

Narratives

Executive Summary

Prevent Child Abuse California (PCACA) will have 58 AmeriCorps members serving as Family Support Aides in California's Child Welfare System Improvement (CWSI) program, providing crisis intervention and parenting education services to veteran and non-veteran parents at-risk for child abuse and neglect in 14 California counties: Contra Costa, Glenn, Humboldt, Los Angeles, Nevada, San Joaquin, Shasta, Siskiyou, Solano, Sonoma, Tehama, Trinity, Tuolumne, and Yuba. At the end of the first program year, AmeriCorps members will be responsible for decreasing parent stress, increasing parenting knowledge, reducing parent risk for child abuse behaviors, and parents not entering/re-entering the child welfare system. AmeriCorps members will leverage 725 volunteers to provide support services to parents. This program will address CNCS focus areas of Healthy Futures and Veterans Families. The CNCS investment of \$603,310 will be matched with \$445,107 in public funding and \$298,738 in private funding.

Rationale and Approach/Program Design

2. PROGRAM DESIGN: On my first visit to a young single mom with six children, there was screaming and fighting. Mom responded by yelling back. The children were in danger of being placed in the child welfare system. My AmeriCorps trainings gave me tools to help. I developed a behavior chart. The children earned cool stickers for respectful behavior toward each other and their mom. I worked with the mom to establish family rules for gentle play, putting things away and praising her children's good behavior. On visits positive changes took place. Children started using "please" and "thank you" and cooperated. Mom treated them in a nurturing way. The parent education paid off; the children remained with mom. CWSI Member

2a. PROBLEM/NEED: Every minute in America six children are abused, their lives forever changed. More than 3 million referrals for abuse are received annually, impacting 6 million children. Many more cases go undetected. Almost 40% of these children suffer further trauma when removed. This public health problem has cascading consequences during the victims' lives including lifelong health problems (alcoholism, eating disorders, mental illness) and decreased social, economic, and emotional well-being (New Directions Child Abuse and Neglect Research, Centers for Disease Control and Prevention (CDC) 2013). The total lifetime national economic burden for child abuse and neglect is about \$124 billion (Economic Burden of Child Maltreatment in the United States, Child Abuse and Neglect 2012).

Narratives

Annually in California 500,000 children are referred to child welfare; 85,000 (17%) are confirmed abuse cases. (U.C. Berkeley Child Welfare Research 2012). The situation in the 14 CWSI counties is dire and the need greater. CWSI counties account for 24% (14 of 58) of California's counties, one-third of all statewide children referrals, with 20% confirmed as abused. Eleven of the counties meet/exceed the State child abuse referral with a confirmed rate of 53/1000 and 9/1000 children (Kidsdata.org 2012). 75% of CWSI counties are rural. According to a 2012 Child Welfare Gateway Report, children in rural counties have higher incidences of abuse than children in urban areas. Families are more isolated, lack services such as health care, parenting classes, have limited transportation, and lack linguistically matched providers.

Substantial research informs us that documented rates of child abuse are attributable to community factors that increase parental stress and a child's risk for abuse (Understanding Child Maltreatment CDC 2013). CWSI counties face a plethora of these factors such as exceeding State averages in unemployment (all exceed U.S. unemployment rate of 8%; 4 are double that); poverty (9 counties' child poverty exceeds State's rate of 20%); homelessness (10 exceed the 4/1000 State rate of homeless persons (U.S. Dept Housing & Urban Development 2013); violence (7 counties' crime rate is equal/greater than the State (ag.ca.gov/cjsc 2009); and health care (8 meet/exceed U.S. uninsured rate of 15% American Community Survey 2007-11).

Research also informs us that in 80% of child abuse cases, perpetrators are biological parents and that child abuse typically occurs in the presence of parent risk factors such as domestic violence, a parent's lack of coping skills, their limited parenting knowledge, poor parenting skills, and social isolation. A significant risk for child abuse is a high level of parent stress resulting from family crises such as inadequate food, homelessness, and lack of health insurance, access, and benefits (CDC Understanding Child Maltreatment 2013). High levels of stress undermine a parent's ability to function and be attentive to their child's needs. Stress must be alleviated before a parent can learn better parenting.

Even military and veteran parents, who historically have accounted for 30% of CWSI beneficiaries, can be overwhelmed, undermining their earlier positive parenting practices. A 2013 Princeton Brookings Brief "The Future of Children", highlights the long-term stressors that deployment and

Narratives

combat-related illnesses/injuries create for families after military service. The brief calls for increased veteran family access to child abuse prevention programs to help them draw on their own resilience and those of their communities.

There are NO services in CWSI counties to meet the needs of families in stress and/or who lack positive parenting skills. Sadly, their child's risk of abuse does not meet the threshold for child welfare intervention. The child welfare system works with families only after risk has risen to a point that possible removal of the child is warranted. CWSI meets this need by partnering with child welfare to provide these families with voluntary community based prevention services.

We have a moral imperative to support veteran/non-veteran parents at-risk for child abuse and keep their children safe. PCACA, an experienced AmeriCorps grantee, proposes the continuation of its successful 9 year CWSI project so that parents at-risk for child abuse receive the services they need to improve their parenting knowledge and behavior and not enter/re-enter child welfare. With ongoing support from the Corporation for National and Community Service (CNCS), members serving as Family Support Aides will be the change agents in these parents' lives, designing a family service plan that includes a continuum of child abuse prevention services ranging from crisis intervention to parenting education. To assure selection of high need beneficiaries, 5000 parents (4500 non-veteran and 500 veteran) will complete a Beneficiary Information Form. Parents who assess at-risk for abuse due to risk factors such as high stress as a result of family crises, low/no parenting skills, single/teen parents, children ages 0-5 years, and who are willing to accept CWSI parenting education services will be core beneficiaries.

2b. MEMBERS AS HIGHLY EFFECTIVE MEANS TO SOLVE COMMUNITY PROBLEMS: CWSI partners attest to members being an effective means to address child abuse because parents want to engage with individuals who they see as neutral parties. Members, unlike staff, spend time providing a constant and focused presence for parents. Recruited from communities served, they are a match to parents linguistically and culturally. Members provide support without stigma or fear some families have in dealing with public agencies. Members quickly build trust to promote learning. For example, a father, mandated by child welfare to attend CWSI classes, engaged in learning only after a member shared his own similar story, motivating the father to stop yelling at his children.

Narratives

THEORY OF CHANGE & LOGIC MODEL:

NEED: Documented high rates of child abuse and neglect are attributable to high stress levels for parents in crisis and/or who lack effective parenting knowledge and behavior. Research indicates that child abuse leads to lifelong health and emotional well-being problems for victims.

INTERVENTION: AmeriCorps member Family Support Aides provide veteran and non-veteran parents 5 hours of crisis intervention and 12 ½ hours of parenting education services. CWSI uses the evidence-based Nurturing Parenting Program (NPP) that indicates 75 minutes per week for 10 weeks teaching alternatives to corporal punishment, child development, parent/child roles, building empathy, and empowerment can improve parenting knowledge and behavior.

OUTCOME: Parents report decreased stress, increased parenting knowledge, demonstrate reduced risk for child abuse and neglect behaviors, and do not enter/re-enter child welfare.

NPP is the most effective intervention to address the needs of CWSI parents served based on: 1) strong evaluation results from a CWSI 2011/13 four county pilot conducted by AmeriCorps members; the primary outcome was that families served did not enter/re-enter the child welfare system; 2) the need for an evidence-based model; 3) parent, partner, and community feedback that NPP was an ideal fit for CWSI veteran and non-veteran parents; and 4) NPP's demonstrated strong outcomes for parents at-risk for child abuse and neglect.

The foundation of NPP is that parenting is learned and is based on six assumptions: 1) the family is a system; 2) empathy is the single most desirable quality in nurturing parenting; 3) parenting exists on a continuum; 4) learning is both cognitive and affective; 5) children who feel good about themselves are more likely to become nurturing parents; and 6) no one truly prefers abusive interactions.

Developed from the known behaviors that contribute to child abuse and neglect, NPP activities teach five "parenting constructs" known to strengthen and build parenting skills and promote positive parent/child relationships. The goals of the curriculum are to: 1) teach age-appropriate expectations and neurological development of children; 2) develop empathy and self worth in parents and children; 3) utilize nurturing, non-violent strategies and techniques in establishing family discipline; 4) empower parents and children to utilize their personal power to make healthy choices; and 5) establish parent/child roles, positive patterns of communication, and nurturing relationships.

Narratives

Additionally through NPP, military and veteran parents will also learn: 1) strategies in reunifying as a spouse and parent; 2) the uniqueness of being a military couple/family; 3) ways to help children cope with the separation and loss of a parent; 4) ways families can keep their marital and parental relationships strong; 5) how to handle situations of family members returning with permanent disabilities; 6) strategies to support each other through the stresses of deployment and separation; 7) strategies to assist returning military personnel in reunifying back into the family and community; and 8) understanding the condition of, how to recognize signs of, and how to help loved ones seek proper treatment for Post Traumatic Stress Disorder. NPP can be delivered in a number of settings including individually in the family home and in groups via community-based settings. NPP has myriad research that indicates crisis intervention and parenting education prevents child abuse for parents not involved in child welfare and subsequent episodes in those already involved in child welfare.

58 Family Support Aide members (49/1700 and 9/900 hours), serving at 30 CWSI sites, will develop NPP Family Service Plans with parents at-risk for abuse and neglect to increase their positive parenting knowledge and behavior. NPP Family Service Plans outline parents' crisis intervention and parenting education services, based on individual needs, to be delivered during group-based workshop sessions, home visits, and/or other CWSI service site activities. NPP studies confirm that when parents are in a state of chronic stress/crisis, it is difficult for them to learn the knowledge and skills necessary for meaningful change. Therefore, to alleviate veteran/non-veteran parent's stress and meet their basic needs, 2500 (2150 non-veteran and 350 veteran) of 5000 parents will complete 5 hours of crisis intervention services, including but not limited to, food, housing, and health insurance/care resources.

1100 (750 non-veteran and 350 veteran) of the 2500 parents will complete the Pre-Nurturing Parenting Scale to discern their risk for abusive behavior and start NPP child abuse and neglect prevention education. The frequency, intensity, and duration of NPP will be once a week, 75 minutes per session in a 10 week period. In each NPP session parents learn skills they practice at home to achieve lesson competency such as how to identify child development milestones, positive discipline, and keeping their children safe and healthy through nurturing routines. During NPP, should parent stress/crisis occur, the member works with the parent to mitigate the crisis in order to ensure ongoing parenting knowledge and skills continue to be learned. At the successful finish of 10 NPP sessions, parents complete a Post-Nurturing Parenting Scale to demonstrate their increased parenting

Narratives

knowledge and improved behavior.

CWSI IMPACT: The desired long term outcomes are safe and healthy children and nurturing self-sufficient parents. At the end of Year One CWSI will have the following impact:

NATIONAL PERFORMANCE MEASURES: V8: 500 veteran parents will receive CNCS-supported assistance. H10:1240 individuals receive emergency food from food banks or pantries, or other nonprofit organizations. H11: 200 individuals receive support, services, education, and/or referrals to alleviate long-term hunger. H2: 850 clients receive information on health insurance, care access, and health benefits. H12:100 individuals report increased food security of themselves and their children (household food security) as a result of CNCS-supported services.

APPLICANT DETERMINED OUTCOMES: 1500 parents (1290 non-veteran and 210 veteran) who complete 5 hours of crisis intervention services will decrease their stress by one level. 420 non-veteran parents who complete NPP will increase their parenting knowledge by 20%. 420 non-veteran parents reduce their risk for child abuse and neglect behaviors by one level. 420 non-veteran parents will not enter/re-enter the Child Welfare System. 150 veteran parents will improve their situation (increase their parenting knowledge by 20%, reduce their risk for child abuse and neglect behaviors by one level, and/or not enter/re-enter the Child Welfare System) because of CNCS-supported NPP child abuse and neglect prevention education. 175 clients will enroll in health insurance, health services, and health benefits programs.

APPLICANT DETERMINED OUTPUTS: In addition to those above: 850 parents (600 non-veteran and 250 veteran) will complete NPP child abuse and neglect prevention education. 725 volunteers will contribute 9700 hours to support crisis intervention and parenting education services outreaching to parents, engaging them in services, assisting with NPP sessions, and advocating for parents who are unable to do so for themselves.

To better understand the daily service of a Family Support Aide member, the following is typical. 8am-8:15am Supervisor Check in, identify parents needing crisis support; 8:15am-11am Meet one-on-one with parents working on crisis/parent support; 11am-12pm Prepare NPP materials for workshops/home visits; 12pm-12:30pm Lunchtime not counted as hours; 12:30pm-2:30pm Work

Narratives

with parents to create an NPP Family Plan; 2:30-2:45pm Drive to home visits; 2:45pm-4pm Deliver NPP in workshops/home visits; 4pm-4:15pm Return to site; 4:15pm-5pm Write case notes, create NPP materials and meet for supervision. A 900/hour member day is the same just shorter. 100% of MSYs are in 7 of 8 National Performance Measures.

EVIDENCE BASE: Extensive evidence from 35 NPP studies confirms that NPP will lead to CWSI's desired Theory of Change outcomes placing it within CNCS' "Moderate evidence" tier. Developed in 1983 by Dr. Stephen Bavolek, 1.5 million families in 50 states and 12 countries have learned from NPP. The U.S. Department of Defense chose NPP for Naval/Marine installations in their New Parent Support Program. NPP is recognized internationally (2012) as a valid reliable program by the National Registry of Evidenced Programs and Practices. California's Child Welfare Evidence-Based Clearinghouse rated NPP at the highest Level 1 of 5 for relevance to child welfare and Level 3 as Promising Research Evidence. There are four quasi-experimental studies, conducted on NPP, with positive findings on remediating abusive parent-child interactions: 1) National Institute of Mental Health (1983) found that child welfare recidivism was only 7%, significantly lower than parents without NPP education; 2) Nurturing the Families of Hawaii (Bavolek 2009) showed a significant increase in nurturing parenting practices; 3) in the Nurturing the Families of South Dakota study (Tichy and Brotherson, Ph.D. 2012) pre/post assessment findings indicated moderate to substantial positive increases in all parenting constructs and a decrease in high risk for abuse scores; and 4) Nurturing the Families of Louisiana (Casey Family Programs 2010) longitudinal follow-up study with child welfare families documented decreased child abuse reports and confirmed cases 6 months and 2 years after program services. Casey concluded that "This study provides justification for continued use of this parenting education model." A 2010-13 three year evaluation of NPP in Northern California on the proposed program, found that families with referrals to child welfare declined from 53% pre-program to 16% post-program, a 70% drop. Rates of change for families at "greater risk" are even more dramatic, from 41% pre-program to 3% post-program for teens; and from 64% to 7% for parents abused as minors. An NPP control group has not been conducted due to ethical issues and safety concerns of denying services to families at risk of child abuse. Dr. Bavolek provided technical assistance for CWSI's NPP pilot, conducting site visits, data analysis, and training for model fidelity and quality assurance. He will continue to work with CWSI to further strengthen the evaluation. PCACA is a certified NPP Family Center with 2 certified NPP trainers in-house, ensuring NPP's effective implementation.

Narratives

2c. MEMBER TRAINING: PCACA is committed to providing every member a powerful service experience. Member trainings instill the ability to appropriately assess families, provide crisis intervention services, facilitate NPP workshop sessions, and conduct NPP home visits. Training topics and timelines follow. First Term members receive a minimum of 234 training hours and subsequent term members a minimum of 139 hours. All members attend AmeriCorps Orientation, Core Trainings, Ongoing Training, and National Service Days. ORIENTATION (4 hrs/week 1 or 2 of service) includes an overview of AmeriCorps/national service, member benefits, code of conduct, policies/procedures, prohibited/unawarded activities, member contract, performance measures, and electronic timekeeping. CORE TRAININGS include Mandated Child Abuse Reporter Training (3 hrs/month 1); NPP Facilitation (24 hrs/month 1) principles, curriculum, pre/post tests; Case Management (3 hrs/month 1); CWSI Basics (30 hrs/month 1) child welfare, domestic violence, veteran families; Parent-Child Interaction (6 hrs/month 2); Professional Boundaries and Confidentiality (3 hrs/month 2); Conflict Resolution (3 hrs/month 2); Cultural Awareness (3 hrs/month 2); Active Citizens (6 hrs/month 6); Life After AmeriCorps (3 hrs/month 7) Team Building (3 hrs/month 4/ongoing) builds esprit d'corps and leadership, prohibited/unawarded activities are reviewed and discussed; Public Speaking (3 hrs/month 3) learning facilitation of NPP workshops and describing the member's AmeriCorps experience. ONGOING TRAININGS at the CWSI Service Site such as professional development (at least 96 hrs). First Term members receive Service Site Orientation (32 hrs/weeks 1/2) policies, safety plans, training, supervision, and community tours. Members must attend 3 NATIONAL SERVICE DAYS (12 hrs) Make a Difference Day, Martin Luther King Day, and AmeriCorps Week. In summary all members receive one hour of 1:1 supervision weekly and a minimum of 8 one-hour monthly PCACA webinars.

Members and volunteers receive ongoing training on prohibited/unawarded activities during Orientation, Webinars, site visits, and weekly supervision. The monitoring of prohibited/unawarded activities occurs during monthly webinars, site visits, and quarterly calls. PCACA ensures training prepares members to perform all activities by distributing training evaluations, collecting feedback from members and supervisors via Survey Monkey and focus groups and through annual independent evaluation making training adjustments as needed.

2d. MEMBER SUPERVISION: CWSI's supervision plan ensures members receive support and

Narratives

guidance. CWSI partners have an average of 5 years' supervision experience. The supervisor to member ratio is 1:1, not exceeding 1:3. CWSI AmeriCorps members and AmeriCorps supervisors serve alongside each other daily at the CWSI sites. One hour/week of 1:1 member supervision is required with availability daily to answer member questions, provide guidance and oversee the quality of service delivered by members. Supervisors are qualified Social Workers or Clinicians with a minimum of 4 years' field experience and 2 years' supervision. They complete member performance evaluations and skills assessments three times per term. PCACA tracks evaluations and monitors adherence to weekly supervision via the members' timesheet.

Within the program design, there are activities members are responsible for delivering. Members are provided ample opportunities to be mentored and monitored by their supervisor. New members receive high levels of mentoring and opportunities to shadow their supervisor and more experienced members by conducting joint home visits, co-facilitating workshops, and coordinating crisis intervention services, before delivering these activities on their own. After members complete an NPP home visit, parenting workshop session and/or provide crisis intervention services they follow-up with their supervisor to debrief/receive ideas for service improvement. AmeriCorps supervisors periodically perform joint home visits and quality assurance checks to ensure that high quality of service is being provided.

PCACA uses 6 steps to train and support supervisors: 1) 100% CWSI Project Manager available daily via emails, phone calls; 2) annual supervisors conference to review program manual, AmeriCorps philosophy, regulations, retention, training, performance measures; 3) recruitment/selection best practices; 4) monthly partner training technical assistance calls on data collection, evaluation, and supervision strategies; 5) annual site visits; and 6) training on prohibited/unawarded activities.

2e. COMMITMENT TO AMERICORPS IDENTIFICATION: PCACA is committed to branding national service and complies with CNCS Grant Provisions "B. Affiliation with the AmeriCorps National Service Network." PCACA public materials (manuals, websites, etc) include AmeriCorps name and logo. Members must wear gear with AmeriCorps logo during service. Partner MOUs state CWSI is an AmeriCorps program and members are the resource provided. PCACA approves CWSI publicity releases. PCACA's Weebly website links CWSI sites to the Media Kit materials at www.nationalservice.gov. Weebly is a stable third-party intranet website platform, with the

Narratives

AmeriCorps logo, that PCACA uses for AmeriCorps members and partners. Features include: online data entry forms, home page with news and events, articles recognizing "Member of the Month", access to Online Courses, downloadable program documents, and an online forum where members can share great stories or request technical assistance. Service site adherence to AmeriCorps branding is monitored through monthly partner calls/site visits. PCACA's pro bono public relations firm produced a 2012 video "AmeriCorps is Working" which was a Film Video Silver Winner in the National 2012 Telly Awards.

Organizational Capability

3a. ORGANIZATIONAL BACKGROUND AND STAFFING: Established in 1999 as a 501(c) (3) nonprofit, PCACA is the state chapter of Prevent Child Abuse America and the only statewide nonprofit with the mission to prevent child abuse and neglect. We implement evidence-based programs, coordinate child abuse prevention efforts statewide, and provide training and technical assistance. PCACA is one of five organizations of the Child Abuse Prevention Center (The Center), dedicated to protecting children and building healthy families. We coordinate with over 175 agencies, have launched 20+ programs including Home Visitation, Family Resource Centers, and Crisis Support, administer 10 collaboratives including a Child Death Review Team, and annually train 400 AmeriCorps members and staff in 15+ curricula. The Center has more than three decades experience planning, implementing, and evaluating programs. Since 1994 national service has been critical to our mission.

Our federal grants management capacity is demonstrated by being consistently awarded AmeriCorps funds of more than \$19 million in AmeriCorps grants for the past 6 years of Birth & Beyond, First 5 Service Corps, Youth Investment Center and CWSI programs. We commit to quality management with systems and processes in place that ensure appropriate investment of public funds. The attached Organizational Chart and Program Diagram depict five levels to support CWSI: 1) a 30 member Board who raise match funds and review fiscal/program results; 2) a 3 person Executive Management Team: the CEO, a California Child Welfare Council Appointee, a Director who oversees and monitors AmeriCorps programs and staff, both have a combined 30 years AmeriCorps experience, and a CFO (not charged to grant) with 30+ years in cost accounting with strong emphasis on federal grants /compliance regulations; 3) a 7 person AmeriCorps Program Team responsible for program implementation, training, and compliance, who have between 6 to 14 years AmeriCorps/federal grant experience; 4) a 4 person Fiscal Team headed by CFO; and 5) 14

Narratives

partners/30 sites with 3 to 9 years CWSI experience. Their Letters of Commitment describe the need for/benefits of AmeriCorps to their communities, agencies, and parents served.

The Center has a strong internal management structure: 1) policies & procedures for member compliance such as pre-enrollment eligibility, background clearance, performance evaluations, terminations, and member benefits; 2) internal controls with separation of duties, audit trails, and program compliance/financial transaction review; 3) twice-year member file compliance review; 4) fully compliant electronic functional timekeeping system recorded after the fact and certified by member, supervisors and staff ; 5) multi-site monitoring strategies including training, checks/balances, and evaluation; 6) annual partner conference and monthly webinars; 7) strong program/fiscal team connection ensuring compliance in OMB Circulars A-122 and A-133, and Code of Federal Regulations; 8) process for timely/accurate submission of all reports; 9) accounting policies & procedures including Cost Accounting, Timekeeping, Labor Distribution, Subcontract Cost Surveillance, and Procurement; and 10) Blackbaud software to capture costs by grant, including indirect costs pools and to segregate unallowable costs.

3b. COMPLIANCE AND ACCOUNTABILITY: PCACA has a strong program and fiscal monitoring system with partner accountability and had no compliance issues or areas of risk in the last 3 years. Program compliance system includes: 1) a 100% CWSI Project Manager who is liaison to partners, service sites, members daily via emails, phone calls; 2) 20% AmeriCorps Compliance Facilitator who monitors eligibility documentation, FBI/DOJ/NSOPW clearance, timesheets, member file compliance, and exits; 3) partner MOUs including CFRs, Provisions, Assurances, and Performance Measures, as exhibits; 4) supervisor manual and member handbook detailing enrollment, prohibited/unawarded activities, performance evaluations, progressive discipline, exits, and terminations; 5) member orientation training and annual partner/site conference to review rules/regulations; 6) monthly technical assistance meetings with members, partners, sites; 7) minimum of one partner site visit per year with more as needed; 8) annual/ongoing outcomes training and monthly targets analysis; 9) regular communication with and attendance at all CaliforniaVolunteers conferences; and 10) utilizing CNCS Resource Center. Fiscal systems include: 1) pre-contracting risk assessment certifying non-federal match funds, audit, labor certification, concurrence; 2) monthly budget to actual reports reviewed by staff; 3) quarterly meetings of The Center's Board Governance Committee for fiscal review; and 4) CFO review to ensure costs are

Narratives

correctly allocated, allowable and reasonable.

In accordance with 45 CFR §2522.450 sites were selected by need, ability to recruit members, match funding, access to high need parents, model fidelity, and performance measure outcomes. CWSI continually assesses sites' compliance with CNCS requirements, community support, and commitment to national service. As described above, CWSI conducts extensive training to and persistent monitoring of supervisors, members, and volunteers. If risk or non-compliance is detected, CWSI reacts promptly to remedy it using our Corrective Action Process.

3c. PAST PERFORMANCE: CWSI's extensive successful history in reducing parents' risk of child abuse is evidence the proposed targets will be met. In 10/11 thru 12/13 CWSI had the following impact and exceeded 6 of 7 Performance Measure (PM) targets. Primary PM Outcomes: 1003 core families (137% of 735 target) pre-assessed as vulnerable for child abuse did not enter/re-enter the Child Welfare System and 765 core families (106% of 725 target) pre-assessed as vulnerable for child abuse increased by one level in one or more protective factors. NPM H2; 2282 families (228% of 1000 target) received information on health insurance; Member Development: 97 members (109% of 89 target) increased skills by 10%; Community Strength: 10,351 one-time/2671 ongoing volunteers served 225,652 hours (505% of 4385 one-time/ongoing volunteers target and 399% of 56,700 target hours);. Primary PM Output: 1173 families received 10-15 hours of family support services (81% of 1450 target). CWSI fell short because the: 1) PCACA on-line data collection system "crashed" due to data overload and stopped collecting data in the final two 10/11 months, the problem only discovered at the end of the year resulting in the under-reporting of outputs; and 2) data analysis determined that 10 hours of service, not 15, fit best with CWSI. Improvements were: 1) using Weebly, a stable third-party intranet website platform that hosts 15 million websites, to collect 11/12 thru 12/13 data; and 2) aligning service dosage with this proposal's NPP model. CWSI's impact is reported in the 2011/13 Evaluation. For each domain a family was at-risk of abuse; all average scores improved and family moved from "Unstable" to "Somewhat Stable/Stable". Compliance: No compliance issues/areas of weakness during the last 3 years of operation. Enrollment: CWSI enrolled 100% of slots (42 of 42) in 12/13. To date, CWSI has enrolled 88% (37 of 42) of 13/14 members with remaining slots enrolled by January 2014. Retention: CWSI retained 93% (39 of 42) of 12/13 members. 3 members left for reasons that did not qualify for partial education award per 45 CFR §2533.230. Retention strategies are: 1) rigorous member selection and recruitment; 2) ongoing member check-ins by CWSI staff; and

Narratives

3) member recognition including "Member of the Month".

3d. CONTINUOUS IMPROVEMENT: PCACA has proven methods for feedback and data use for continuous improvement. An independent evaluator assesses/assures model fidelity across sites and provides evidence that AmeriCorps service has the positive impacts detailed above. From the CWSI 11/13 Evaluation Report and partner feedback, CWSI will use NPP's evidence-based activities to achieve proposed outcomes. The refined strategy includes: 1) monthly data collection/analysis using Weebly to track progress towards targets; 2) monthly service site webinars to discuss implementation and challenges; 3) quarterly data review to discuss progress and adjustments; 4) training evaluations, focus groups, and surveys; 5) annual in person partner conference to identify partnership operational benchmarks; and 5) monthly internal Executive, Program, Fiscal Team meetings for program/fiscal compliance review.

Cost Effectiveness and Budget Adequacy

4a. COST EFFECTIVENESS: CWSI has demonstrated sustainability with a low cost per MSY and decreased reliance on federal funds. The proposed cost per MSY is \$376 less than the current grant, making it extremely competitive, considering the scope of services and populations served. The federal share of total costs is 44.78% and grantee share is 55.22%, significantly greater than federal requirement of 50% and 54.44% match during the 11/12-13/14 cycle. CWSI's reliance on federal funds has decreased as partners have accessed increased funds from multiple non-CNCS funding sources: 40% County General Funds, 40% unrestricted private donations and foundations, and 20% California Mental Health Services Act. Since 77% of CWSI families do not enter/re-enter child welfare, CWSI saves millions of dollars by keeping children out of the system. The cost per parent served is about \$1300, much less than the national average of \$125,000 for a case in child welfare.

4b. BUDGET ADEQUACY: PCACA's proven budget expertise is evidenced by our decades of administering AmeriCorps programs and securing grantee share funds. CWSI's Grantee Share partner cash match of \$743,845 is secure and ensures the program design is fiscally feasible. The proposed budget supports CWSI's design in a cost effective manner and covers costs for member living allowances, administration, training, evaluation, and operations. CWSI is supported by training, activities, and other program costs which allows for recruitment of highly skilled AmeriCorps members. Staff and members receive DOJ/FBI/NSOPW checks, all of which are reflected in the budget. Costs for an independent evaluation will assess the extent to which CWSI achieves it long

Narratives

term outcomes, continuously improves and can leverage funds as a results of strong outcomes. PCACA is optimistic about securing future resources. There is a growing recognition by both the State and California foundations that community based service providers have an essential role in service delivery for at risk families as evidenced by the \$1.6 M in new funding for sites that serve child welfare families from Sierra Health, CA Endowment, and CA Wellness Foundations. The largest, consistent source of CWSI funding has been county general funds. California is in the second year of a budget shift that is making all funding authority shift from the State to counties, thereby expanding county funding and latitude. County child welfare services benefits directly from lower caseloads due to CWSI services. They have already expanded their support for CWSI and we anticipate this trend will continue and grow in the upcoming State fiscal year (July 1, 2014).

Evaluation Summary or Plan

1. Describe the program to be implemented by members.

CWS Improvement (CWSI) is based on these assumptions:

- Parents who receive parent support and parenting are nurturing and self-sufficient.
- Children whose parents get parent support and parenting education will experience improved safety and health.
- Parents will not enter the child welfare system (CWS).

AmeriCorps members serving as Family Support Aides will provide parent support and effective parenting education services to families who are identified as being at-risk for Child Abuse and Neglect. Members will utilize the Community Based Education Nurturing Parenting Program as the model for all services rendered to program beneficiaries.

CWSI is implementing the Nurturing Parenting Program (NPP) as the program model. NPP was established in 1983 and has been demonstrated to have significant impact on improving family stability and safety and reducing entry into CWS. There are 35 studies and research documents regarding NPP which are available on the NPP website. A longitudinal study in Louisiana demonstrated reductions in both referrals and substantiated cases in CWS among program participants. An evaluation in Sacramento, conducted over the last three years, documented reductions in entry into child welfare among all participants, as well as teen mothers and parents who had been abused as children. The program will be implemented in 14 California counties having rates of child abuse and neglect that exceed state and national averages. 5,000 beneficiaries will receive services from 58 AmeriCorps members.

The current evaluation was conducted by LPC Associates and used a combination of types of analysis

Narratives

including output data collection and follow-up surveys of AmeriCorps members and site partners. The evaluation also measured the entry into CWS, with 90% of those participating remaining out of the system. The most recent report was issued in 2013.

2. Describe the program evaluation design.

Evaluation Questions are selected to align with the logic model and examine the overall effectiveness of CWSI. The following Evaluation questions will provide the framework from which the project's impact will be measured:

Are the parent support and effective parenting education activities being performed as planned?

-Are parents with children ages 0-17 that pre-assess as at risk for child abuse and neglect engaging in services?

-Is the program reaching the number of direct beneficiaries that were intended?

-Are the beneficiaries demographically aligned with the intended outputs (i.e single/teen parents, Veteran Families, parents experiencing stressors such as unemployment, etc.)?

-Are families who engage in at least 9 hours of Parent Support and Effective Parenting Education increasing their knowledge and usage of effective parenting?

-Do families who engage in at least 9 hours of Parent Support and Effective Parenting Education have a reduced rate of entering the CWS?

-Do families who engage in at least 9 hours of Parent Support and Effective Parenting Education have a decreased risk for child abuse and neglectful behaviors?

The CWSI will utilize an Outcome/Impact Evaluation Design in order to provide evidence that the services rendered have a positive influence on the beneficiaries. The specific outcomes that will be measured are:

-Beneficiaries will not enter/re-enter CWS

-Beneficiaries in crisis will decrease their stress

-Beneficiaries will decrease their risk for child abuse and neglectful behaviors

-Beneficiaries will increase their effective parenting knowledge

-Veteran beneficiaries will improve their situation

-Beneficiaries will report increased food security of themselves and their children

-Beneficiaries will enroll in health insurance, health services and health benefits programs.

3. Describe the data collection procedures.

Data Collection:

The CWSI Project will collect quantitative data to measure the effectiveness of the services being

Narratives

delivered. All sites in the 14 CWSI counties will participate in the evaluation.

All beneficiaries that receive one or more hours of parent support and effective parenting education complete a pre-Beneficiary Information Form to determine high need status and areas for growth. If Parenting Education is determined to be appropriate for the beneficiary, the participant will complete the Nurturing Parenting Scale twice (once at the start and again at the completion of services) to assess effective parenting knowledge and skill.

County Child Welfare Departments and/or CWSI community-based agencies will provide data on which beneficiaries entered/re-entered CWS during the program year.

Members will complete a post-Beneficiary Information Form which collects data on outcomes related to veterans' families, individuals who receive emergency food assistance and clients who enroll in health insurance, health services and health benefits programs.

Long Term Follow-up Study:

CWSI will conduct a long-term follow-up study beginning in May 2015 to determine the link between outcomes measured immediately following services and the maintenance of these outcomes three to six months following services. The follow-up study will attempt to obtain data from a sampling of project beneficiaries. In order to obtain a 95% confidence level and a confidence interval of 5, the sampling would need to reach 278 of the 1100 high need beneficiaries.

Data Analysis:

CWSI will use its existing online database to gather and aggregate data on program outputs such as the number and type of beneficiaries served, entries/re-entries into CWS, and data on veteran families, food security and enrollment in health programs. CWSI will use the Nurturing Parenting Program online database to gather and aggregate data on the Nurturing Parenting Scale. PCA CA project manager will review and analyze the data on a monthly basis in order to monitor steady progress toward program outcomes.

4. Describe how the evaluation results, both interim and final, will be used.

CWSI will closely monitor data as it is collected in order to ensure the quality of data being collected and promote fidelity to the project model. In each of the funded program years, CWSI will engage an independent evaluator to produce an evaluation report. All independent evaluation reports will be distributed to participating county entities and other contractors, including partner sites, as soon as they are completed by the chosen independent evaluator. CWSI will use the results of the independent evaluation reports to guide and shape the services occurring on the ground. As best practices and effective strategies are identified, information will be emphasized and encouraged throughout the

Narratives

partnership.

5. Indicate the period of time the evaluation will cover.

Year 1: Awarded AmeriCorps Program start date--September 2014. The collection of program outcome data will coincide with the commencement of services and be ongoing each awarded program year. Data aggregation and analysis will be conducted by internal CWSI staff on a monthly basis throughout each awarded program year. Year 1 request for qualifications for independent evaluator will be released in June of 2015, independent evaluator will be chosen in June of 2015. Year 1 report will be completed by chosen evaluator and delivered to the legal applicant by July of 2015. Year 1 evaluation will be distributed to partnership in July 2015. Legal applicant will utilize results from each year's evaluation report to guide the project planning for future program years.

Year 2: Year 1 evaluation questions and methodologies will be reviewed and, if needed, revised by PCA CA with input from partnering agencies by January 2016. Request for Qualifications for combined year 1 and 2 report will be released in April of 2016. Independent Evaluator will be chosen in May of 2016. Long Term Follow-up study will commence in May of 2016 and conclude by August of 2016. Final Year 1 and 2 report will be completed and delivered to legal applicant by August of 2016 for inclusion in the AmeriCorps recomplete application.

Year 3: Combined Year 1 and 2 evaluation questions and methodologies will be reviewed and, if needed, revised by PCA CA with input from partnering agencies by January 2015. Request for Qualifications for 2014-2017 report will be released in April of 2017. Independent Evaluator will be chosen in May of 2017. Final report completed for 2014-2017 span in August of 2017

6. Describe who will conduct the evaluation, or how you will select an evaluator.

Objectivity will be ensured by working with an independent evaluator. Results will analyze relationships between services and outcomes, demonstrate the difference AmeriCorps members are making, and guide future program decision-making.

The chosen independent evaluator will analyze existing data sets, gather additional qualitative data (follow-up study) and quantitative data (member survey and partner survey) in each of the funded program years. Evaluator may travel to one or more of the member service locations in order to observe service delivery and interview supervisors and members in one or more of the funded program years.

CWSI will release a Request for Qualifications to the general public in each of the funded program years. Partnering Agencies will be given the opportunity to provide direction and feedback on the selection of research questions at periodic intervals. Program staff at PCA CA will be responsible for

Narratives

the final selection of research questions, methodologies and determining the scope of work that will be required from the independent evaluator.

7. Discuss how the evaluation will be funded.

CWSI will utilize funds specifically established in the budget line item for Evaluation to fund the independent evaluation. Independent evaluation costs will not exceed \$19,800 for a maximum of \$660 per day for 30 days annually.

Amendment Justification

N/A

Clarification Summary

Programmatic Clarification

1. Please explain how veteran and military families are recruited as beneficiaries of the proposed program.

Veteran and military families are recruited as beneficiaries in the program through the following methods: 1) close collaboration with local veteran/military-serving agencies who refer veterans to partner sites for services needed that the veteran/military agencies do not provide; 2) participation in Veteran-specific outreach events and other outreach events likely to have a high population of veterans participating (such as Homeless Connect events); 3) by offering veteran-specific services, such as counseling for veterans and families re-integrating into civilian life; 4) specifically identifying veterans at outreach events and through regular service site activities and targeting them for services; and 5) through close collaboration with the county's veterans' coordinator to engage veterans in AmeriCorps services.

2. Please explain how veterans and military families are identified and documented as such for the purpose of performance measures.

AmeriCorps members serving in the Child Welfare System Improvement project (CWSI) complete a Beneficiary Information Form (BIF) for each beneficiary they serve to assess their needs and to collect basic demographic information, including military service. The BIF is completed during the first two hours of service, and AmeriCorps members enter the data collected on BIF into an online data collection system, known as Weebly. CWSI staff review the data entered into Weebly in order to

Narratives

track and analyze the number of veteran families served, their participation in crisis intervention services, and their completion of the Nurturing Parenting Program for the purpose of performance measures.

3. What percentage of beneficiaries does not have adequate food security or access to health care prior to receiving the intervention?

Based on community and prior CWSI data, on average 57% of CWSI beneficiaries do not have adequate food security and 20% do not have adequate access to health care.

Performance Measure Clarification

Due to character limits in the Performance Measures screens, we were unable to provide our full response within the screens, specifically the "Describe Intervention" field. As such, we have included our full responses here.

1. For performance measures H10 and H12, please revise the outcomes to include the dosage of the intervention provided by the member around food security per the Performance Measure instructions.

Per the performance measure instructions, the output for H10, "Number of individuals receiving emergency food from food banks/other organizations," will be determined by the count of unduplicated individuals who receive emergency food. We did not find any specific guidance on dosage in the Performance Measure instructions for H10. The dosage for H12, "Number of individuals that reported increased food security," is: AmeriCorps members will provide approximately 1 hour of food access services to alleviate long-term hunger per week for 3 months to 100 individuals resulting in increased food security.

2. Please describe how the proposed program will gather performance measure data only on unduplicated individuals.

For the past three program years, CWSI has utilized unique identifiers on its data collection tools to ensure confidentiality for the beneficiaries and unduplicated counts for the performance measure

Narratives

data. Using CWSI criteria, AmeriCorps members assign each beneficiary a unique identifier that is recorded on the Beneficiary Information Form, the Nurturing Parenting Scale assessment and the child welfare system outcome. AmeriCorps members enter the unique identifier along with data from the BIF and Nurturing Parenting Scale into an online data collection system; CWSI staff then review the submitted data and eliminate records with duplicate unique identifiers.

3. Measure OUTCM6289: Please explain how this is measurable over a one year period. For example how does the agency track non-veterans who complete the NPP tracked for success once the year AmeriCorps service year is completed?

This outcome is measurable over the course of one program year period through close coordination between the service sites, the county child welfare agencies, and parent beneficiaries themselves. At the end of each program year, AmeriCorps members confidentially release the names of beneficiaries served during the last 12 months to their county's child welfare agency. The agency, in turn, reviews internal records for each beneficiary's entry or re-entry into the child welfare system. The child welfare agency reports back the status of each beneficiary to the AmeriCorps members, who in turn reports the data to CWSI utilizing only unique identifiers to maintain confidentiality. Three CWSI partners are county child welfare agencies and have immediate access to the information. In cases where the status cannot be obtained from a county child welfare agency, AmeriCorps members conduct beneficiary surveys at the end of the program year to determine success. CWSI has experience measuring impacts on parents over multiple program years within the same 3-year funding cycle; the evaluation for this program will include an annual program year outcome and a cumulative three year outcome.

Strategic Engagement slots Clarification

1. What percentage of your slots will be targeted to recruiting members with disabilities? What is your program's plan, if any, for outreach and recruitment of members of the disability community?

It is our goal to fill 5% of the slots with members from the disability community. CWSI and its partners already practice, and will continue to practice, inclusive recruitment when engaging all community members in service. All service sites' environments are inclusive, accessible, and

Narratives

accommodating to members. Service descriptions are inclusive and include a non-discrimination clause. Finally, partners are trained in the recruitment of all individuals including qualified individuals with a disability.

Moving into 2014-2015, CWSI will work with the appropriate Regional Centers, offices operated statewide by the California Department of Developmental Services dedicated to serving individuals with developmental disabilities and charged with connecting them to meaningful opportunities. With their assistance, CWSI will a) enhance recruitment within the disabled population, b) identify appropriate member -- service site matches, c) prepare recruits to serve parents and, d) provide CWSI partners with a resource to help them best support the members. CWSI further proposes to outreach to local college Disability Student Services Offices to recruit qualified individuals from the disability community to serve.

Historically, CWSI has engaged persons with a disability in service, although they were not specifically recruited from the disability community, nor were we necessarily knowledgeable about a disability prior to enrollment. Through self-disclosure after starting in their term of service, we have learned about our members' impairments and accommodated them as needed and appropriate. We believe we have more members from the disability community in service than we are aware of. Many of the impairments are typically the result of members' adverse childhood experiences with abuse, neglect, and other violent events. According to the National Scientific Council on the Developing Child, sustained high levels of cortisol resulting from stress created by abuse and neglect can damage the hippocampus resulting in cognitive deficits in learning and memory in adulthood. As a program serving families at risk for child abuse and neglect, we attract members with a similar history. As such, our corps composition skews towards more members with undiagnosed impairments than not. In a recent adverse childhood experience survey of our members, it was revealed that 52% had experienced abuse and neglect earlier in life.

2. In order to increase the number of individuals with disabilities serving as AmeriCorps members, CNCS is offering applicants the opportunity to request additional MSYs to be filled by AmeriCorps members with disabilities.

CWSI is not requesting additional MSYs to be filled by AmeriCorps members with disabilities.

No-Cost MSY Clarification

Narratives

CWSI is not requesting No-Cost MSYs.

Healthcare Clarification Items for all applicants

1. Please provide the name of the health insurance provider you use to insure your AmeriCorps members.

Child Welfare System Improvement is one of four AmeriCorps State programs operating out of the Child Abuse Prevention Center (CAP) Center. The CAP Center is currently utilizing the services of the Corps Network for AmeriCorps health insurance for all four programs. Additionally, the CAP Center has established a policy whereby AmeriCorps members who elect to obtain a silver-level health insurance plan through the Health Insurance Exchange will be reimbursed after submitting proof of payment.

2. How did you select the provider? (for example, direct marketing, through the Health Insurance Marketplace or other means)

The CAP Center previously used SRC -- an Aetna Company ("SRC"), for AmeriCorps health insurance. In July 2013, we were informed by SRC that they would no longer offer AmeriCorps health insurance to members after December 31, 2013. Shortly after grantees and state commissions received SRC's notification, CaliforniaVolunteers, our state AmeriCorps commission, facilitated a conference call with the Corps Network to learn more about their product. We also reviewed the 2013 AmeriCorps Provisions and conducted our own research to identify any other providers who offered plans that met the requirements of the Provisions, including our insurance broker for staff health insurance. From our research, we identified that the Corps Network provided a product that best met the requirements of the AmeriCorps Provisions.

3. Does your proposed budget for member healthcare provide for Minimum Essential Coverage (MEC) coverage, as defined by the Affordable Care Act (ACA), for your full-time members?

Narratives

No, CWSI's proposed budget for member healthcare does not provide for Minimum Essential Coverage as defined by the Affordable Care Act. The CAP Center did not budget for MEC coverage as we budgeted for coverage that meets the current AmeriCorps Provisions. However, CWSI budgeted for 100% utilization in 2014-15 compared to 68% utilization in 2013-14.

4. If not, what adjustment to your budget is necessary in order for you to provide Minimum Essential Coverage (MEC)?

For program year 2014-15, the CAP Center budgeted for 100% of member to receive healthcare coverage as compared to less than 100% utilization in the current program year. Other than adjusting for actual utilization, the CAP Center does not know about all needed adjustments to the budget without knowing the cost of MEC.

5. If you do not have enough information to answer question (6), please explain why not and/or what prevented you from being able to obtain the necessary information.

The cost of Minimum Essential Coverage is member-specific, depending on an individual's age, zip code (for pricing region), and income. This information would not be available to the CAP Center until enrolled in AmeriCorps had been made by our service sites. We could estimate the cost based on 2013-14 utilization, if desired.

Continuation Changes

N/A

Grant Characteristics