RESEARCH BRIEF

An Introduction to the Child Welfare Community Collaborations Grantees and Strategies

building capacity to evaluate
CHILD WELFARE COMMUNITY COLLABORATIONS

This brief provides a high-level overview of the grantees and strategies funded through the Community Collaborations to Strengthen and Preserve Families Initiative (referred to here as Child Welfare Community Collaborations, or CWCC). It includes an overview of the CWCC initiative including its goals, timeline, and technical assistance; a description of each of the 13 CWCC grantees; and a summary of the strategies used in CWCC projects.[1]

Overview of the Initiative

The Child Welfare Community Collaborations (CWCC) initiative is a set of cooperative agreements funded by the Children's Bureau (CB) within the U.S. Department of Health and Human Services' Administration for Children and Families (ACF). CWCC funding supports "the **development, implementation, and evaluation of primary prevention strategies to improve the safety, stability, and well-being of families through a continuum of community-based services and supports**."[2] The purpose of the initiative is to mobilize communities to develop and evaluate multi-system collaboratives that provide a continuum of services to prevent child abuse and neglect. ACF awarded 5-year cooperative agreements to 13 states, non-profit organizations, and Native American tribal organizations (referred to here as "grantees"): a first cohort of four grantees in 2018 and a second cohort of nine grantees in 2019.

Through its funding opportunity announcements[3], ACF required that CWCC projects:

- focus on a geographic area(s) that would benefit from the multi-system collaborative efforts;
- strategically collaborate with key partners (e.g., child welfare agencies, courts, community service providers), creating a shared vision and goals and joint ownership over outcomes;
- plan and deliver activities and strategies that are responsive to community prevention-based needs;
- conduct an independent process and outcome evaluation of the project.

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[1] This brief uses information from grantee's applications, semi-annual progress reports, and summaries of each grantee created by the evaluation TA team to describe the strategies that CWCC grantees included in their initial approaches. The evaluation team also asked CWCC project directors to review the descriptions of their project for accuracy. The *CWCC Projects At a Glance* provides more detailed information about each of the CWCC grantees' projects and their local evaluations. Separate CWCC Grantee Profiles will provide even more detail about each of the CWCC grantees and their evaluations. Additionally, another brief will describe the implementation of CWCC services and activities, including implementation facilitators, barriers, solutions, and modifications.

[2] Community Collaboration to Strengthen and Preserve Families, Funding Opportunity No. HHS-2018-ACF-ACYF-CA-1351 (2018).

[3] See https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/1218617180007651 (Cohort 1) and https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/1218615120007651 (Cohort 2).

To advance the evidence around collaborative approaches to preventing child abuse and neglect, ACF contracted with Abt Associates and its partner Child Trends to conduct the ***Building Capacity to Evaluate Child Welfare Community Collaborations*** project. The project includes ***evaluation-related technical assistance (TA)*** to strengthen grantee evaluation capacity to conduct site-specific evaluations. The project is also supporting ACF's evidence-building effort through a ***cross-site process evaluation*** of the CWCC grants to better understand how communities came together to develop and implement the CWCC approaches (see **Box 1** for more information about the cross-site process evaluation methods and research questions).

Box 1. Overview of the CWCC Cross-Site Process Evaluation

The evaluation team designed the CWCC Cross-Site Process Evaluation to provide descriptive findings spanning all 13 CWCC grantees. Using information collected through four waves of document reviews, surveys, and interviews with leaders and key staff from CWCC projects, the cross-site process evaluation investigated five key research questions.

Research Questions

1) What are the promising approaches and challenges in identifying, establishing, and maintaining new and existing partnerships?
2) How are data being linked and used within and across agencies to: (1) identify families in need of primary prevention services; (2) identify the specific needs of families; (3) make informed decisions about service provision; (4) inform continuous quality improvement; and (5) track outcomes?
3) How are grant implementation activities structured and operationalized, within and across CWCC grantees?
4) What factors—including state and local policies, geographical location (rural vs. urban), resources, staff and organizational capacity, training, cross-partnership coordination, and existing infrastructure—promote or impede implementation of the collaborative strategies, activities, or programs, within and across CWCC grantees?
5) To what extent are CWCC grantees planning to sustain activities beyond the current grant, and what factors do they believe will help or hinder these efforts?

Data Sources

- *Grantee Documents,* including both documents produced by grantees and summaries of each grantee produced by the evaluation TA team. Grantee-produced documents included grant applications (both for the original funding and for supplemental equity funding), semi-annual progress reports, and program documents (e.g., social media features and products developed to raise awareness of the project in the community). Grantee summaries were created by the evaluation technical assistance team and were based on approved evaluation plans, implementation plans, and conversations with grantees and local evaluators.
- *A Collaboration Survey* administered to CWCC grantees and partners annually between 2020 and 2023 for cohort 1 grantees and between 2021 and 2024 for cohort 2 grantees. The survey included the *Collaboration Assessment Tool* (CAT) and questions about respondent characteristics and background. The CAT measures seven factors shown to contribute to effective collaboration (Context, Members, Process, Communication, Function, Resources, and Leadership) as well as respondents' perceptions of the current and future success of their collaboration.
- *Annual site visits with grantees,* that included in-depth interviews with CWCC project leadership, key partners, and staff for insights into priorities, decision making, and perspectives. Interviews were conducted annually between 2020 and 2023 for cohort 1 grantees and between 2021 and 2024 for cohort 2 grantees.

For More Information

See Study Design & Methods Brief, which includes details about the study's data sources, methods, and analysis.

CWCC Goals

The goal of the CWCC initiative is to fund collaborative projects that address local barriers and provide a continuum of supports to promote child and family well-being and strengthen protective factors, ultimately leading to fewer new referrals to child welfare and more families staying together. The overall theory of change for CWCC hypothesizes that organizations, agencies, business, and faith-based organizations can work collaboratively to improve families' access to services that reduce risk and strengthen protective factors among families at high risk of child abuse and neglect. By helping families address their risk and protective factors for maltreatment, these collaborative efforts can ultimately prevent child abuse and neglect.

While each CWCC grantee has their own logic model outlining overall goals and the project components designed to achieve those goals, **Exhibit 1** shows a high-level logic model applicable across the CWCC projects. This model illustrates how the CWCC grants are hypothesized to affect the individuals, communities, and systems in the areas in which they operate.

The CWCC projects are hypothesized to lead to two kinds of **intermediate outcomes**[4]: (1) system-level outcomes that signal the entire child welfare system is working together more effectively, and (2) participant-level outcomes which increase knowledge and take-up of prevention services as well as improvements in risk and protective factors.

The CWCC projects' primary objectives, or **long-term outcomes,** include reduction in the number of placements into foster care and in community-level rates of child abuse and neglect. They also include improvements in child and family well-being and in community norms toward prevention of child maltreatment.

CWCC Technical Assistance

To help grantees meet the goals of the project, all CWCC grantees were provided with dedicated evaluation and implementation technical assistance (TA):

- Abt Associates and Child Trends partnered to deliver **evaluation TA** to all grantees and their local evaluators. Dedicated evaluation TA liaisons worked with each grantee to (1) design high quality, rigorous, and informative process and outcome evaluations, (2) support the implementation of the grantee-designed evaluations, and (3) review and provide feedback on written evaluation products. Evaluation TA providers also offered frequent group TA activities designed to grow sustainable grantee evaluation capacity, build cultures of data use in project and organizational decision-making, and facilitate peer-to-peer learning.
- James Bell Associates (JBA) provided **implementation TA** to grantees. JBA TA liaisons worked with grantees to provide feedback on implementation plans and other implementation products, provide ongoing individualized support for program implementation, develop resources to aid in program implementation, and facilitate peer-to-peer learning opportunities.

[4] In the CWCC logic model, the intermediate outcome category is inclusive of short-term outcomes, or those that are the immediate result of a program or activity.

Exhibit 1. CWCC Logic Model

Ultimate Goal Address local barriers and provide a continuum of supports to promote child and family well-being, strengthen protective factors, prevent child abuse and neglect, and keep families together.

Theory of Change Child abuse and neglect can be prevented by helping families address their risk and protective factors for maltreatment. Collaborative efforts by organizations, agencies, businesses, and faith organizations can improve family access to, and take up of, services and programs that reduce risk and strengthen protective factors amongst high-risk families.

INPUTS	ACTIVITIES	OUTPUTS	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
• CPS Agency • Current array of social service organizations • Knowledge of community • Collaborative achievements before the grant • Funding (CWCC grant, additional funding, in-kind support) • Federal guidance (including evaluation TA)	**One or more collaborative functions:** • Strategic planning • Resource acquisition and allocation • Policy and program direction • Staff training • Program operations • Information dissemination • Community representation • Community leadership • CQI processes	**Number of** • Partners involved • Presentations • Meetings • Trainings • Staff trained • CQI cycles • Grants funded • Website hits • Hotline calls • Events for families • Referrals made • Participants served	**For Systems** • Collaborative implementation of strategic goals and plan • Joint funding of work, joint accounting • Strong continuum of services, aligned policies • ↑ Staff knowledge, shared vocabulary, trust • Relationships built with at-risk families, shared MIS/case management processes, linked referrals to continuum of services as needed • ↑ Community awareness of partners' mission and services • Community-informed decision-making, commitment to prevention of maltreatment by nontraditional partners • Joint decision-making, increased visibility as leaders **For Participants** • ↑ Knowledge/awareness of prevention services available in the community • ↑ Access to appropriate prevention services • ↑ Enrollment in appropriate prevention services • Improvements in risk and protective factors	• ↓ Number of placements into foster care • ↓ Community-level rates of child abuse • Improved community norms toward prevention of child maltreatment • Improved well-being of at-risk children and families

Contextual Factors Other state and local initiatives around child welfare and prevention; opioid and substance abuse responses; changes to Medicaid, TANF, Head Start and other integral social services; leadership changes at lead and partner organizations

CWCC Timeline and Milestones

The grant period for all the CWCC projects is five years. **Exhibit 2** displays key milestones for each cohort. The first cohort of four grantees was awarded in September 2018 and the second cohort of nine grantees was awarded in September 2019. For both cohorts, the first 10 months after award was a dedicated ***planning period***. The ***implementation phase*** of the CWCC projects began after CB's approval of the implementation plan developed during the planning period.

During the *planning period*, CWCC grantees and local evaluators worked to finalize implementation and evaluation plans which were submitted to the TA providers and CB for approval. Specific planning activities included:

- **Solidifying partnerships.** Grantees worked to finalize partnership agreements (including data sharing agreements when necessary) with proposed partner organizations or agencies.
- **Completing site visits.** All CWCC grantees were required to complete at least three site visits to other promising programs focused on similar populations to learn about implementation of community-based prevention programs.
- **Reassessing barriers and challenges and refining strategies.** Using information obtained during site visits and continued planning efforts, CWCC grantees reassessed potential barriers and challenges and identified solutions for overcoming those challenges.
- **Refining and revising implementation and evaluation plans.** In their initial applications, grantees outlined their plans for their CWCC projects and the evaluation of those efforts. During the planning period, grantees refined the focal geographic area for program implementation and reassessed the planned strategies, practices, activities, and timeline to ensure they were appropriate. Grantees also revisited the project logic model and theory of change to clarify hypotheses about how proposed activities would lead to desired outcomes.

As the CWCC grantees refined their project activities, they updated their implementation plans using a detailed implementation plan template developed by JBA. JBA was available to review drafts and provide feedback on these plans. JBA provided input on several key elements of the grantees' plans including their root cause analyses, theories of change, intended populations, core project services and activities, strategies for addressing anticipated challenges, continuous quality improvement plans, and communication and dissemination strategies.

Grantees also worked closely with their local evaluator to develop a comprehensive evaluation plan.[5] Using a template developed by the evaluation TA team the evaluators documented the scope of their process and outcome evaluations and developed a plan for measuring, analyzing, and reporting on outcomes of interest. Evaluators received guidance from the evaluation TA team who reviewed drafts of the evaluation plan and suggested changes to ensure the plan met specified quality indicators.[6]

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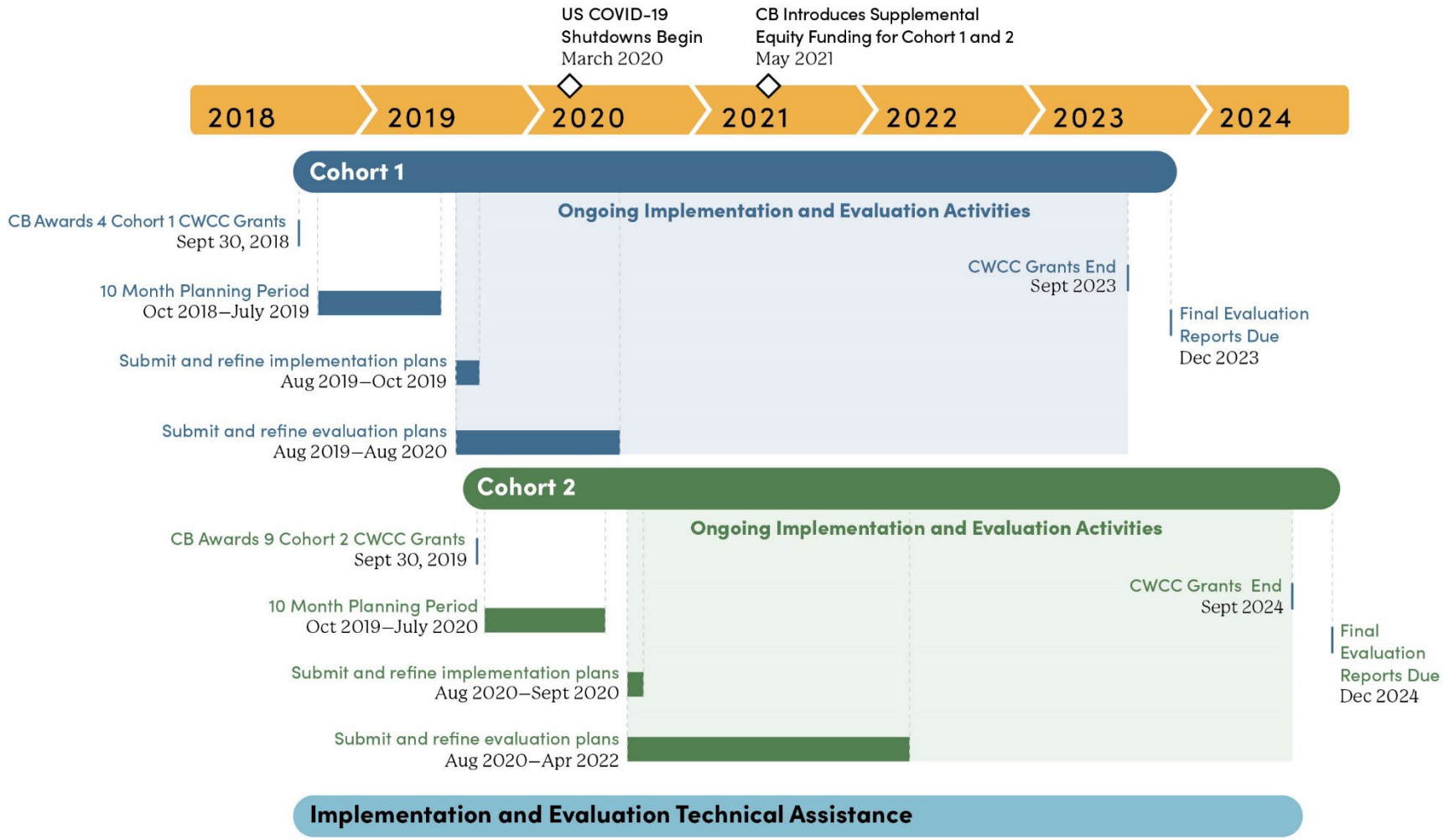
[5] Some grantees had arrangements with a local evaluator at the time of application, others procured their local evaluator during the planning period.

[6] The implementation and evaluation plan templates were reviewed and approved by the Office of Management and Budget. Both templates are available at https://omb.report/icr/201906-0970-001/ic/239601.

Exhibit 2. CWCC Timeline



The ***implementation phase*** of the CWCC projects began after CB's approval of the implementation and evaluation plans. Most implementation plans were approved within one-to-two months of submission (August – October 2019 for cohort 1 and August – September 2020 for cohort 2). Project implementation started once the implementation plan was approved and continues through September 2023 and 2024 for cohorts 1 and 2, respectively.

For both CWCC cohorts, grantees received approval for the evaluation plans on a rolling basis, with some needing more time to revise their plans to meet the minimum quality indicators outlined in the evaluation plan template. As such, there was significant variability in the evaluation timelines for both CWCC cohorts (see the **CWCC Projects at a Glance** for grantee-specific timelines). Cohort 1 grantees submitted evaluation plans in early August 2019 and final approval was granted between September 2019 (one month after submission) and August 2020 (12 months after submission). The average time to approval for cohort 1 was 6 months. Cohort 2 evaluation plans were submitted between August 2020 and December 2020 and approved between January 2021 (four months after submission) and March 2023 (28 months after submission). The average time to approval for cohort 2 was 13 months, considerably longer than cohort 1. Given the long time between submission and approval of the evaluation plans for many grantees in both cohorts, several evaluators received conditional approval to begin evaluation activities while they finalized their evaluation plans. For both cohorts, the evaluation extends three months beyond the end of project activities to allow evaluators time to analyze the data collected through the end of the project period. The final evaluation reports are due in December 2023 and 2024 for cohort 1 and 2, respectively.

Two key events occurred during the CWCC implementation phase that merit discussion. The first was the ***onset of the COVID-19 pandemic and related restrictions***. The pandemic's onset in March 2020 occurred shortly after the first CWCC cohort had started implementing their programs and during the cohort 2 planning period. It affected the well-being and needs of the families CWCC grantees served and at the same time affected grantees and their partners' ability to offer services as initially planned (e.g., office closures and social distancing prevented the delivery of in-person services). For both cohorts, the pandemic led to delays and modifications in some of the CWCC project activities.[7]

The second key event, in May 2021, was ACF's offer of supplemental funding to support project activities designed to address racial disparities and promote racial equity and inclusion in child welfare and family systems, especially in underserved communities. The funding could be used by CWCC grantees to support new activities or enhance existing activities that further develop the work of racial equity and inclusion within the scope of their existing CWCC project. For example, funding could be used to educate community members of the root causes of systemic racism; reshape policies, practices, or program strategies to address systemic racism; enact other activities designed to promote equity; or undertake other relevant activities. All four cohort 1 grantees and seven of the nine cohort 2 grantees applied for and received the supplemental equity funding.[8]

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[7] *Community Prevention of Child Maltreatment: Lessons learned and Promising Practices During the COVID-19 Pandemic* discusses the implications of the COVID-19 pandemic for cohort 1 grantees and adaptations grantees made in response.

[8] Another brief will describe how CWCC grantees used the supplemental equity funding and how they incorporated equity considerations into their projects, more broadly.

Description of the CWCC Grantees

As shown in **Exhibit 3**, the 13 CWCC grantees span all regions of the United States (except Hawai'i and the territorial US jurisdictions).

Exhibit 3. Location of CWCC Projects

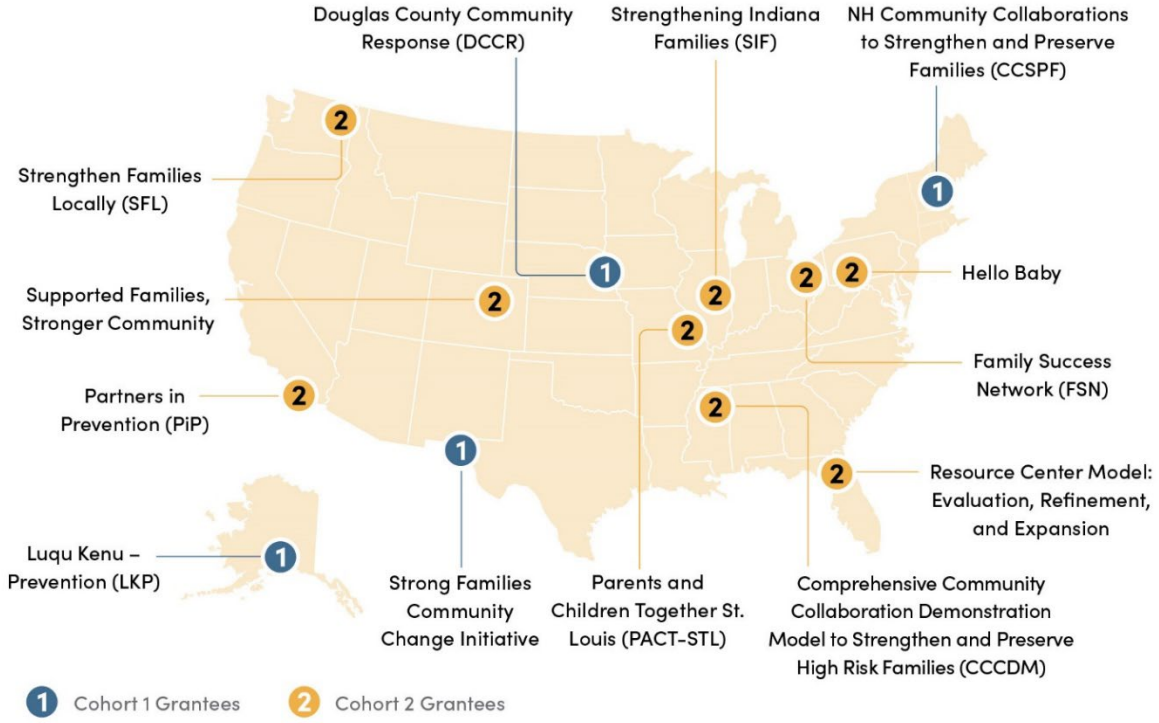

Exhibit 4 provides a high-level description of the CWCC grantees and the strategies they included as part of their project. Most of the lead grantee organizations are private non-profit organizations (six grantees) or public agencies (four grantees). However, there is also one tribal non-profit organization, one public university, and one quasi-public agency. The grantees collaborate with a wide range of partners to plan and implement their strategies, such as public agencies, community-based providers, legal services, and physical and mental health providers. Each grantee uses a package of strategies and services to meet their goals and maximize impact on the communities served. For example, some grantees are utilizing advisory councils with community representatives to inform the development and implementation of project activities and to make sure services are culturally responsive and meet the population's needs. Others are developing or enhancing shared data systems to boost the efficiency and efficacy of collaborative relationships, which in turn allows for more robust direct service provision. The **CWCC Projects at a Glance** tables provide detailed information about the partners for each CWCC grantee[9], the strategies each grantee undertook, the geographic catchment area for the project, the population of focus, the local evaluation activities, and the project timeline.

[9] Another brief will provide more information about grantee partnership structures and approaches to engagement.

Exhibit 4. Overview of the Cohort 1 and Cohort 2 Projects

Grantee	Grantee Organization Type	Project Name	Geographic Catchment Area	Key CWCC Strategies
Cohort 1 Grantees				
Cook Inlet Tribal Council (CITC)	Tribal non-profit organization	Luqu Kenu – Prevention (LK-P)	Cook Inlet Region, Alaska (from the Gulf of Alaska to Anchorage)	1) Conduct ***mobile outreach*** to enroll families who may benefit from strengthened protective factors in LK-P 2) Provide ***family navigation*** to increase access to and engagement in prevention services 3) Convene a ***Learning & Advising Cohort*** to co-develop a Tribal Wellness Framework for service providers 4) Develop a ***whole-family data tracking system*** within CITC
El Paso Center for Children	Private non-profit organization	Strong Families Community Change Initiative	El Paso, Texas	1) Create and sustain a ***Family Advisory Council (FAC)*** to inform project activities 2) Host ***parent cafés*** to enhance participant protective factors 3) Conduct broad ***outreach / education efforts*** 4) Provide families with ***system navigation support*** 5) ***Diversify the Family Leadership Council (FLC)*** by expanding membership to a range of agencies
Nebraska Children and Families Foundation	Private non-profit organization	Douglas County Community Response (DCCR)	Douglas County, Nebraska (Omaha)	1) Strengthen the existing ***collective impact*** approach and use it to identify and solve complex community issues 2) ***Train direct service staff*** on relevant prevention topics 3) Establish ***community café*** series to give parents leadership opportunities and increase protective factors 4) Provide families with ***coaching and concrete*** supports through community response 5) Launch a ***communication campaign*** to increase knowledge of effective primary prevention activities and available resources

Grantee	Grantee Organization Type	Project Name	Geographic Catchment Area	Key CWCC Strategies
New Hampshire Department of Health and Human Services	Public agency	Community Collaborations to Strengthen and Preserve Families	Manchester; Winnipesaukee Public Health Region; and North Country (Coös County), New Hampshire	1) *Establish* ***Community Implementation Teams (CITs)*** who participate in ***Boundary Spanning Leadership (BSL)*** to create alignment within and across organizations. Includes readiness BSL training. 2) CIT staff participate in ***readiness training*** for implementation (e.g., data collection, data system, Protective Factors Survey 2nd Edition). 3) Local center staff provide ***family prevention navigation***, facilitating direct services and referrals aligned with the Strengthening Families Protective Factors Framework. 4) CIT partners and staff conduct continuous quality improvement activities including the use of Population Health Data (Predict-Prevent-Align data) to **inform family outreach, recruitment, retention, and prevention strategies** in the areas of highest need.
Cohort 2 Grantees				
Allegheny County Department of Human Services (ACDHS)	Public agency	Hello Baby	Allegheny County, Pennsylvania	1) ***Universal outreach*** about Hello Baby to all families with newborns 2) Provide supports and resources (e.g., home visiting, education and coaching, housing navigation, job search assistance, fatherhood programs, legal assistance) for families through the network of ***Family Support Centers*** 3) Teams of ***Family Engagement Specialists (peers), Navigators (social workers), and Family Coaches (therapists)*** reach out, engage, and support families at high-risk; care and enrollment in services (e.g., childcare, housing assistance, job search assistance, treatment) are expedited
Partnership for Strong Families, Inc.	Private, non-profit agency	Resource Center Model: Evaluation, Refinement, and Expansion	North Central Florida	1) ***Build and sustain community collaborations*** through engagement of community partners and regular communication, convening a Steering Committee and an Advisory Board, and community visioning sessions to identify services needs / gaps 2) Provide services and referrals to families through four ***family resource centers***

Grantee	Grantee Organization Type	Project Name	Geographic Catchment Area	Key CWCC Strategies
Trustees of Indiana University	Public university	Strengthening Indiana Families (SIF)	Tipton, Grant, Madison, and Delaware Counties, Indiana	1) Implement a ***public awareness campaign*** to provide information on effective parenting skills, normalize parenting training, and decrease stigma for help seeking 2) Deliver services and concrete supports through ***Family Resource Centers (FRCs)*** 3) Host ***parent cafés*** where parents and caregivers talk about the challenges and victories of parenting children and raising a family 4) Host ***A Window Between Worlds*** groups, an arts-based, trauma-informed program for both children and adult caregivers 5) Host monthly ***family fun events*** to promote FRCs as a family-friendly space that offers support, connection, and resources 6) Regularly convene ***SIF Steering Committee meetings*** for planning and oversight, ***local implementation team*** meetings for site-specific planning, and a ***parent advisory group*** comprised of caregivers with varied lived experience
Larimer County Department of Human Services	Public agency	Supported Families, Stronger Community (SFSC)	Larimer County, Colorado	1) Systems-level activities that ***enhance agency collaboration and coordination*** and strengthen the prevention services continuum, including developing and facilitating a multi-agency Community Coalition Team (CCT), establishing and implementing ***common data metrics*** across partner agencies, and ***engaging families*** in the design and delivery of prevention efforts. 2) Host ***World Cafés*** to help families connect and support each other through direct support advocacy (World Cafés were discontinued after the first year; similar community conversations already existed in the community so the grantee partnered in those conversations instead). 3) Run ***marketing campaigns*** to enhance prevention efforts. 4) Deliver relevant ***training to staff*** and community partners. 5) ***Light and high intensity service navigation/case management (SN/CM) and "community connections"*** to help build trust between navigators and communities/families, mitigate barriers in accessing services, and to address families' hesitancy in seeking services.

Grantee	Grantee Organization Type	Project Name	Geographic Catchment Area	Key CWCC Strategies
The Family Resource Center of North Mississippi	Private non-profit organization	Comprehensive Community Collaboration Demonstration Model to Strengthen and Preserve High Risk Families (CCCDM)	Tupelo / Lee County, Mississippi	1) Provide direct services to families through ***Family Resource Centers (FRCs)*** 2) Conduct assessments and develop a ***Family Strengths Building Plan*** connecting families with appropriate resources and interventions 3) Engage families with services and supports with the assistance of a ***Family Safety Navigator***.
Ohio Children's Trust Fund	Quasi-public agency	Family Success Network (FSN)	Columbiana, Mahoning, and Trumbull Counties in Northeast Ohio	1) ***Core training*** for program staff 2) Establish a single, ***centralized referral*** line for families and referral sources 3) ***Outreach*** to promote awareness of the community-based primary prevention services and resources 4) ***Multi-tiered service delivery system*** to offer varying levels of service based on need; service array includes family coaching, parent education, basic life skills, financial literacy, information and referrals, and concrete supports. 5) With a family coach, participants develop a ***Family Success Plan*** outlining family's goals and objectives (i.e., behaviorally specific areas the family wishes to improve) and planned steps (i.e., services and activities) that the family will take to meet those objectives

Grantee	Grantee Organization Type	Project Name	Geographic Catchment Area	Key CWCC Strategies
Vision for Children at Risk	Private non-profit organization	Parents and Children Together St. Louis (PACT-STL)	St. Louis County and St. Louis City, Missouri	1) ***Strategic Collaboration*** to enhance collaboration across members, meet identified needs, and change policies and protocols to address barriers to accessing services / basic needs 2) ***Parent Advisory Council (PAC)*** comprised of parents with experience with child welfare system provides feedback and oversight of project strategies 3) ***Public awareness campaign*** focused on providing parenting techniques, causes of child abuse and neglect, and how to access help / normalize help seeking 4) ***Training*** for community service providers and community members (Culturally and Linguistically Appropriate Services (CLAS) Standards) 5) ***Café Models: Parent cafés (and dad cafés)*** covering the five protective factors and facilitated discussion on parents' challenges and successes and ***vitality cafés*** covering six vitality domains representing a thriving family (physical, mental, spiritual, social, financial, and environmental health). ***Community Cafés*** focusing on the issues that are impacting the community wellbeing. 6) ***Peer support*** to families with child protective services (CPS) involvement
YMCA of San Diego County	Private non-profit organization	Partners in Prevention (PiP)	San Diego, California	1) ***Improve systems alignment*** by engaging community partners, assessing family and community needs, using a mapping tool to track family support services, and using technology to track referrals and outcomes 2) Implement an ***integrated learning system (ILS)*** to support high-quality professional development for PiP 3) Increase use of the Community Information Exchange (CIE) – a ***relationship management software system*** that provides for shared client-level records across health and social service provides in the service area 4) Build relationships with families through ***Early Childhood Mental Health Consultation (ECMHC)***
Washington Department of Children, Youth, and Families	Public agency	Strengthen Families Locally (SFL)	Port Angeles and Sequim, Bremerton, Stevens and Ferry Counties, and Spokane locales, Washington	1) ***Convene and collaborate with community partners***, including parents with lived experience 2) ***Data coaching*** to review local child welfare data and conduct spatial and social network analyses 3) ***Community and parent cafés*** to identify community needs. 4) *Develop* ***community-based action plans***

Categorizing the CWCC Strategies

As illustrated above, CWCC grantees employed a wide range of strategies to prevent child maltreatment and promote family well-being in the context of their local communities. While the strategies varied, the evaluation team developed a set of categories to allow for comparison and asked grantees to apply these categories to their work (see **Exhibit 5**). The categories are defined below and grouped by level of focus (i.e., strategies directed toward individuals, the community, or systems).

Individual-Level Strategies

Cafés are structured discussions and group listening sessions among parents/community members to build relationships and confidence in parenting by focusing on protective factors or parental well-being. Discussions may also identify community issues or challenges that inhibit family stability and corresponding solutions to address those challenges.

Family coaching or navigation includes participant-driven, individualized support to families. Family coaching/navigation usually includes referrals to outside services and provision of concrete supports to meet both immediate and long-term needs. This strategy may also involve direct coaching to work on certain social/behavioral skills.

Parent education and training strategies are classes offered to parents to develop parenting skills. Classes are generally evidence-based and offered in a group setting.

Resource centers are physical spaces where families can go to receive services and interact with other families. These resource centers are a community hub for grantee and partner activities.

Community-Level Strategies

Staff and provider training includes trainings or workshops designed to increase service provider capacity and knowledge around community prevention of child maltreatment.

Meaningful engagement of families are strategies that are designed to ensure that parents and community members have a say in the design and delivery of prevention strategies and programming. These often take the form of advisory councils where families are invited to comment on design and implementation of programming.

Community outreach and public awareness refers to broad-based communication initiatives to increase awareness of grantee/community services. Initiatives also often include elements to normalize seeking help.

Systems-Level Strategies

Systems alignment strategies include efforts to collaborate and regularly convene system partners to strengthen the prevention services network. Systems alignment strategies often include data sharing and continuous quality improvement activities.

Promoting equity includes efforts to explicitly address racial disparities and promote racial equity and inclusion in the child welfare and family systems, especially in underserved communities. This category illustrates the grantees who applied for and received supplemental CWCC funding to implement strategies designed to address racial disparity and promote equity.

Exhibit 5. Categories of CWCC Strategies by Grantee

CWCC Strategy Category	Cohort 1 Grantees				Cohort 2 Grantees									Total Across All Grantees
	Cook Inlet Tribal Council (AK)	El Paso Center for Children (TX)	Nebraska Children and Families Foundation	New Hampshire DHHS	Allegheny County (PA)	Partnership for Strong Families (FL)	Trustees of Indiana University	Larimer County DHS (CO)	Family Resource Center of North Mississippi	Ohio Children's Trust Fund	Vision for Children at Risk (MO)	YMCA Childcare Resource Service (CA)	WA Dept of Children, Youth, & Families	
Individual-level Strategies														
Cafés. Structured discussions and group listening sessions among parents/ community members.	–	✓	✓	–	–	–	✓	✓	–	–	✓	–	✓	6
Family Coaching / Navigation. Participant-driven, individualized support to families.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13
Parent Education and Training. Evidence-based classes for parents to develop parenting skills.	–	–	–	✓	✓	–	✓	–	–	✓	✓	–	✓	6
Resource Centers. Physical space where families can receive services and interact with other families.	–	–	–	✓	✓	✓	✓	–	✓	–	–	–	–	5
Community-level Strategies														
Staff / Provider Training. Trainings and workshops to increase service provider capacity / knowledge.	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	–	11
Meaningful Engagement of Families. Engaging community members in strategies / programming.	✓	✓	–	✓	✓	✓	✓	✓	–	✓	✓	–	✓	10
Community Outreach / Public Awareness. Broad-based communication initiatives.	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	–	✓	11
Systems-level Strategies														
Systems Alignment. Collaboration and regular convening of partners to strengthen networks.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13
Promoting Equity. Explicitly promoting racial equity using supplemental CWCC funding added in 2021.	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	–	11
Total Number of Strategies Used	6	7	6	8	7	5	9	7	6	7	8	4	6	--

As Exhibit 5 illustrates, all grantees included strategies in at least four of the nine categories and included at least one individual-level, community-level, and systems-level strategy. The majority (11 of the 13 grantees) used strategies in six or more of the nine categories. The most common categories were family coaching / navigation and systems alignment (used by all 13 grantees), followed by promoting equity with the CWCC supplemental funding (11 grantees), community outreach (11 grantees), and staff and provider training (11 grantees). Fewer used family resource centers (five grantees), and parent education and training (four grantees).

Summary

ACF's CWCC initiative funded 13 collaborative efforts across the United States to prevent child maltreatment and reduce community-level rates of child abuse, neglect, and out-of-home placements. CWCC grantees also aimed to improve child and family well-being and shift community norms towards the prevention of child maltreatment.

CWCC grantees shared a common goal, but were diverse geographically, organizationally, and in the specific strategies they undertook. Grantees spanned urban and rural communities throughout the continental US and Alaska and represented a mix of public agencies, non-profits, and even academic institutions. Given the CWCC initiative's focus on strategic coordination, it's not surprising that all grantees incorporated some systems alignment activities designed to promote community collaboration and strengthen communities' prevention services network. All grantees also incorporated at least one community-level strategy designed to promote positive change in the community and at least one individual-level strategy designed to increase protective factors and promote well-being.

This brief is the first of several from the cross-site evaluation designed to advance the evidence around collaborative approaches to preventing child abuse and neglect. Future briefs will document the strategies undertaken by the CWCC grantees; their collaborative structures; the nature of program implementation, including facilitators, barriers, and lessons learned; and sustainability for the CWCC efforts. Altogether, the findings from the cross-site process study will contribute to the evidence base for collaborative prevention efforts at an important time when the child welfare system is shifting toward a system of primary prevention.

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This project is part of a portfolio of research focused on coordinated services to support children and families. Projects within this research portfolio address the intentional coordination of two or more services. These projects span OPRE's program-specific research portfolios, including childcare, Head Start, home visiting, child welfare, and welfare and family self-sufficiency. More information about OPRE's Coordinated Services projects can be found on the webpage for the Coordinated Services Research and Evaluation Portfolio.

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