting primary and/or secondary prevention strategies within the community. For definitions of what are allowable and unallowable expenditures, please visit the OCTF website (www.jfs.ohio.gov/octf).

Protective Factors Survey

OCTF grantees using the following types of funded programs must administer the Protective Factors Survey (PFS) 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 PFS. A copy of this survey, along with additional background and implementation information is available on the OCTF website (www.jfs.ohio.gov/octf).
- All programs, except those that are school-based, are required to collect demographic information by having participants complete the first two pages of the PFS.

For additional information on the PFS (purpose, use and description), please visit the OCTF website (www.jfs.ohio.gov/octf).