

Children's Trust Fund Statewide Grantee Meeting Cohort 26 Orientation



November 9, 2016

Mission

**To prevent child abuse
and neglect in
Pennsylvania**

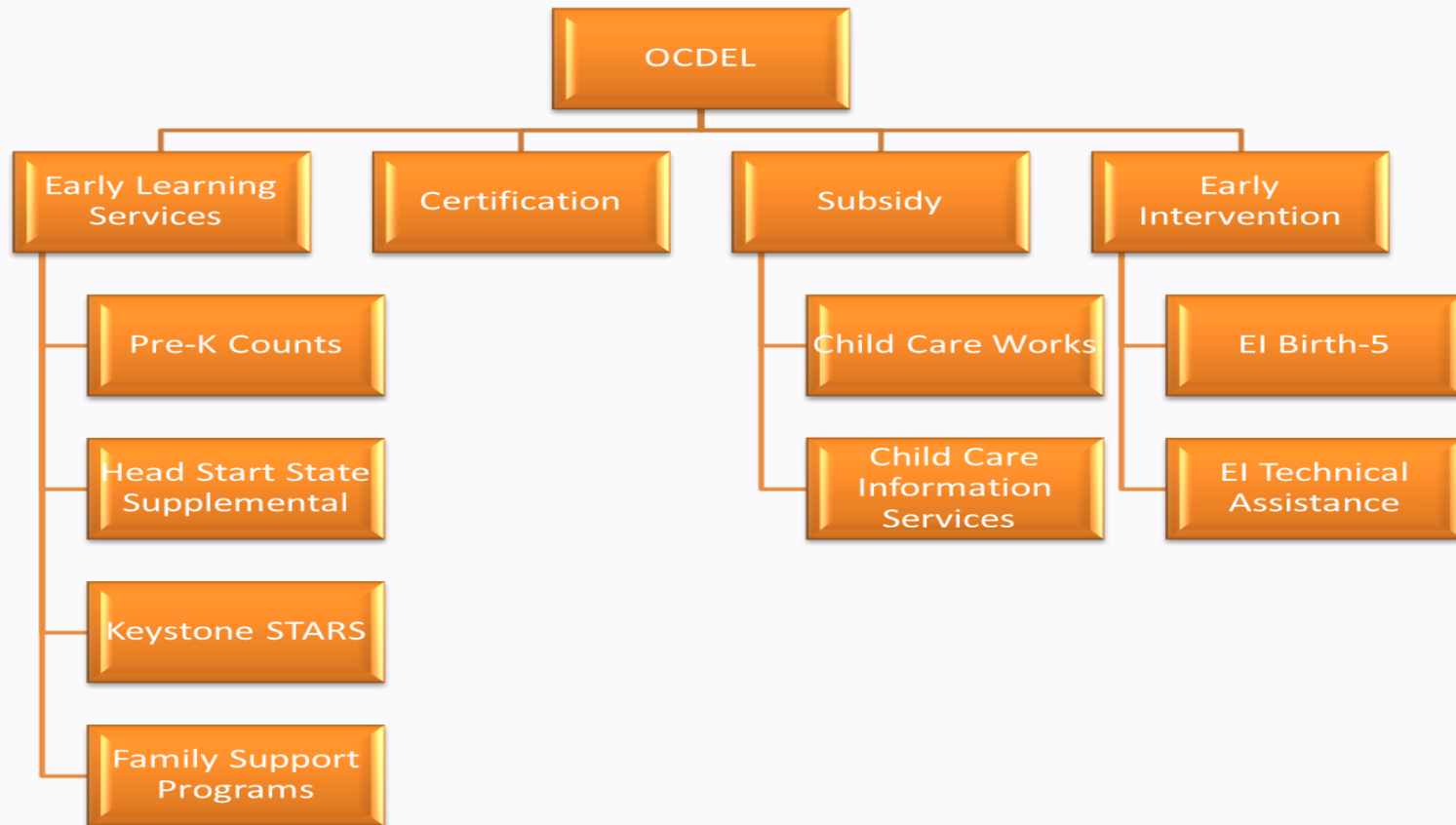
through grants to community-based
service providers

- Member of a national network
- Created by statute in PA – Act 151 of 1988
- Administered by a 15-member Board of Directors and Department of Human Services
- Deputy Secretary for DHS's Office of Child Development and Early Learning serves as Executive Director
- Duties and responsibilities – OCDEL staff

We Believe That:

- Every child has the right to:
 - Be safe, nurtured and be protected from child abuse and neglect
 - Reach his or her fullest potential
 - Grow up in a stable supportive family
- Every community has a right to:
 - To be trusted and supported to make decisions about appropriate services
- CTF respects the diversity of Pennsylvania communities

OCDEL Organization



CTF Staff

- Suzann Morris, CTF Executive Director and Deputy Secretary for the Office of Child Development and Early Learning (OCDEL)
- Andrew Dietz, CTF Program Manager, OCDEL
- Rijelle Kraft, CTF Technical Assistant, Center for Schools and Communities

CTF Board Members

- Bruce Clash(Chair), Fight Crime: Invest in Kids Pennsylvania
- Angela Liddle (Vice-Chair), Pennsylvania Family Support Alliance
- Senator Ryan Aument, Lancaster County
- Senator Camera Bartolotta, Beaver, Washington and Greene Counties
- Diana Bucco, The Buhl Foundation
- Representative Scott Conklin, Centre County
- Senator Arthur Haywood, Philadelphia and Montgomery Counties
- Maria McColgan, M.D., St. Christopher's Hospital for Children
- Representative Dan Moul, Adams County
- Abbie Newman, Montgomery County Child Advocacy Center
- Representative Tarah Toohil, Luzerne County
- Rodney Wagner, York County Youth Development Center

Funding Sources

- Constant Revenue - \$10 surcharge on marriage and divorce applications and investment income
- Deposited into a special state account

Grantees (6)

- Children's Aid Society in Clearfield County
- Columbia County Family Center
- Family Services Association of Bucks County
- Fulton County Family Partnership
- Jim Thorpe Area School District – Carbon County
Right from the Start
- National Nurse-Led Care Consortium

Program Models

Nurse-Legal Partnership

Nurturing Parenting Program

Parents as Teachers

Triple P Parenting Program

New Grantee Expectations

- Goals and Outcomes
- Accountability
- Support

Grant Period

November 1 to October 31

1st Quarter – November to January

2nd Quarter – February to April

3rd Quarter – May to July

4th Quarter – August to October

Renewal Process

- Renewal package sent each August before start of next grant year:
 - Local Match Verification Letter/Match Requirements
 - Program and/or Budget Revision Request, if applicable
- Must be completed and reviewed by CTF Board before payment is issued
- Any unused funds and interest monies must be returned to DHS at end of each grant year

CTF Logo

- CTF logo must appear on all publications and documents produced by the grantee in relation to the CTF-funded program
- News releases pertaining to the project must be forwarded to the CTF program office
- Logos are located on the flash drive

Children's Trust Fund Grantee Meeting



Color Options

Full Color – Vertical



**Pennsylvania
Children's Trust Fund**

Full Color – Horizontal



**Pennsylvania
Children's Trust Fund**

One Color – Vertical



**Pennsylvania
Children's Trust Fund**

One Color – Horizontal



**Pennsylvania
Children's Trust Fund**



Incorrect Use

Do not:

- Stretch or distort
- Enclose in a shape
- Place at an angle
- Surround by text
- Add a drop shadow
- Change the color
- Alter letter spacing
- Substitute typefaces
- Change position or size of the text



Training Requirements

- All grantees are required to attend appropriate PD events each grant year
- All direct-service staff working for the CTF program
- Each attend at least one PD event that directly relates to the funded program's goals and objectives
- Annual budget line item for trainings
- Provide summary of training attended in Quarterly Program Report

Grant Procedures and Reporting Requirements

Grant Procedures

- Grantee Handbook
- Bi-Monthly Calls
- Annual Site Visit
- Annual Grantee Meeting
- Webinars
- News Brief

Reporting Requirements

Quarterly Program

- Send electronically
- Due 30 days after end of quarter

Data Spreadsheet

- Upload through DocuShare
- Due every 6 months

Quarterly Expenditure Report

- Send electronically
- Due 15 days after end of quarter

Outcomes

Broad Outcome Area	Participant Outcomes
Healthy Child Development	Participating parents understand typical child development
Safe and Stable Families	Participating parents consistently demonstrate positive interactions with their children
	Participating parents demonstrate ability to or state they know how to access additional services to meet their basic needs
	Participating parents have a mutual support network of family, friends, and neighbors, including other program participants that they use for support and assistance when needed

Quarterly Program Report

Purpose

- Update numbers of participants served
- Describe successes and challenges in several key areas
- Report on program specific evaluation tools

Quarterly Program Report

Grant Year ___ 1 ___ 2 ___ 3 Reporting Period M/Y _____ to M/Y _____
Quarter ___ 1 ___ 2 ___ 3 ___ 4 Cohort: _____

Grantee	
Grant No.	
Program Title	
Contact Person	
Phone/E-mail	
County(ies) Served	

Quarterly Program Report

a. Monthly Service Log

Month	# of new families	# of new parents enrolled in program	# of new children enrolled in program	# of families who exited the program	# of parents who exited the program	#of children who exited from the program
Carry-over						
November						
December						
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
Total to Date						

Quarterly Program Report

Month	# of new families	# of new parents enrolled in program	# of new children enrolled in program	# of families who exited the program	# of parents who exited the program	# of children who exited from the program
Carry-over	3	3	3			
November	2	2	3	0	0	0
December	0	0	0	1	1	2
January	5	8	4	1	1	1
February						
March						
April						
May						
June						
July						
August						
September						
October						
Total to Date	10	13	10	2	2	3

This is an example only

Quarterly Program Report

b. Notes on the Monthly Service Log

c. Retention

c. Retention: (Complete in Quarter 4 ONLY)

- Of the families who exited the program throughout the year how many families, parents, children attended the majority of indicated sessions?*

<i>Benchmark (ex. 75%)</i>	<i>Families</i>	<i>Parents</i>	<i>Children</i>

Quarterly Program Report

Narrative Sections

- a. Briefly describe how your program design is preventing child abuse and neglect.
- b. Significant Activities
 1. Details about service delivery
 2. Major activities
 3. New collaborations
 4. Public information activities

Quarterly Program Report

Narrative Sections

c. Outcomes Achieved – Part One

Name of Evaluation Tool	Frequency of Administration	Date Added (e.g. start of grant, year two, etc.)

Quarterly Program Report

Narrative Sections

c. Outcomes Achieved – Part Two

- Summarize outcome findings
- Discuss trends
- Include success stories and anecdotal evidence of progress
- What are you doing with the data?

Quarterly Program Report

Narrative Sections

- d. Barriers and Challenges
- e. Staffing
- f. Project Goals

Quarterly Program Report

Quarter	Reporting Period	Due Date (30 Days after the end of the quarter)
First Quarter	November 1 – January 31	Last working day of February
Second Quarter	February 1 – April 30	Last working day of May
Third Quarter	May 1 – July 31	Last working day of August
Fourth Quarter	August 1 – October 31	Last working day of November

Submit electronically to Andrew Dietz – anddietz@pa.gov

Cc: Rijelle Kraft – rkraft@csc.csiu.org

Modifications to Grants

- Improvement plans
- Revisions
- Relinquishing the grant

Improvement Plan

- Persistent challenges
- Complete an Improvement Plan
 - Goals
 - Action steps
 - Monitoring

Revision Requests

- Revisions require prior approval
- Must be signed by both a fiscal and program representative *IF* there is an impact on the budget
- Must include justification and documentation
- Submit at least 30 days before the end of the grant year.
- Policy is included in the handbook

Program Revision Policy

Board approval is required for major program revisions, which include:

- A substantial redefinition and/or increase or decrease of the population to be served
- A major change in the originally-approved design of the program which potentially alters the program's objectives
- A change in the entity responsible for administering the grant agreement

Program Revision Policy, cont.

Executive Director approval is required for minor program revisions, which include:

- A change in a subcontractor responsible for completion of major components of the approved program design; or
- A change in curriculum or model used that does not alter the program's objectives or deviate from a model program's requirements.

Budget Revision Policy

- CTF Executive Director approval is required to reallocate funds between major categories totaling more than ten percent of the category total
- A line is added or deleted
- The total CTF award amount may not increase

Relinquishing the Grant

- Discuss the situation with technical assistance staff
- Letter stating intent

Fiscal Procedures and Reporting Requirements

Children's Trust Fund Grantee Meeting



Quarterly Expenditure Reports

QUARTERLY EXPENDITURES REPORT							
GRANTEE: []				REPORTING QUARTER (1-2-3-4):			
GRANT #: []		VENDOR #: []		DATE PREPARED: []			
FEDERAL ID #: []				PREPARED BY: []			
GRANT YEAR: 1 -- 2 -- 3		GRANT YEAR (MMY-MYY): 11/2015 - 10/2016		PHONE # / E-MAIL: []			
CTF GRANT FUNDS							
	Budget Amount*	Expenditures This Quarter	Total Expenditures Year to Date**	Cash Match Expenditures This Quarter	In-Kind Match Expenditures This Quarter	Total Cash Match Expenditures Year to Date	Total In-Kind Match Expenditures Year to Date
Personnel							
110-Wages and Salaries							
120-Employee Benefits							
Subtotal							
Operating							
310-Occupancy							
320-Communications							
330-Administrative Supplies							
350-Transportation							
360-Purchased from Subcontractors							
390-Other Operating Costs							
CTF Training (\$500)							
Add lines as needed							
Subtotal							
Purchased Assets							
412-Service and Office Equipment							
414-Data Processing Equipment							
Subtotal							
Total							
Interest Earned (end-of-year) \$ []							
Interest Expended (end-of-year) \$ []							
* Refer to the second page for descriptions of each line item and category and instructions on how to							
included with each quarterly expenditure report submitted. Include a written explanation if total Year-to-Date Expenditures for the quarter are less than the appropriate percentage of the total Grant Budget (i.e. if less than 25% at the first quarter, less than 50% at the second quarter, less than 75% at the third quarter, less than 100% at the fourth quarter).							
Approved:	Grantee Fiscal Officer			Date:			
OCDEL Review:				Date:			
Send one original to:	Pennsylvania Office of Child Development and Early Learning Attn: Brent Gordon 333 Market Street, 6th Floor Harrisburg, PA 17126-0333						

Quarterly Expenditures Report - Budget Narrative

Complete the grantee identifying information in the boxes provided, including your grant and vendor numbers.

Identifying Information: The total costs must be shown by appropriate object of expenditure as follows:

Grant Budget: CTF budget and expenditures are shown under the CTF Funds columns as it appears on the originally approved budget or approved budget revisions.

Match Budget: Matching fund expenditures for the quarter and year to date are shown under the Cash and In-Kind Match columns.

A minimum 25 percent local match is required in the first grant year (half in cash).

A minimum 50 percent local match is required in the second and third years. (half in cash)

Budget Categories/Line Item: Include narrative detailing quarterly expenditures for each line item FOR GRANT AND MATCHING FUNDS.

100 - Personnel

Line 110 The cost for all wages and salaries of program staff shown by position title. (Subcontracted staff costs are shown on line item 360.)

Line 120 The cost for employee benefits entered on this line include Social Security, retirement, insurance and other benefit contributions. (Generally calculated as a percent of the salary.)

300 - Operations

Line 310 Occupancy expenses including rent, utilities, insurance and housekeeping.

Line 320 Communication expenses including telephone, postage, printing, duplicating and advertising.

Line 330 The costs for administrative supplies including office supplies, minor office equipment (less than \$5,000), maintenance and rental. Curriculum materials may be included on this line.

Line 350 Transportation costs include staff travel, mileage for use of personal vehicles and client transportation, vehicle rental and operation.

Line 360 Purchased services include contracted services provided by an individual or an approved agency. Each subcontractor must be listed individually.

Line 390 Other operating costs which cannot be included on line items 310 through 360 are shown on this line. Must include \$500 for CTF training expenses. Please provide a break down of all costs included under this line item.

400 - Fixed Assets

Line 412 The cost of major office equipment (\$5,000 or more) and service for use in the program.

Line 414 The cost of data processing equipment, peripheral equipment and software. Annual fees for the use of software shall be charged to line 330.

Total

The total budget for the grant year.

Completing the Expenditure Report

For each quarter, complete the Expenditures this Quarter and Expenditures Year-to-Date columns for the Grant Budget and for the Cash and In-Kind Match budgets.

A budget narrative detailing quarterly GRANT AND MATCH expenditures in each line item MUST be submitted with each report.

If total Year-to-Date expenditures for the quarter are less than the appropriate percentage of the total Grant Budget, as described in the second yellow box on the report form, please provide a written explanation.

Any unused grant funds and/or interest money must be returned to OCDEL at the end of the grant year.

Interest Earned and Expended (end of year)

Input the amount of interest earned on CTF grant funds for the grant year (complete this line on the end-of-year fourth quarter report only).

Input the amount of interest expended on the CTF program during the entire grant year (complete this line on the end-of-year fourth quarter report only).

*Any interest monies earned and not expended on the CTF program must be returned to the Department of Public Welfare with any other unexpended grant funds.

Submission: Send one signed original expenditure report and accompanying budget narrative to the address provided. Reports are due 15 days after the end of each quarter.



Quarterly Expenditure Reports

Reminders from Brent Gordon:

- Ensure quarterly expenditure report line items mirror your approved budget line items;
- Fill out the grantee identifying information on your expenditure forms completely;
- Complete expenditure narratives detailing your grant and match spending.

Payment Provisions

Issued on quarterly basis

- o 25% November
- o 25% February
- o 25% May

Last quarter

- o 12.5% August

Remaining 12.5% after receipt of fourth quarter expenditures report

Quarterly Expenditure Reports

- 1st, 2nd and 3rd quarter reports in Excel format (no signature required)
- Final expenditure report must be a signed pdf
- Email all expenditure reports to:
RA-PWOCDELEXPENDITUR@pa.gov
- Budget related questions to Brent Gordon at
brgordon@pa.gov or 717-346-9330

Data Procedures and Reporting Requirements

Data Instrument

- Parents' Assessment of Protective Factors

Parent Statements

DIRECTIONS: There are 4 groups of statements in this survey. In responding to each statement, focus on the youngest child in your care who is between birth and 8-years-old.
In responding to the statements, please keep 3 points in mind:

- You should respond truthfully to each statement. There are no right or wrong answers – only your opinions.
- Some statements may seem like others, but no two statements are exactly the same.
- You are encouraged to respond to every statement.

Read each statement and fill in the circle that best describes you during the last couple of months.
Fill in only one circle for each statement like this: ●

	This is NOT AT ALL LIKE me OR what I believe	This is NOT MUCH LIKE me OR what I believe	This is A LITTLE LIKE me OR what I believe	This is LIKE me OR what I believe	This is VERY MUCH LIKE me OR what I believe
11. I feel positive about being a parent/caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I take good care of my child even when I am sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I find ways to handle problems related to my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I take good care of my child even when I have personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I manage the daily responsibilities of being a parent/caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have the strength within myself to solve problems that happen in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am confident I can achieve my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I take care of my daily responsibilities even if problems make me sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I believe that my life will get better even when bad things happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Data Instrument General Guidelines

- All caregivers
- Pre-post tool, administered upon enrollment and at exit
- Focus on the child that is enrolled in the program associated with CTF funding
- Unique identifier
- English and Spanish

Data Instrument Administration

- Conversation with the family
- Instructions
- Paper and pencil
- Self-administered or interviewer-administered
- “Admin Only” box
- Family Background Information Form

Parents' Assessment of Protective Factors Tool

Data Instrument Scoring

- Missing Data
- Protective Factor Subscale Total
- Protective Factor Subscale Average
- Protective Factor Index Total
- Protective Factor Index Score
- Mapping the Protective Factor Index

PAPF Scoring Sheet

Data Collection Instrument

Data Collection Protocol

- Excel Spreadsheet
 - Each participant will fill out a “pre-survey” and a “post-survey” at entrance and exit

Data Submissions

Data submissions will be due every 6 months.

<u>Data from:</u>	<u>Data Due:</u>
Nov 1, 2016-Apr 30, 2017	May 31, 2017
May 1, 2017-Oct 31, 2017	Nov 30, 2017
Nov 1, 2017-Apr 30, 2018	May 31, 2018
May 1, 2018-Oct 31, 2018	Nov 30, 2018
Nov 1, 2018-Apr 30, 2019	May 31, 2019
May 1, 2019-Oct 31, 2019	Nov 30, 2019

Data Submissions

- Upload the entire workbook through Docushare
- Questions about data submission sent to Deepa Saravana at dsaravanav@pa.gov

Questions/Discussion

- Andrew Dietz, Family Support Program Manager,
Office of Child Development and Early Learning

anddietz@pa.gov

- Rijelle Kraft, Family Support Technical Assistance
Coordinator, Center for Schools and Communities

rkraft@csc.csiu.org