



**Strategic Plan
SFY 2009-2014**

Note: Beginning July 1, 2008, the Children’s Trust of Washington officially and legally becomes the ***Council for Children and Families (CCF)***. Since this strategic plan takes effect in fiscal year 2009, we decided to be consistent in using our new name throughout this document with the timeframe of the plan. Our address and phone number remain the same: Mail Stop N17-7, 605 First Ave., Suite 412, Seattle, Washington 98104 / (206) 464-6151.

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Mission

To promote the optimal development of children and families by leading Washington State in its efforts to prevent child abuse and neglect before it ever occurs.

B. Statutory Authority

RCW Chapter 43.121 (*See Appendix One, RCW Sections*)

Legislative intent (43.121.010): “The legislature recognizes that child abuse and neglect is a threat to the family unit and imposes major expenses on society. The legislature further declares that there is a need to assist private and public agencies in identifying and establishing community based educational and service programs for the prevention of child abuse and neglect. It is the intent of the legislature that an increase in prevention programs will help reduce the breakdown in families and thus reduce the need for state intervention and state expense. It is further the intent of the legislature that prevention of child abuse and child neglect programs and partnerships between communities, citizens, and the state.”

C. Goals

The Council for Children & Families serves as a statewide resource to promote the optimal development of children and families by leading Washington State in its efforts to prevent child abuse and neglect. It funds and provides training, technical assistance, and support to community-based programs to increase their capacity to achieve measurable outcomes and sustainability. It works in partnership with organizations to leverage resources and address systemic barriers that reduce access to services and supports.

- Strengthened policies, programs, and practices to promote the optimal development of children and families.
- Decreased rate of first-time victims per 1,000 children, based on National Child Abuse and Neglect Data System (NCANDS) reporting of the child maltreatment victims each year who had not been maltreatment victims in any prior year.

D. Objectives

1. Increase awareness and understanding of solutions to the problem of child abuse and neglect by improving availability of and access to current prevention information and strategies.
2. Reduce systemic barriers to effective child abuse and neglect prevention by enhancing resources and improving policies.
3. Enhance community capacity to respond to the needs of children and families by implementing effective early childhood development and family strengthening development strategies.

4. Increasing availability of cost effective, quality evidence-based and evidence-informed programs and practices statewide.

E/F Targets, Strategies, Indicators and Performance Measures to Achieve Objectives

Strategy A: Promote efficient use of funding by contracting to implement programs and practices with evidence and of positive outcomes.

Target A: All CCF funded programs in Washington are evidence-based or research informed.

Indicators A:

- 1) CCF protective factor outcomes are current to new emerging research.
- 2) Competitive processes are conducted to identify new and developing community-based programs with the greatest potential to achieve and identify outcomes and address service gaps.
- 3) Performance-based contracts are executed with community-based agencies and other service providers for implementation of evidence-based and evidence-informed programs across the state.

Performance Measures A:

- 1) 14 performance-based contracts with community-based agencies for implementation of evidence-based programs.
- 2) 14 grants with community-based programs to implement evidence-informed programs' protective factors for caregivers served by CCF funded programs increase.

Strategy B: Promote critical thinking and continuous quality improvement for program development and implementation in targeted communities and funded programs.

Target B: A continuous system of quality improvement is in place for all CCF funded programs.

Indicators B:

- 1) Quality technical assistance and resources (training, technical assistance, and consultation) are provided to community based programs to improve their capacity to deliver and report measurable outcomes.
- 2) Internal capacity to provide support related to achievement of fidelity of implementation measures for replicated evidence-based programs increases.

- 3) Community-based programs have increased access to regional data and indicators of child well-being/community need to assist programs in identifying targeted grant making and capacity-building opportunities.

Performance Measures B:

- 1) At least six outcome evaluations and technical assistance opportunities are provided each year for each funded program.
- 2) Technical assistance provided to funded programs achieves performance targets as captured on Annual Survey of Training and Technical Assistance.
- 3) Increase ability of community-based programs to identify, measure, and report on at least one protective factor outcome.
- 4) Increase use of program evaluation data by community-based programs to improve and sustain programs.
- 5) One contract with a community based agency to increase evaluation capacity for their evidence-informed program.
- 6) Redesign agency website to augment community-based grant-making program pages by providing increased grant application information and tools including interactive demographic mapping, links to statewide population, and demographic information.

Strategy C: Determine the impact of broadly adopted evidence-based home visiting models on child and family developmental outcomes.

Target C: CCF funded evidence-based programs will have common evaluated measures based on client and family outcomes.

Indicators C:

- 1) A research strategy within the scope of CCF administrative and fiscal capacity has been developed and implemented.

Performance Measures C:

- 1) One family and one child developmental measurable outcome that is relevant across our portfolio of evidence-based programs have been identified.
- 2) Fiscal resources secured to support the research.
- 3) Human subjects application secured.

Strategy D: Develop and maintain a balanced portfolio of evidence-based/evidence-informed and innovative programs that meet the diverse needs of the community statewide.

Target D: CCF has a portfolio of a diverse range of programs to serve the diverse families of Washington.

Indicators D:

- 1) Resources are provided to underserved and high needs communities to build capacity to implement child abuse prevention and family strengthening programs.
- 2) Contracts with funded programs represent a range and variety of program models
- 3) Education and advocacy promote recognition and support for the range of the evidence continuum

Performance Measures D:

- 1) Mentoring/TA provided to five underserved and/or rural communities leads to two or more Letters of Intent
- 2) No more than 25% of any one program model is represented in our contracted programs
- 3) At least one funded program that qualifies in each CBCAP, EBP, and PART category.

Strategy E: Develop and leverage an array of resources to increase investment in prevention and family support, including an increased number of public (local, state and federal) and private (individual, business and philanthropy) entities as funders and partners.

Target E: CCF resources from the private sector and obtained through partnership with non-state agencies will increase by 50%.

Indicators E:

- 1) Provide ongoing leadership to Strengthening Families Washington collaboration Research assessing strategies most likely to attract strategic partners has been accomplished
- 2) Strategic partnerships, both public and private, that best leverage resources to support CCF goal achievement are identified, cultivated and established
- 3) CCF capacity for securing major gifts and grants is increased.

Performance Measures E:

- 1) Relevant indicators on Strengthening Families evaluation
- 2) Strategic Partnership Opportunities Report available no later than the close of 2008

- 3) By the end of SFY 2008, a minimum of one Memorandum of Understanding is in place with a private or public entity that delineates partnership roles and commits resources that support CCF goal achievement
- 4) A fund development plan focused on securing major gifts and foundation and public sector grants support is in place

Strategy F: Develop and implement messaging campaigns.

Target F: CCF employs effective and powerful messaging campaigns that will influence families, providers, and communities to engage in efforts to improve the well-being of children and families on an individual and community level.

Indicators F:

- 1) Recognition of CCF's role as the primary child abuse and neglect prevention resource to the state has been advanced through the rebranding process.
- 2) A Communications Committee comprised of area public relations and marketing professionals is in place to guide agency activities.
- 3) New social media strategies are adopted and integrated into public awareness initiatives to capture a broader audience.
- 4) CCF is positioned as both a credible resource and an expert in the view of peer agencies, grantees, the business community, parents, and the general public.
- 5) Share, save, print, video, and social book marking features are integrated into the website to increase distribution to a larger audience.
- 6) Collaborative efforts to promote postpartum depression awareness by translating materials and ensuring that referral and resources reflect community needs are in place under CCF leadership.
- 7) Informative and concise messaging including position papers on CCF initiatives such as child abuse/neglect prevention, home visiting, supporting families, and Strengthening Families Washington are available.
- 8) Monthly electronic Resource Updates and bi-monthly Strengthening Family and Postpartum Depression updates are provided and distributed statewide.

Performance Measures F:

- 1) Develop and integrate new name, logo, identity, target messages, agency brochure and website.
- 2) Conduct 2 statewide outreach events to promote cultural relevancy in postpartum depression awareness campaign (Vancouver and Yakima).
- 3) Create position papers on CCF initiatives such as child abuse prevention, home visiting, supporting families, and Strengthening Families Washington.

- 4) Produce monthly Resources Updates and quarterly Strengthening Family and Postpartum Depression electronic updates.

Strategy G: Embed and align parent leadership development and the protective factor framework across child serving systems, including early learning, mental health, maternal/child health, and child welfare.

Target G: Parents of young children are an essential and effective part of leadership in child serving systems.

Indicators G:

- 1) Increased opportunities for parents to engage with each other regarding issues facing their children and families (Community Cafés) are available in communities across Washington.
- 2) Increased opportunities for parent leadership and its development are available.
- 3) Increased opportunities for parents to advocate for the needs of their family both on a micro and macro level are available.

Performance Measures G:

- 1) Support implementation of no less than eight Community Cafes across Washington.
- 2) Provide or ensure access to four leadership opportunities for parents.

Strategy H: Develop effective public policy in the areas of child abuse and neglect prevention and family support.

Target H: Public policy includes child abuse prevention and family support in its context and mission.

Indicators H:

- 1) Strategic partnerships across systems including mental health, early learning, and family support have been developed/maintained.
- 2) Increased alignment with local, state and national partners in order to foster collaboration and coordination of initiatives and ventures is achieved.
- 3) Development of the portfolio of public investment into child serving systems invested is informed by CCF education and advocacy for effective prevention services, campaigns, and programs.

Performance Measures H:

- 1) Provide no less than five informational sessions across the state to potential community partners and policy makers on our key initiatives.
- 2) Begin to work with the Home Visiting Coalition and the Economic Services Administration on home visiting mapping efforts.
- 3) Develop communications plan to reflect new reframing, research, and brand identity.
- 4) Finalize charter development with Prevent Child Abuse America chapter for Washington State and participate in and inform national prevention efforts.

Relationship between CCF Goals and Statewide Results

The Governor's Statewide Result Areas and Strategies are aimed at directing state agencies to figure out how the direction and outputs from that agency interact with Governor Gregoire's priorities. Linkage has been established between child abuse and neglect and outcomes related to school performance, health, and crime and delinquency. The following result areas reflect how CCF fits into the goals of the Governor:

Statewide Result Areas and Strategies

Improve student achievement in elementary, middle, and high schools

Support early education and learning
Support parent and community connections

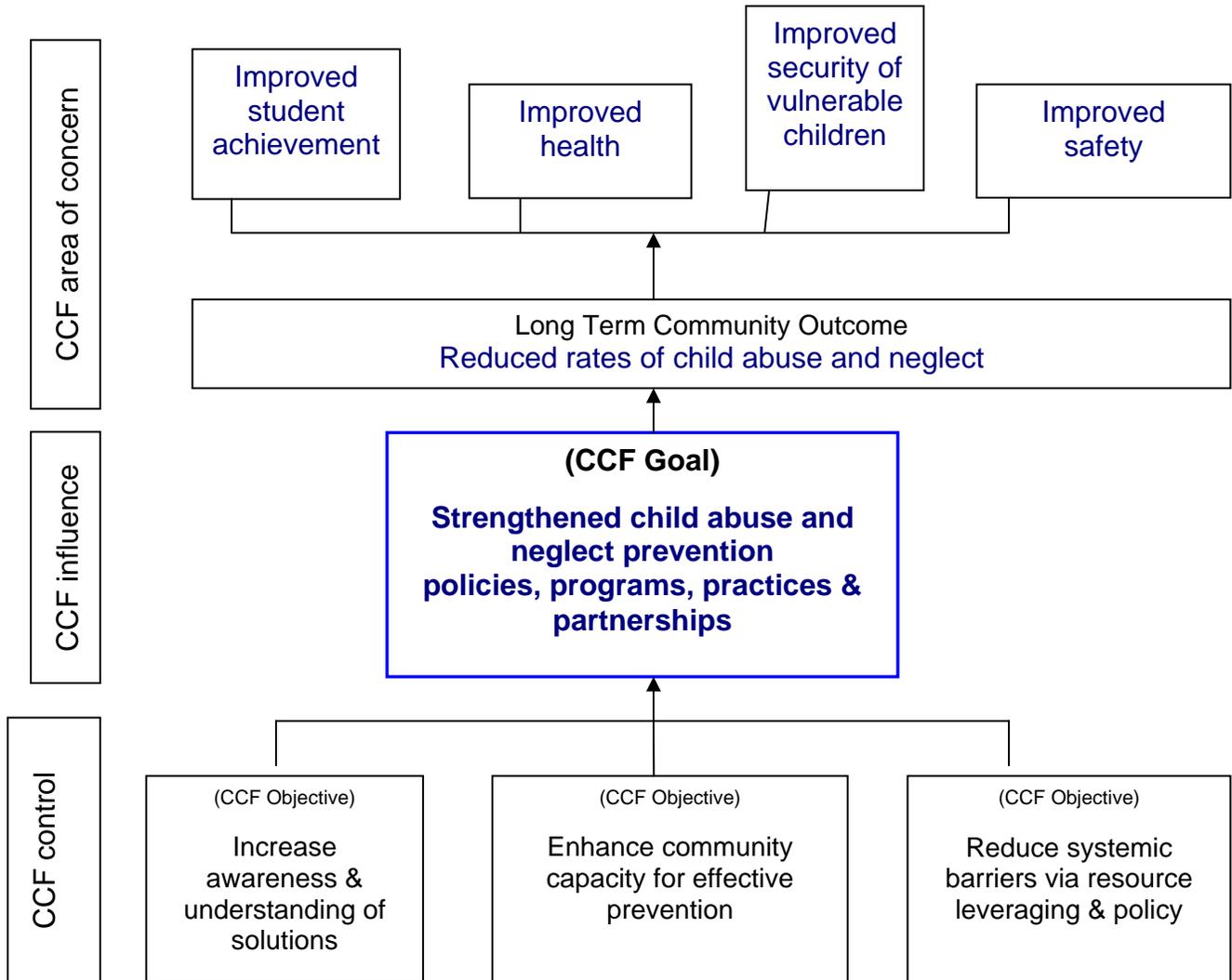
Improve the health of Washingtonians

Increase healthy behaviors
Identify and mitigate health risk factors

Improve the security of Washington's vulnerable children and adults

Provide community-based in-home support services
Provide support services to families

Flow Chart of CCF Goals in Relation to Statewide Results



G. Performance Analysis

Performance measures have been identified for all key activities identified in our Activity Inventory. They are detailed on the attached *Logic Model, Appendix Two*. The primary performance assessment CCF relies on is the comprehensive Outcome Report we produce annually from the data provided by the community-based programs we fund. This report details with great specificity the results achieved by programs on relevant, reliable indicators of reduced risk for children. Each year for the past several years, the report has shown not only positive results for children and families at the individual program level, but also increasing competence in the field for measuring and reporting outcomes.

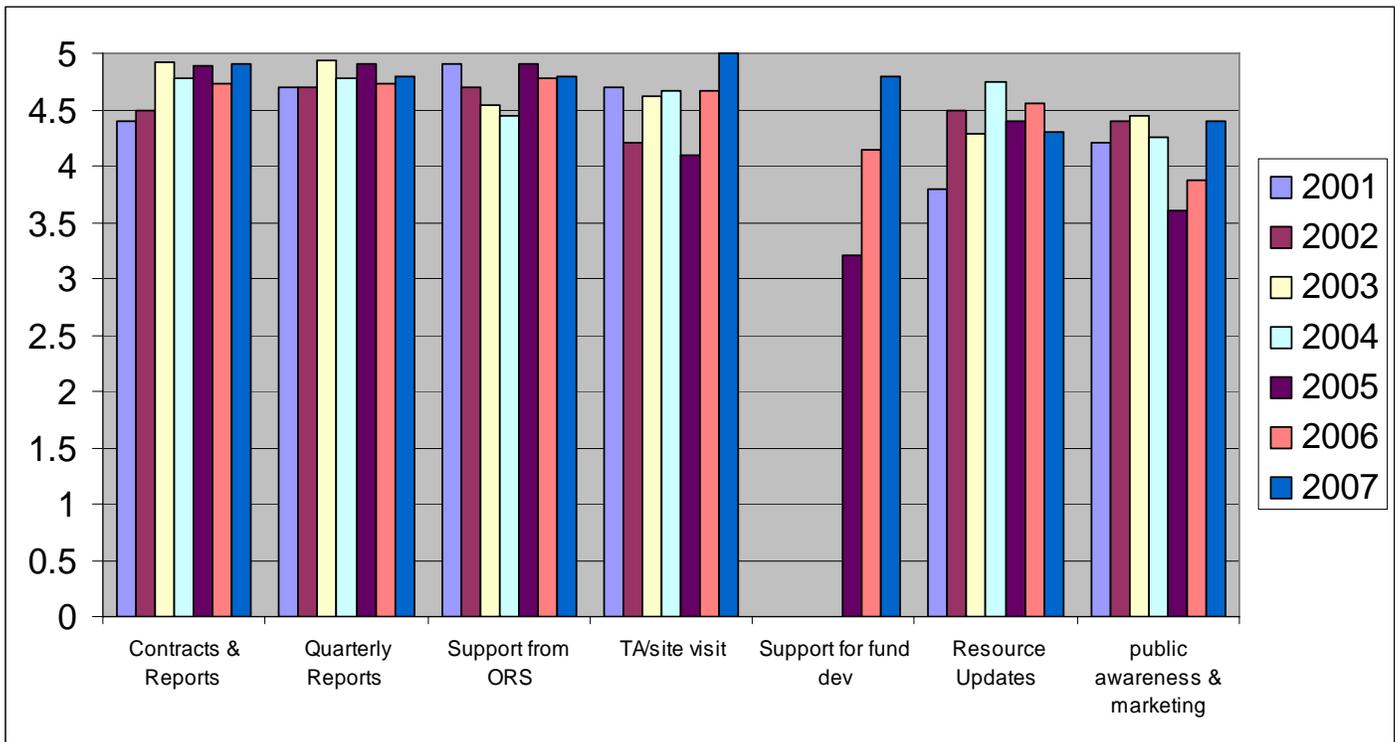
Beginning fiscal year 2008, we will be issuing a year end outcomes report that will have data from both our capacity building and our evidence-based programs. While it is difficult to measure across disciplines, by comparison to most of our peer prevention agencies (both in Washington and nationally), CCF is a clear leader in the very challenging work of measuring prevention outcomes. With increased investment and focus, we expect to continue to set the pace in this area.¹

CCF is also working with Washington State University to identify common indicators of measurement to gauge programmatic and infrastructure improvement in our evidence-based home visiting programs.

Chart A represents perceived value of CCF capacity building, technical assistance, and program activities. Respondents come from our funded programs and our community partners who based their answers on a 1 to 5 point scale.

¹ The main challenge in this area is to be able to meaningfully measure the cumulative (rather than program-specific) impact of these programs on the populations served; the milestone following that will be the ability to measure impacts on overall rates of child abuse and neglect in Washington. This level of performance measure requires agreement, coordination, and investment far beyond what is currently in place.

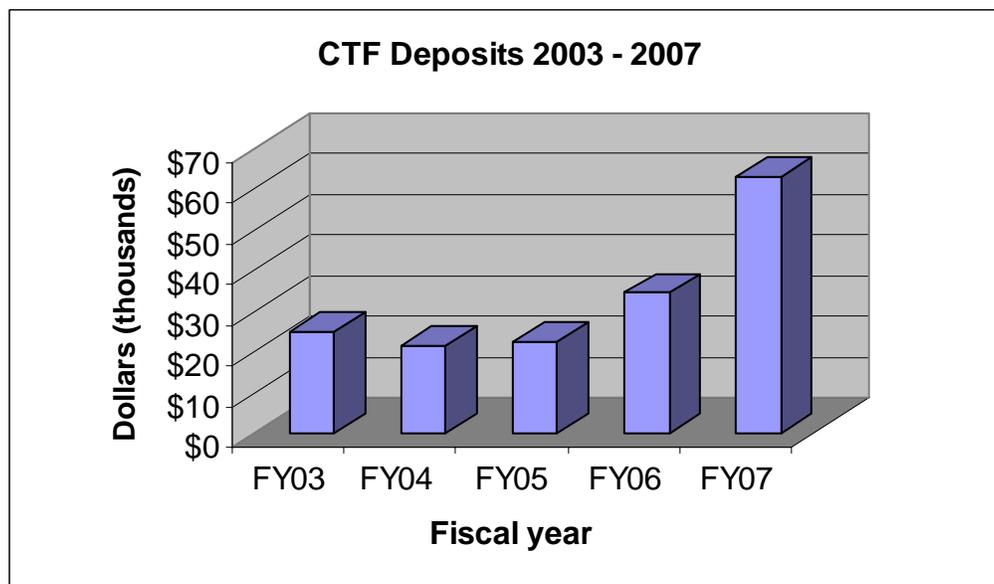
Chart A: CCF Programs and Evaluation GMAP Report



Another performance measure we want to address is funds coming into the Children’s Trust Fund. The following chart shows the increase of deposits going into the trust fund over the past five years. In FY 2007, there was a 15% increase in revenues to the Children’s Trust Fund from sales of the Keep Kids Safe Special License Plate and Heirloom Birth Certificate. We anticipate another increase fiscal year 2008, which ends on June 30th, 2008.

Chart B represents the amount of deposits coming into CCF's Children's Trust Fund. This fund is separate from our allotted state budget.

Chart B: Children's Trust Funds Deposits



CCF continues to improve in several performance areas including increased investment in evidence-based programs, increased revenue into the Children's Trust Fund, and with our perceived activities improvement areas. We use the data that we receive from our program outcome measures, the feedback survey from our programs and partners, and our data sets from the Children's Trust Fund to monitor our progress as well as to continuously improve our outputs and our work in communities. Over the past five years, we have increased the number of positive responses in the program and partner survey and the amount of deposits that have gone into the Children's Trust Fund. CCF will continue to be focused on improving our performance and activity measures as seen in the program evaluation improvement project that we are working on with Washington State University.

H. Assessment of External Challenges and Opportunities

Economic Factors

In Washington State, the median annual income for a family of four, as of 2008, is \$72,103, which is about \$5000 higher than the national average². Low socioeconomic status is a major risk factor for the occurrence of child abuse and neglect. It also increases the likelihood of other risk factors for that same population of children. In Washington State, 34% of families are low-income (at or below 200% of the Federal Poverty Level (FPL) which is \$41,300 a year for a family of 4) and 14% are at or below 100% of the FPL (\$20,650 for a family of 4)³.

² U.S. Census Bureau, Housing and Household Economic Statistics Division. 2007. <http://www.census.gov/hhes/www/income/4person.html>

³ Washington state demographics, National Center for Children in Poverty. 2006. www.nccp.org.

Poverty increases the likelihood of inadequate pre-natal care, which increases the likelihood of premature birth, birth anomalies, low birth weight, and exposure to toxins *in utero*. These, in turn, are related to the development of physical, cognitive, and/or emotional disabilities and/or chronic or serious illness, which are all risk factors for abuse.⁴ Poverty also increases the likelihood of depression and anxiety and high general stress levels among parents, which are also risk factors for abuse. Lack of access to medical care, health insurance, adequate child care, and social services is common in families who are low-income, and these deficits also increase the risk for abuse and neglect.

There is a great racial disparity in regards to poverty in Washington. A disproportionate number of Hispanic children are living in poverty—a full 64% versus 26% of white children.⁵

Over 51% of low-income families are headed by a single parent, versus 15% of families who are not low-income⁶. 82% of the parents who are at or near poverty actually are working full or part time. This is not an issue of people who are choosing not to work. However, 19% of low-income families (versus 4% of families who are not low-income) do not have a high school diploma⁷.

Population Factors – Trends by Cohort

There are approximately 6.4 million people living in Washington state and 409,331 children under the age of 5. All together, there are approximately 1.5 million children (ages birth to 17) living in this state⁸.

About 38% of those children in Washington under the age of 5 are living in families with incomes below 200% of the FPL and 16% are living in families below 100% FPL⁹. By late 2000, a quarter of a million children were living below the FPL and another quarter of a million were living in families with inadequate income¹⁰.

Children under the age of 5 have a higher percentage of poverty than any other group, aside from adults ages 18 to 24. In fact, the percentage of children under the age of 5 who live in poverty is 9 to 16% higher than most other age groups, and they are most closely followed by 5 year-olds and 6 to 11 year olds.

Close to 40% of the children in our state are living in homes at or near poverty during the most formative years of their lives. National research on learning and the brain during the years between ages 0 to 3 continues to show that what happens in a young child's life during this time has a major impact on brain development. In particular, the way that brain cells connect and organize themselves is a major predictor of abilities in adulthood and these "pathways" are mostly created during the earliest years of life¹¹. Children under the age of 5 are very open to new learning, but they are also extremely vulnerable to harmful experiences such as abuse and neglect.

⁴ U.S. Department of Health and Human Services. A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice. 2003. _

⁵ Washington state demographics, National Center for Children in Poverty. 2006. www.nccp.org.

⁶ Washington state demographics, National Center for Children in Poverty. 2006. www.nccp.org.

⁷ Washington state demographics, National Center for Children in Poverty. 2003. www.nccp.org.

⁸ U.S. Census Bureau, Quick Facts. 2008.

⁹ U.S. Census Bureau, *Summary File 3, Poverty Profile 7 of the Census 2000 58 page profiles*, 2002.

¹⁰ The State of Washington's Children - Summer 2002 Report; Washington Kids Count; 2002.

¹¹ National Research Council, Institute of Medicine, *The Science of Early Childhood Development: A Summary Report of From Neurons to Neighborhoods*, 2000.

In Washington State and nationally, the age group that experiences the most abuse is children under the age of one. In addition, children aged five and under have more cases of abuse than those over 5¹². Young children are not only the most frequently abused; they are also the group most likely to experience fatalities from abuse. Nationally, children under the age of one accounted for 30.9% of all fatalities and of those 76.6% were children age three and younger.¹³

In addition, children who have physical, cognitive, or emotional disabilities¹⁵ are at greater risk to experience child abuse and neglect. An estimated 2.5% of Washington children under the age of three may have developmental delays or disabilities. In December of 2000, 2,900 infants and toddlers under the age of three (1.2%) were receiving services from public programs in Washington for children with disabilities and special health needs. Of those enrolled, the children of mothers with diagnosed substance abuse problems was three times higher than that for all other Medicaid children in Washington, and the enrollment rate for children whose mothers' had not received any prenatal care was more than three times as high as those whose mothers' had prenatal care in the first trimester. Children were more likely to be enrolled in one of these programs if at birth they had: low birth weight, were preterm, and/or had Apgar scores of less than 8¹⁶.

Service Area Trends

Information on early childhood development has increased public and provider awareness of the importance the first years of life. New parents are the most open to messages regarding healthy parenting and healthy families during the first few years of life. CCF has an opportunity to leverage our child abuse prevention and family strengthening messages to this captive audience. Strategic partnerships with other child and family serving agencies and organizations are critical to successfully engaging a broad number and array of caregivers in our efforts.

Evidence-based practice has also become a key component in working with families across human services sectors. Increasingly, rigorous research and evaluation is needed to implement and fund programs. CCF is responding to this trend by not only increasing the number of evidence-based strategies and campaigns in our portfolio, but also by enhancing the evaluation of our programs. Our programs are provided technical assistance through our agency as well as through Organizational Research Services (ORS). We are also working with Washington State University to develop an outcome evaluation design that will allow us to capture common outcomes across models. Our research advisory committee developed a matrix of evidence-based home visiting models, which is currently being utilized by state agencies and in-home visiting coordinating efforts in different areas of the United States.

Federal, State, and Local Policies

CCF is the identified state lead agency for implementation of the federal government's Community Based Child Abuse Prevention (CBCAP) program (Title IIB of the Child Abuse Prevention and Treatment Act (CAPTA)). Receipt of CBCAP funding requires alignment with

¹² Child Maltreatment 2002, www.acf.hhs.gov/programs/cb/publications/cm02/cm02.pdf

¹³ *Fatalities Due to Child Abuse and Neglect*, American Humane Society, 2004.

¹⁴ Child Welfare Information Gateway. Child Abuse and Neglect Fatalities: Statistics and Interventions. 2008.

¹⁵ *National Research Council*. 2001.

¹⁶ Washington's Infant Toddler Early Intervention Program Study, Washington State Department of Social and Health Services. www1.dshs.wa.gov/rda/research/7/79/h.shtm.

federal priorities. Under the current administration, our responsibility to support networks of coordinated resources and activities enhancing Washington's child abuse and neglect prevention capacity includes promoting early health and developmental service referrals, parent leadership (particularly with parents who have disabilities or who have children with disabilities), and racial and ethnic minorities and other underserved groups. In addition, there is a federal expectation related to support for presidential initiatives related to faith-based services, marriage strengthening, and responsible fatherhood. CCF's alignment with these presidential initiatives has to date centered on fathering, as lead for the development of the Washington State Fathering Coalition and on marriage by supporting the African American Healthy Marriage Initiative. We continue to struggle with marriage programming due to the fact that research-based effectiveness evidence is thus far very limited in this area.

The federal government recently allocated competitive funding to the states to support infrastructure for evidence-based home visiting programs. CCF is working with partner agencies to develop a grant that will increase the infrastructure and evaluative framework of home visiting in Washington. Should we be awarded this grant, we intend to fund our evaluation design efforts with Washington State University, provide learning circles for home visiting providers across the state, and work with the home visiting models to create a stable and cost effective system of infrastructure.

Costs

It costs far less to mount effective community-based child abuse and neglect prevention programs than to implement interventions, as demonstrated by numerous studies. For every \$321 spent on foster care in Washington, only \$1 is spent on child abuse and neglect prevention. Even the more expensive proven program models, such as David Olds' well known Nurse Family Partnership program, produce significant results (i.e., reductions in child abuse and dependence on TANF, and improvement in health status) at substantially less cost per client than do other responses such as foster care. Research also shows that there is not only a correlation between evidence-based home visiting and increased school readiness and child abuse prevention outcomes, but also a reduction in the number of at-risk families that interact with the judicial and corrections system.¹⁷ Other proven programs serving young children and their families have demonstrated the same cost efficiencies.¹⁸ CCF will work to achieve greater commitment to policies that promote research-based prevention and family support programming with long-term cost saving outcomes for the state.

Public Opinion

A March 2008 study by Research 2000, in collaboration with the *Spokane Spokesman-Review* newspaper, found that 70% of people polled in Spokane County believe that child abuse can be prevented, and 75% of respondents believe that the community needs to do more to prevent child abuse. This poll also found that 60% of respondents support spending more on high quality prevention efforts.¹⁹

¹⁷ Breaking the Cycle of Child Abuse and Preventing Crime in Pennsylvania. Fight Crime, Invest in Kids. 2008

¹⁸ Evidence-Based Programs to Prevent Children from Entering and Remaining in the Child Welfare System: Interim Report. Washington State Institute for Public Policy. 2008.

¹⁹ Our Kids, Our Business Poll. Research 2000, 2008.

In 2003, the Washington State Department of Health published the results of a study it conducted on community norms on child abuse and neglect.²⁰ In addition to surfacing information about norms, the study reported on public responses to known abuse and barriers to responding, and views on approaches to child abuse prevention and the appropriate roles of state and local agencies. Its findings demonstrate very wide agreement regarding the prevention strategies believed to be the most critical. Second only to access to substance abuse and mental health services are those directly related to CCF's responsibilities: access to needed supports (including crisis nurseries), parenting education, parenting information for the general public and home visits to new parents. (Quality child care also ranked high as an effective child abuse prevention strategy in the public's understanding.)

Taken together, these findings clearly indicate the existence of widespread public understanding of and political will for preventing child abuse and neglect instead of waiting to intervene after the abusive episode(s) has already occurred.

Stakeholder Expectations

At the state level, prevention is a hard policy agenda to get funded. During the legislative session in 2003, the state experienced a \$2.8 billion budget deficit. Cuts were made to services that the state was not mandated to fund and to programs not considered necessities. Most of those cuts came from health and human service programs, particularly prevention programs. The sense in some quarters appeared to be that prevention was important but a luxury: money had to be spent first on CPS, foster care, prisons and other priorities. Another factor leading to proposed cuts was the perceived anti-tax sentiment of voters. In recent years voters had approved a cap on state spending and multiple cuts to taxes, including property taxes and car tab taxes. A substantial percentage of legislators believed that any type of new revenue would be met by anger from their constituents.

In 2009, a budget shortfall is projected, which has the potential to have a devastating impact on prevention funding. Much of the budget shortfall is blamed on a weak economy and weak revenue flows from sales and real estate excise taxes. During times of a struggling economy, it is very important to ensure that already stressed families have the resources they need to support and care for their children. The current budget situation could lead to a cutting of prevention programs during a period of time when prevention is most beneficial and the most crucial.

Stakeholders want their government to operate efficiently and contain costs. CCF supports this desire by working with our capacity building programs to become self-sustaining and by working to find evidence-based prevention programs that are the most effective and cost-beneficial to the state over time. Likewise, CCF is clear about our role as a support to trusted local entities in delivering needed family strengthening services. CCF continues to partner with stakeholders in looking for the best opportunities to work with the communities and organizations that work with families. A collaborative approach is key, particularly in times of constrained state budgets.

20 Community Norms about Child Abuse and Neglect, Washington State Dept. of Health. 2003.

Trends in Customer Characteristics

Prevention functions are commonly categorized into three levels:

- Primary – aimed at the general public prevent a condition or behavior from occurring (e.g., public awareness campaigns).
- Secondary – interventions serving a targeted group of individuals based on an identified risk factor or risk factors (e.g., programs serving limited-English low income families).
- Tertiary (or Indicated) – interventions that occur after the identified behavior or condition has occurred to prevent reoccurrence (i.e., programs that serve families with open CPS cases).

CCF's focus includes primary as well as secondary prevention. Hence, our "customers" include all Washington families, not just those with identified risk factors or "vulnerable children" defined for the state's Priorities of Government process as "children whose family system is unable/unwilling to support and protect [them]."²¹

Families in Washington are like families elsewhere: continually evolving as changing cultural norms influence the specific shape and function of this most enduring of social constructs. Perhaps the most prevalent trend evidenced in Washington families is the stress created or exacerbated by the current difficult economic climate. Among the most significant trends impacting Washington families are the steadily increasing numbers of families headed by single men, and the greater role men are taking within families to actively participate in child rearing. Similarly, Washington families are like others in the rapidly growing percentage of grandparents with parenting responsibilities. Longer life expectancies are another factor shaping families, as parents increasingly are involved in caretaking of both children and their own aging parents. Trends in population subgroups (e.g., low income, urban African-American families, which are increasingly less likely to include children born to married partners), are also significant factors.

Within families, children—particularly those aged birth to three—are an identified CCF focus. While birth rates in Washington are holding steady, census figures show increasing growth rates within certain ethnic groups, e.g., Hispanic/Latino families. Studies have also documented increasing numbers of children with developmental, mental health and health diagnoses or concerns (i.e., rising rates of autism and asthma). These trends influence not only where and how CCF focuses our grant making to build prevention capacity at the community level, but also how we identify broader strategic initiatives in which to invest time and effort. Examples include our leadership of and ongoing commitment to the Mental Health Transformation Project, Strengthening Families Washington, and Prevention Pays as well as policy agendas that seek to find solutions to conditions that increase risk to children, such as poverty and physical health.

Increasing awareness of the critical importance of the early years to brain development is another trend in CCF's primary customer group. As this awareness increases, there is rising demand for reliable information about child development and effective parenting as well as heightened concern about the quality of out-of-home care settings and the setting of standards in the field of early learning. This trend has led to new partnership opportunities (e.g., with the Foundation for Early Learning, Thrive by Five, Department for Early Learning, and child care constituencies/organizations) based on a common interest in promoting optimal child development. It has also created challenges related to identifying those initiatives among the burgeoning number focused on healthy child development that are most likely to embrace and achieve impact related to child abuse prevention.

²¹ E-mail correspondence from Wayne Kawakami, OFM, April 26, 2004.

Per our enabling legislation, “public and private agencies” represent another CCF customer group. Many government and non-profit agencies are under an increasing amount of scrutiny and reporting requirements, which requires a new focus on quality management, sound financial accountability, and quality programs, services and resources. The difficult economic environment will likely make basic survival a challenge for many smaller private agencies (and some public ones) and obtaining consistent funding in all agencies. Prevention entities appear somewhat more vulnerable than others to the pressures of the current squeeze on resources. In responding to these financial pressures, there appears among private agencies to be an emerging trend towards both greater specialization (niche programming) and to consolidation (larger agencies better positioned for sustainability absorbing functions previously taken on by smaller nonprofits with a more limited base). A major trend impacting both private and public agencies has been towards increasing collaboration. Trends impacting both public and private agencies include movement towards public-private partnerships, crossing domains and disciplines, and promoting initiatives focused on systemic issues.

I. Assessment of Internal Capacity and Financial Health

CCF operates under the guiding principle of resource efficiency by using our internal resources and leverage resources with partners and collaborators in programming and outreach that maximizing each dollar spent. Our monitoring and evaluation components, along with our evidence-based practice strategy allow our agency to ensure quality outputs and tight funding guidelines. This resource efficiency does not only save money from with the areas that our agency impacts (child abuse prevention, social/emotional development, etc.), but we also indirectly save the state resources by preventing child abuse and neglect which reduces the massive costs associated with the failure to protect children, such as foster care, substance abuse, mental health treatment, chronic illness, crime and incarceration.

CCF has a staff of six in addition to the executive director: four with programmatic responsibilities and two in support roles. Although productivity is very high, our potential scope of effort is much greater than what the small number of program staff could ever cover. Therefore, we are forced to be very selective about identifying venues in which our leadership or active participation can leverage the greatest impact. This constraint obviously could be eased by the addition of staff. Short of that, we are continually engaged in assessments to ensure the effectiveness of the initiatives we undertake, the partnerships in which we are engaged, and the programs in which we invest. For this, our ongoing emphasis on outcome-based planning and evaluation stands us in excellent stead. Staffing limitations in regards to the quality management of our programs does become difficult due to rigor of our evaluative process along with provided technical support. However, we are able to partner with other agencies such as Washington State University and Organizational Research Services in order to improve these efforts and maximizing benefits.

The focus on resource efficiency continues to move us towards increasing use of electronic technologies, particularly in regards to implementing message campaigns and in tracking progress on various performance measures. Where possible, we work collaboratively across systems and domains to pool and align resources for maximum impact. We are also planning to invest in a web-based grant management system in order ensure an accurate, timely, and easy process which will benefit both our agency and our grantees.

Our current physical location is able to meet the needs of our staff and workload. Much of our data storage is now saved on our server and requires less space.

Additional fiscal resources will allow CCF to leverage both additional federal dollars and local funds for prevention (all CCF grants require significant levels of local match) while creating a strong prevention infrastructure for our state. We also seek to attract additional private funding for prevention by way of the Children's Trust Fund and through public-private partnerships.

Financial Health Assessment

Beginning in SFY 2008, CCF received budget allocations for evidence-based home visiting programs and the post partum depression awareness campaign. Our current scope and leadership in these two areas has expanded with the arrival of these funds. Assuming these dollars move forward into the next biennium, the agency will continue to use these funds with quality controls to ensure that monies are being spent wisely. We also work with capacity building programs individually and our home visiting partners to find stable and strong funding streams and to create a funding system that will help carry these programs forward and develop the program's ability to weather difficult financial conditions such as a weak economy.

CCF is unique in that we have an additional resource development capacity represented by the Children's Trust Fund. We are now seeing steady returns from the creation and marketing of the "Keep Kids Safe" special license plate and the Heirloom Birth Certificates. The CCF council will continue to develop strategies to increase inputs into the Children's Trust Fund.

CCF has been successful in leveraging in-kind support from many of our partner organizations for various projects related to child abuse and neglect. Securing grant sources from local and national foundations to implement special projects, such as grants related to Strengthening Families Washington, will continue to be an avenue for financial stability. These grants will assist our ability to both reach additional at-risk families and increase leverage capacity with partner organizations.

As with any agency that focuses on prevention, we are always at risk for budget cuts and reallocations. CCF continues to educate policy makers and funders about our programs, our efforts, and our quality and evaluative measures in order to increase the knowledge of whom we are, what we do, and why preventing child abuse and supporting families is key to the success of both these individuals and the State of Washington.

APPENDIX ONE

RCW Sections

43.121.010 Legislative declaration, intent.

43.121.015 Definitions.

43.121.020 Council established -- Members, chairperson -- Appointment, qualifications, terms, vacancies.

43.121.030 Compensation and travel expenses of members.

43.121.040 Executive director, salary -- Staff.

43.121.050 Council powers and duties -- Generally -- Rules.

43.121.060 Contracts for services -- Scope of programs -- Funding.

43.121.070 Contracts for services -- Factors in awarding.

43.121.080 Contracts for services -- Partial funding by administering organization, what constitutes.

43.121.100 Contributions, grants, gifts -- Depository for and disbursement and expenditure control of moneys received -- Children's Trust fund.

43.121.110 Parenting skills -- Legislative findings.

43.121.120 Community-based early parenting skills programs -- Funding.

43.121.130 Decreased state funding of parenting skills programs -- Evaluation.

43.121.140 Shaken baby syndrome -- Outreach campaign.

43.121.150 Juvenile crime--Legislative findings.

43.121.910 Severability -- 1982 c 4.

APPENDIX TWO

Logic Model

Resources	Strategies/Activities	Performance Measures (Outputs & Outcomes)			
		Outputs	Short Term CCF Control	Intermediate Term CCF Influence/Leverage	Long Term CCF Impact
<p><u>Mission Statement</u></p> <p><u>Statutory Authorities</u> RCW 43.121</p> <p><u>Goals</u> Strategic New vision, values & name</p> <p><u>Objectives</u> Desired results</p> <p><u>Performance Measures</u> Activity inventory Indicators Measurement tools & processes</p> <p><u>Strategies & Plans</u> Integrated strategic, CBCAP, organizational, communications, project & individual work plans</p> <p><u>Infrastructure</u> Established policies & procedures</p>	<p>Strategy A: Promote efficient use of funding by contracting to implement programs & practices with evidence & of positive outcomes.</p> <p>Strategy B: Promote critical thinking & continuous quality improvement for program development & implementation in targeted communities & funded programs.</p>	<p>Performance Measures A:</p> <ul style="list-style-type: none"> ▪ 14 performance- based contracts with community based agencies for implementation of evidence-based programs ▪ 14 grants with community based programs to implement evidence-informed programs ▪ Protective factors for caregivers served by CCF funded programs increase <p>Performance Measures B:</p> <ul style="list-style-type: none"> ▪ Provide at least 6 outcome evaluation TA opportunities provided each year for each funded program. ▪ Technical assistance provided to funded programs achieves performance targets as captured on Annual Survey of Training & Technical Assistance ▪ Increase ability of community based programs to identify measure & report 	<p>Indicators A:</p> <ul style="list-style-type: none"> ▪ CCF protective factor outcomes are current to new emerging research. ▪ Competitive processes are conducted to identify new & developing community based programs with the greatest potential to achieve identifies outcomes & address service gaps. ▪ Performance-based contracts are executed with community based agencies & other services providers for implementation of evidence-based & evidence-informed programs across the state. <p>Indicators B:</p> <ul style="list-style-type: none"> ▪ Quality technical assistance & resources (training, technical assistance & consultation) are provided to community based programs to improve their capacity to deliver & report measurable outcomes. ▪ Internal capacity to provide support related to achievement of fidelity of implementation measures for replicated evidence- 	<ul style="list-style-type: none"> ▪ Increased awareness & understanding of solutions to the problem of child abuse & neglect by improved availability of & access to current prevention information & strategies. ▪ Reduced systemic barriers to effective child abuse & neglect prevention through enhanced resources & improved policies. ▪ Enhanced community capacity to respond to the needs of children by implementing effective child abuse & neglect prevention strategies. ▪ Increased recognition & support of the range of the evidence continuum 	<ul style="list-style-type: none"> ▪ Strengthened child abuse & neglect prevention policies, programs & practices ▪ Decreased rate of first-time victims per 1,000 children, based on National Child Abuse & Neglect Data System (NCANDS) reporting of the child maltreatment victims each year who had not been maltreatment victims in any prior year. ▪ Decreased rate of first-time perpetrators per 1,000 adults, based on NCANDS reporting of the child maltreatment perpetrators each year who are not identified as child maltreatment perpetrators in any prior year.

Resources	Strategies/Activities	Performance Measures (Outputs & Outcomes)			
		Outputs	Short Term CCF Control	Intermediate Term CCF Influence/Leverage	Long Term CCF Impact
<p>programs</p> <p><u>Partnerships & External Supports</u></p> <ul style="list-style-type: none"> ▪ DSHS services (MSFO financial services, IT, HR) ▪ State-provided services (Boards & Commissions Office, DOH, DOP) ▪ Established relationships /collaborations (state- & community-based agencies & coalitions) ▪ National partnerships (FRIENDS, Prevent Child Abuse America, National Alliance of Children's Trust Funds, Strengthening Families National Network) <p><u>Technology</u></p> <ul style="list-style-type: none"> ▪ Plan ▪ Equipment ▪ Support services ▪ Website <p><u>Concrete Resources</u></p> <ul style="list-style-type: none"> ▪ Equipment ▪ Office space & 	<p>meet the diverse needs of the community statewide</p> <p>Strategy E: Develop & leverage an array of resources to increase investment in prevention & family support, including public (local, state & federal) & private (individual, business & philanthropy) entities as funders & partners.</p> <p>Strategy F: Develop & implement messaging campaigns.</p>	<p>one program model is represented in our contracted programs</p> <ul style="list-style-type: none"> ▪ At least one funded program that qualifies in each CBCAP EBP PART category. <p>Performance Measures E:</p> <ul style="list-style-type: none"> ▪ Relevant indicators on Strengthening Families evaluation ▪ Strategic Partnership Opportunities Report available no later than the close of 2008 ▪ By the end of SFY 2008, a minimum of one Memorandum of Understanding is in place with a private or public entity that delineates partnership roles & commits resources that support CCF goal achievement. ▪ A fund development plan focused on securing major gifts & foundation & public sector grants support is in place. <p>Performance Measures F:</p> <ul style="list-style-type: none"> ▪ Develop & integrate new name, logo, identity, target 	<p>models</p> <ul style="list-style-type: none"> ▪ Education & advocacy promote recognition & support for the range of the evidence continuum <p>Indicators E:</p> <ul style="list-style-type: none"> ▪ Provide ongoing leadership to Strengthening Families Washington collaboration Research assessing strategies most likely to attract strategic partners has been accomplished. ▪ Strategic partnerships, both public & private, that best leverage resources to support CCF goal achievement are identified, cultivated & established. ▪ CCF capacity for securing major gifts & grants is increased. <p>Indicators F:</p> <ul style="list-style-type: none"> ▪ Recognition of CCF's role as the primary child abuse & neglect prevention resource to the state has been advanced through the rebranding process. ▪ A Communications Committee comprised of area public relations and marketing professionals is in 		

Resources	Strategies/Activities	Performance Measures (Outputs & Outcomes)			
		Outputs	Short Term CCF Control	Intermediate Term CCF Influence/Leverage	Long Term CCF Impact
materials	Strategy G: Embed & align parent leadership development & the protective	<p>messages, agency brochure & website.</p> <ul style="list-style-type: none"> ▪ Conduct 2 statewide outreach events to promote cultural relevancy in postpartum depression awareness campaign (Vancouver & Yakima) ▪ Create position papers on CCF initiatives such as child abuse prevention, home visiting, supporting families, & Strengthening Families Washington. ▪ Produce monthly Resources Updates & bi-monthly Strengthening Family & Postpartum Depression electronic updates. 	<p>place to guide agency activities</p> <ul style="list-style-type: none"> ▪ New social media strategies are adopted & integrated into public awareness initiatives to capture a broader audience. ▪ CCF is positioned as both a credible resource & an expert in the view of peer agencies, grantees, the business community, parents & the general public ▪ Share, save, print, video & social book marking features are integrated into the website to increase distribution to a larger audience. ▪ Collaborative efforts to promote postpartum depression awareness by translating materials & ensuring that referral & resources reflect community needs are in place under CCF leadership. ▪ Informative & concise messaging including position papers on CCF initiatives such as child abuse/neglect prevention, home visiting, supporting families, & Strengthening Families Washington are available. ▪ Monthly electronic Resource Updates & bi-monthly Strengthening Family & Postpartum 		

Resources	Strategies/Activities	Performance Measures (Outputs & Outcomes)			
		Outputs	Short Term CCF Control	Intermediate Term CCF Influence/Leverage	Long Term CCF Impact
	<p>factor framework across child serving systems, including early learning, mental health, maternal/child health & child welfare.</p> <p>Strategy H: Develop effective public policy in the areas of child abuse & neglect prevention & family support.</p>	<p>Performance Measures G:</p> <ul style="list-style-type: none"> ▪ Support implementation of no less than 8 number of Community Cafes across Washington ▪ Provide or ensure access to 4 number of leadership opportunities for parents <p>Performance Measures H:</p> <ul style="list-style-type: none"> ▪ Provide no less than five informational sessions across the state to potential community partners & policy makers on our key initiatives. ▪ Begin to work with home visiting coalition & the Economic Services Administration on home visiting mapping efforts. ▪ Develop communications plan to reflect new reframing research & brand identity ▪ Finalize charter development with Prevent Child Abuse America chapter 	<p>Depression updates are provided & distributed statewide.</p> <p>Indicators G:</p> <ul style="list-style-type: none"> ▪ Increased opportunities for parents to engage with each other regarding issues facing their children & families (Community Cafés) are available in communities across Washington ▪ Increased opportunities for parent leadership & its development are available. ▪ Increased opportunities for parents to advocate for the needs of their family both on a micro & macro level are available. <p>Indicators H:</p> <ul style="list-style-type: none"> ▪ Strategic partnerships across systems including mental health, early learning & family support have been developed/maintained. ▪ Increased alignment with local, state & national partners in order to foster collaboration & coordination of initiatives & ventures is achieved. ▪ Development of the portfolio of public investment into child serving systems invested is informed by CCF education & advocacy for effective prevention services, campaigns & 		

Resources	Strategies/Activities	Performance Measures (Outputs & Outcomes)			
		Outputs	Short Term CCF Control	Intermediate Term CCF Influence/Leverage	Long Term CCF Impact
		for Washington State & participate in & inform national prevention efforts.	programs.		