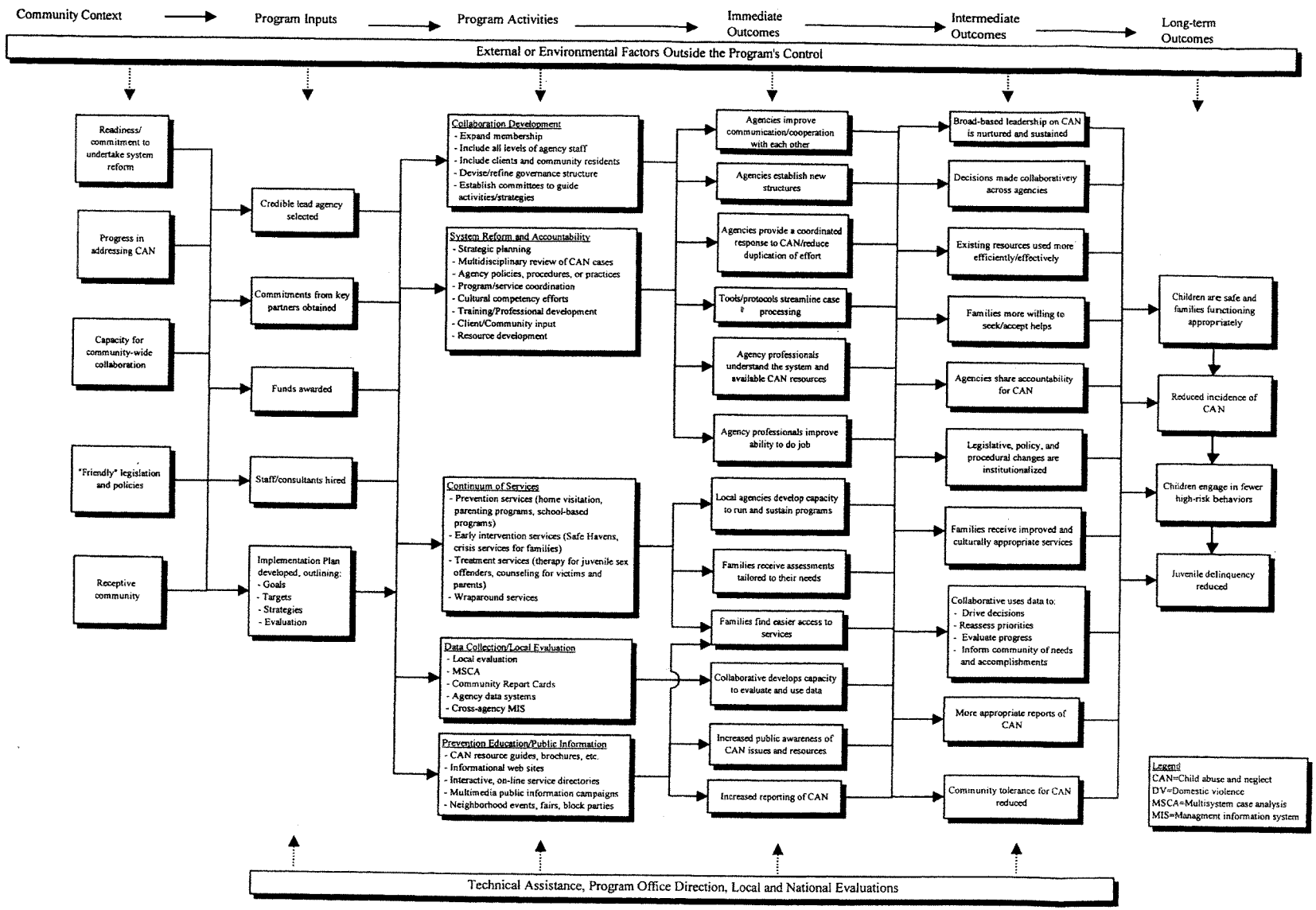


Figure B-1. Logic Model for the Safe Kids/Safe Streets Initiative

Figure A6-1. Logic Model for Toledo Safe Kids/Safe Streets Program: Implementation Phase

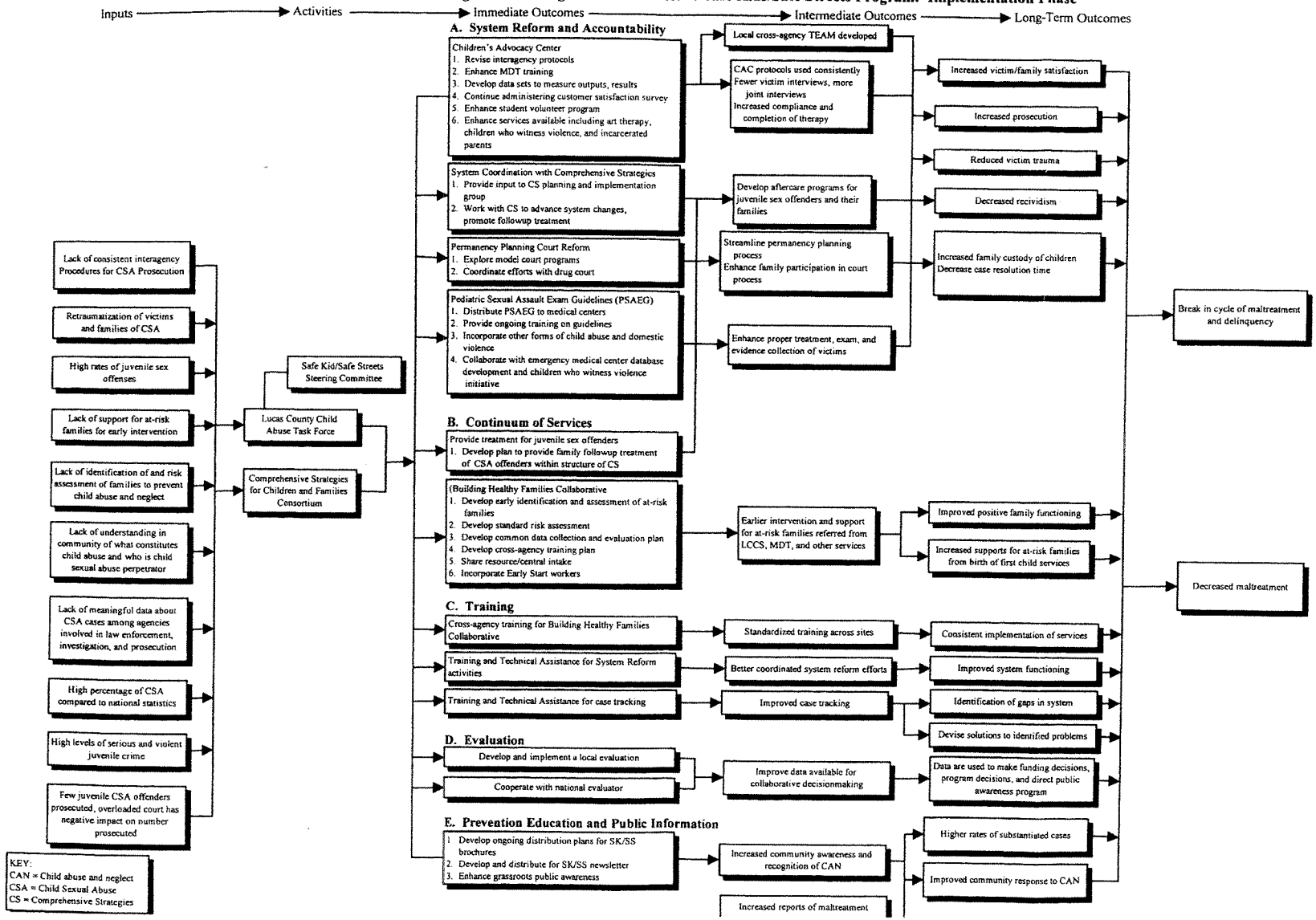
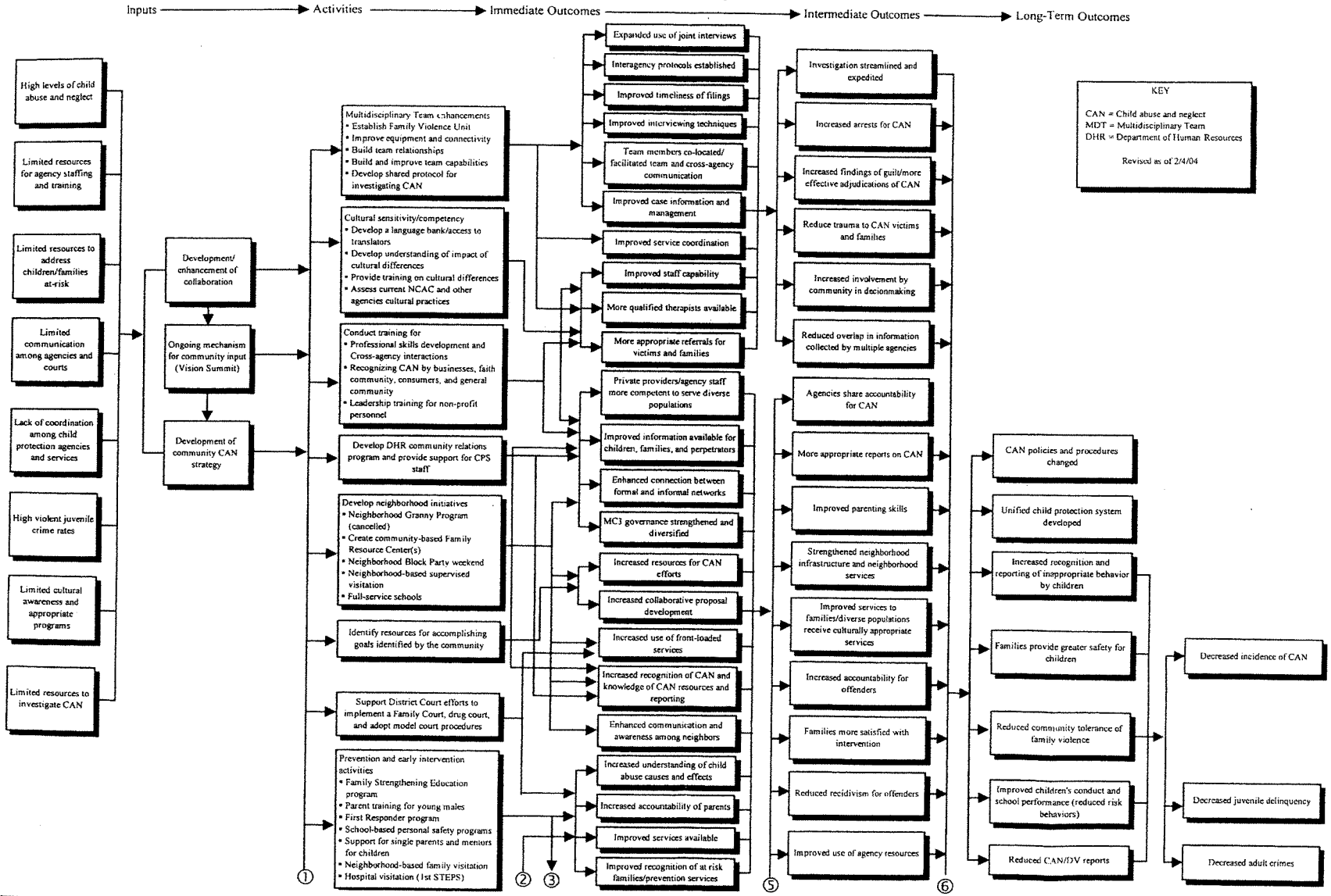


Figure A3-1. Huntsville Logic Model: Implementation Phase



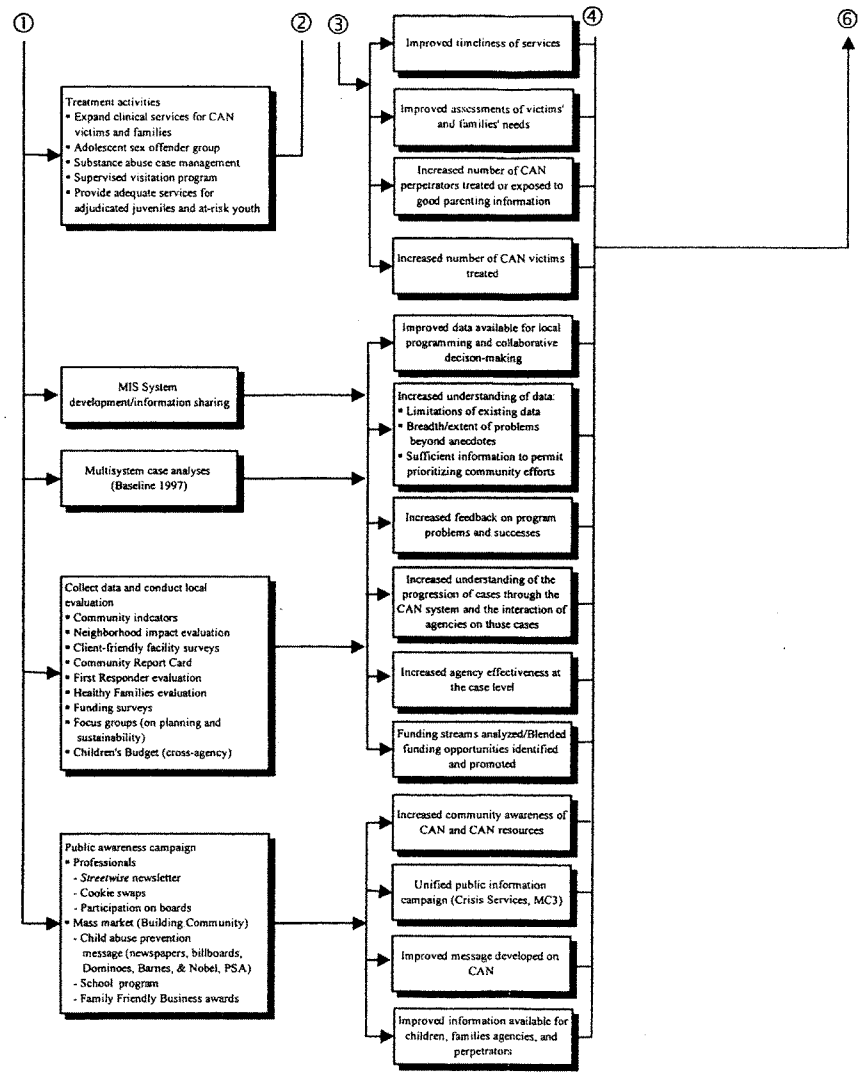
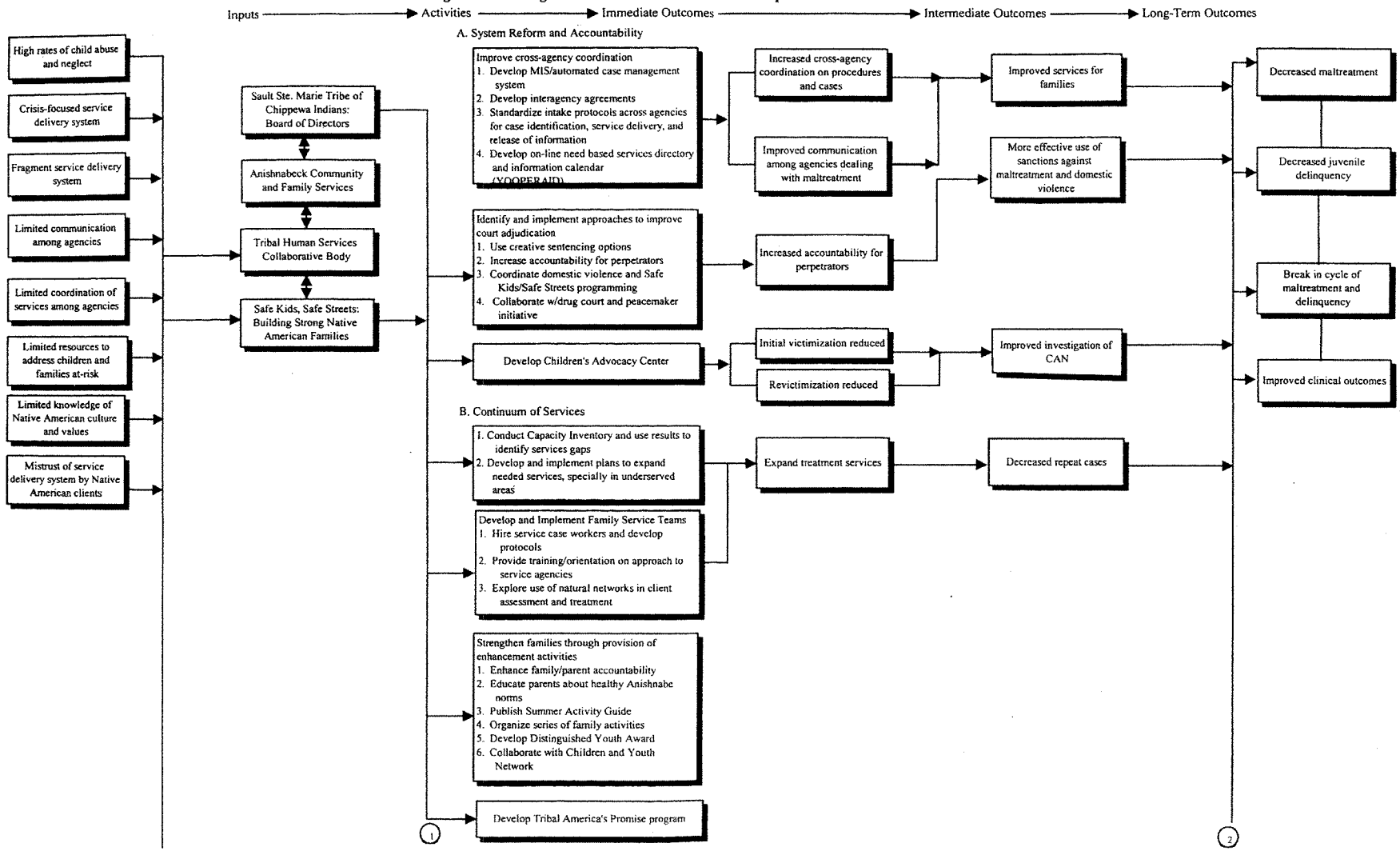

①
②
③
④
⑥
Treatment activities
▪ Expand clinical services for CAN victims and families
▪ Adolescent sex offender group
▪ Substance abuse case management
▪ Supervised visitation program
▪ Provide adequate services for adjudicated juveniles and at-risk youth
MIS System development/information sharing
Multisystem case analyses (Baseline 1997)
Collect data and conduct local evaluation
▪ Community indcators
▪ Neighborhood impact evaluation
▪ Client-friendly facility surveys
▪ Community Report Card
▪ First Responder evaluation
▪ Healthy Families evaluation
▪ Funding surveys
▪ Focus groups (on planning and sustainability)
▪ Children's Budget (cross-agency)
Public awareness campaign
▪ Professionals
- *Streetwire* newsletter
- Cookie swaps
- Participation on boards
▪ Mass market (Building Community)
- Child abuse prevention message (newspapers, billboards, Dominoes, Barnes, & Nobel, PSA)
- School program
- Family Friendly Business awards
Improved timeliness of services
Improved assessments of victims' and families' needs
Increased number of CAN perpetrators treated or exposed to good parenting information
Increased number of CAN victims treated
Improved data available for local programming and collaborative decison-making
Increased understanding of data:
▪ Limitations of existing data
▪ Breadth/extent of problems beyond anecdotes
▪ Sufficient information to permit prioritizing community efforts
Increased feedback on program problems and successes
Increased understanding of the progression of cases through the CAN system and the interaction of agencies on those cases
Increased agency effectiveness at the case level
Funding streams analyzed/Blended funding opportunities identified and promoted
Increased community awareness of CAN and CAN resources
Unified public information campaign (Crisis Services, MC3)
Improved message developed on CAN
Improved information available for children, families agencies, and perpetrators

Figure A5-1. Logic Model for Sault Ste. Marie: Implementation Phase



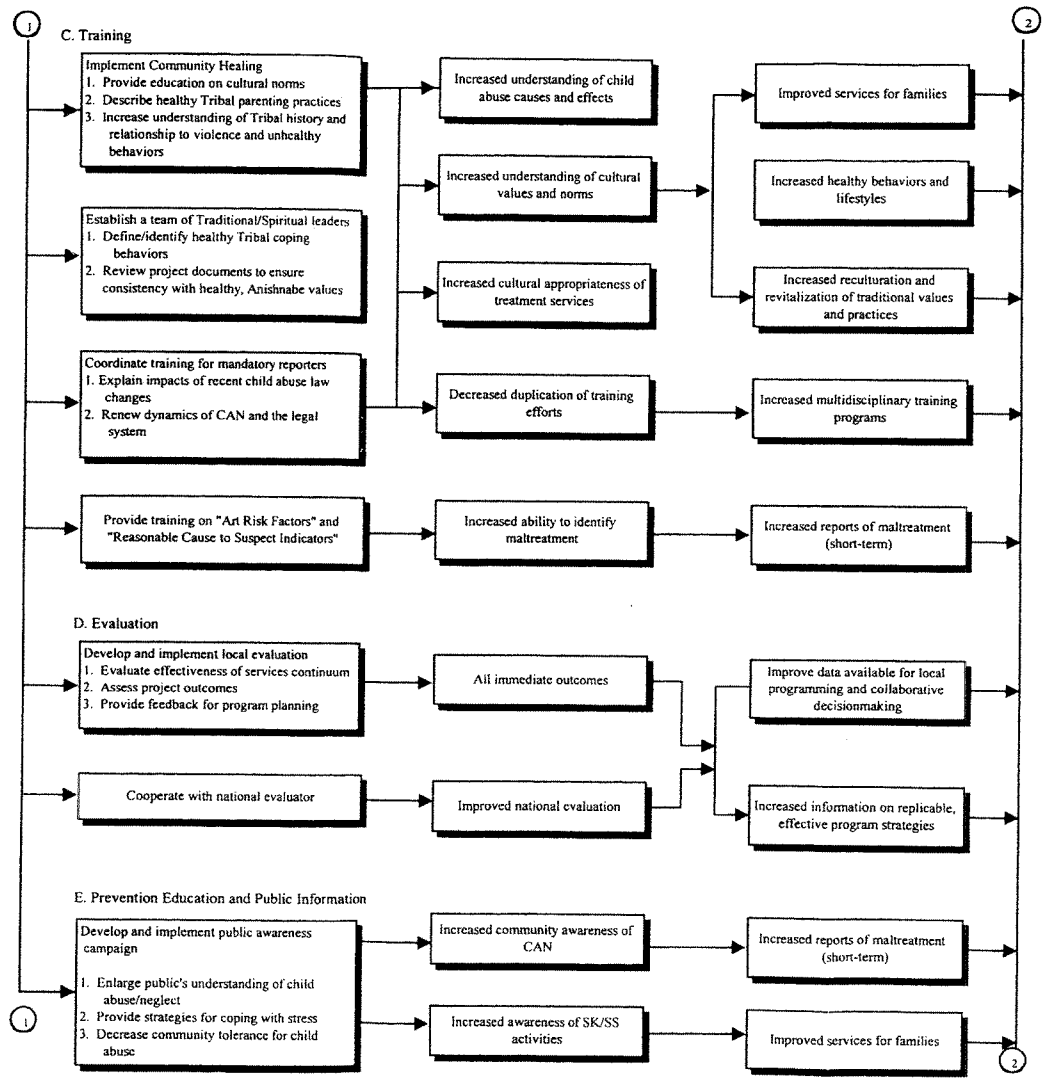
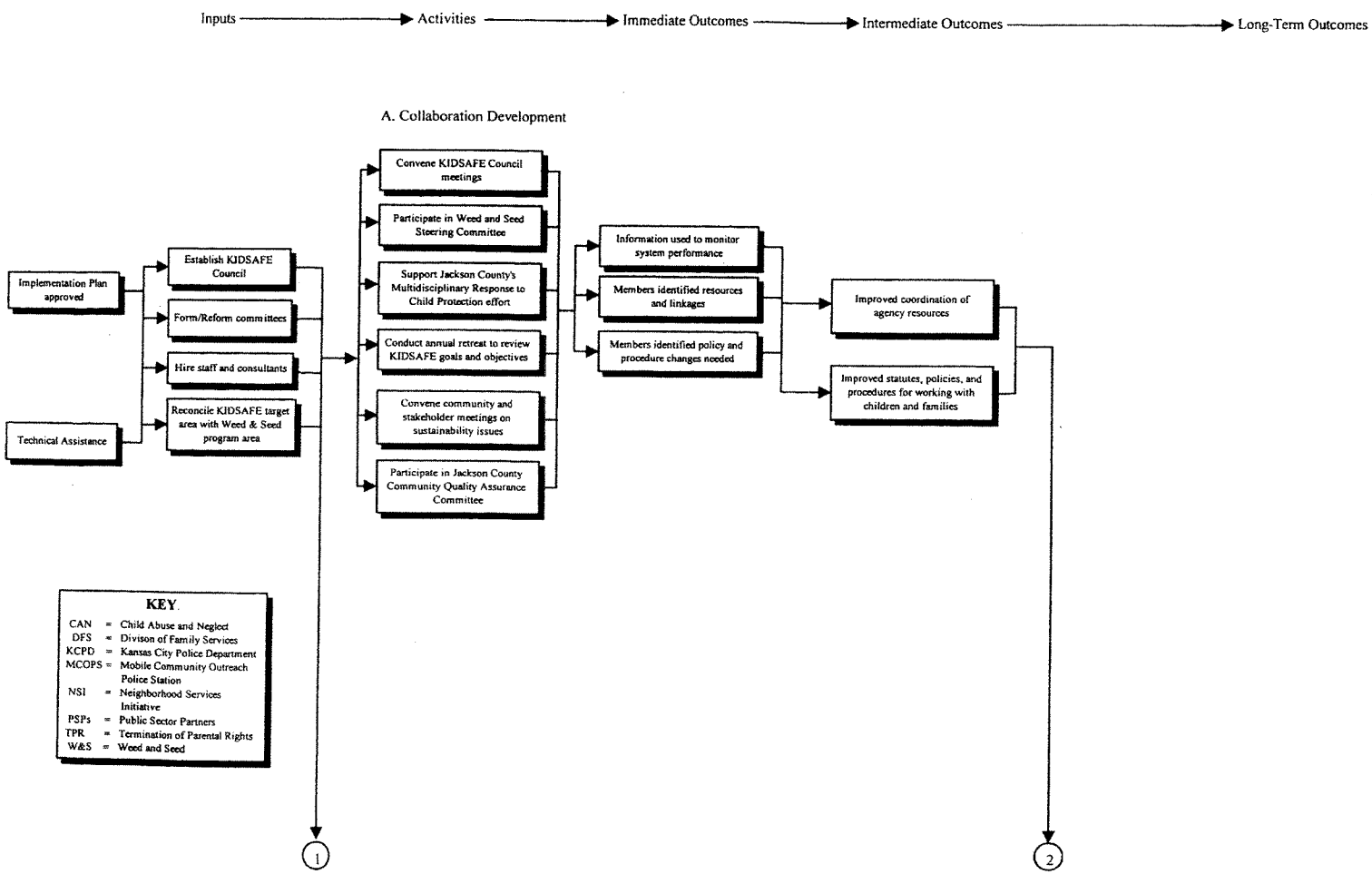
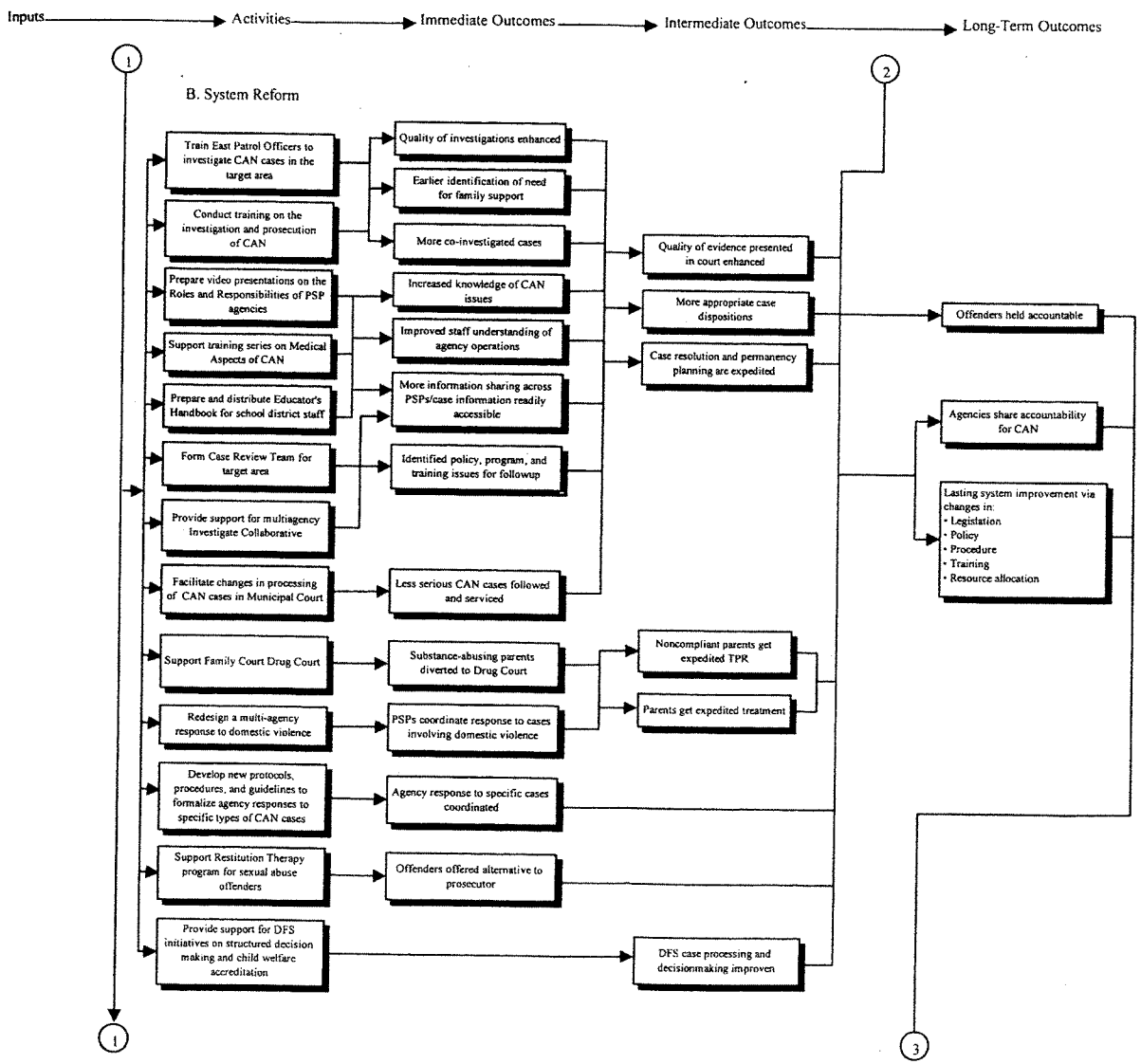
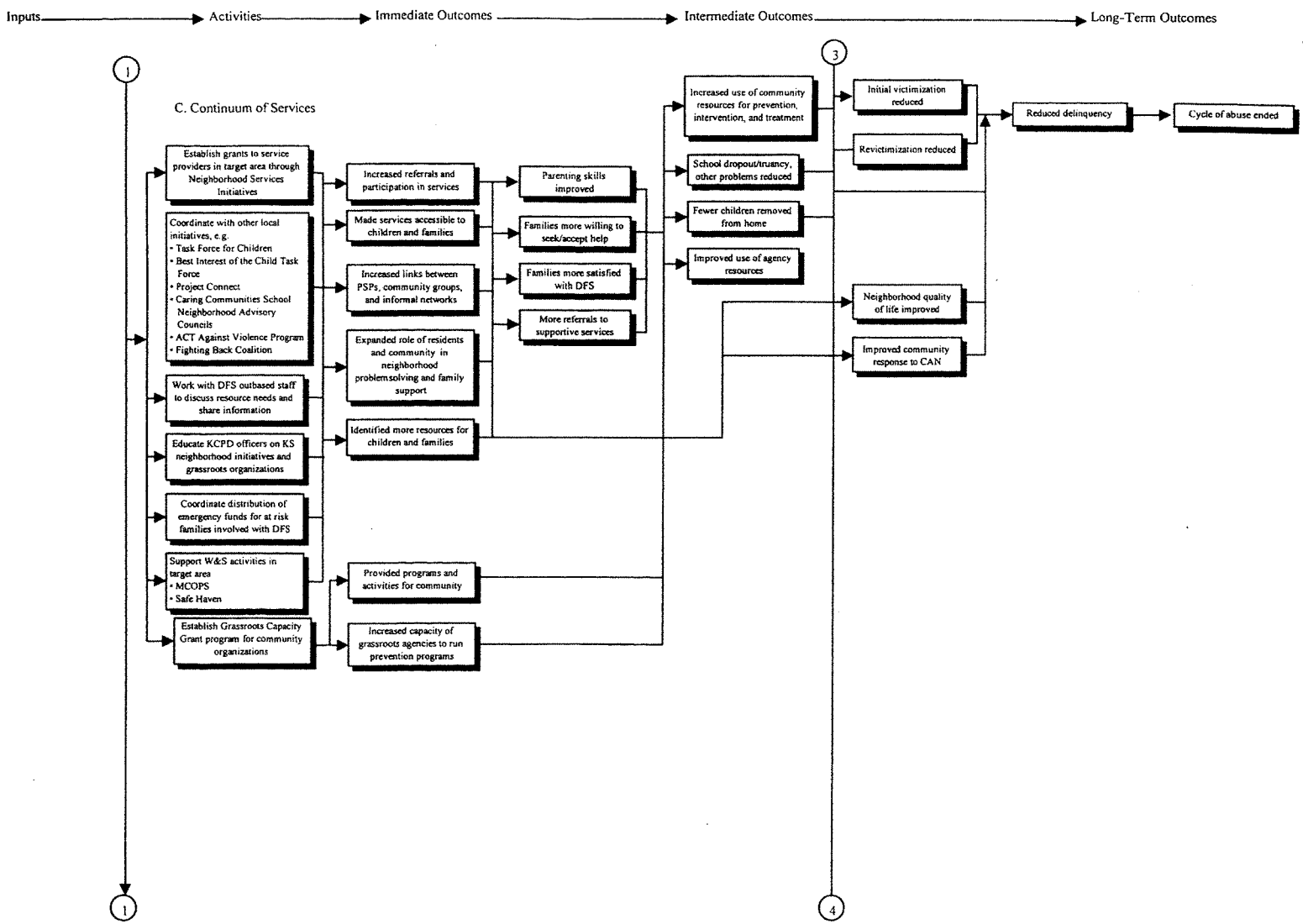
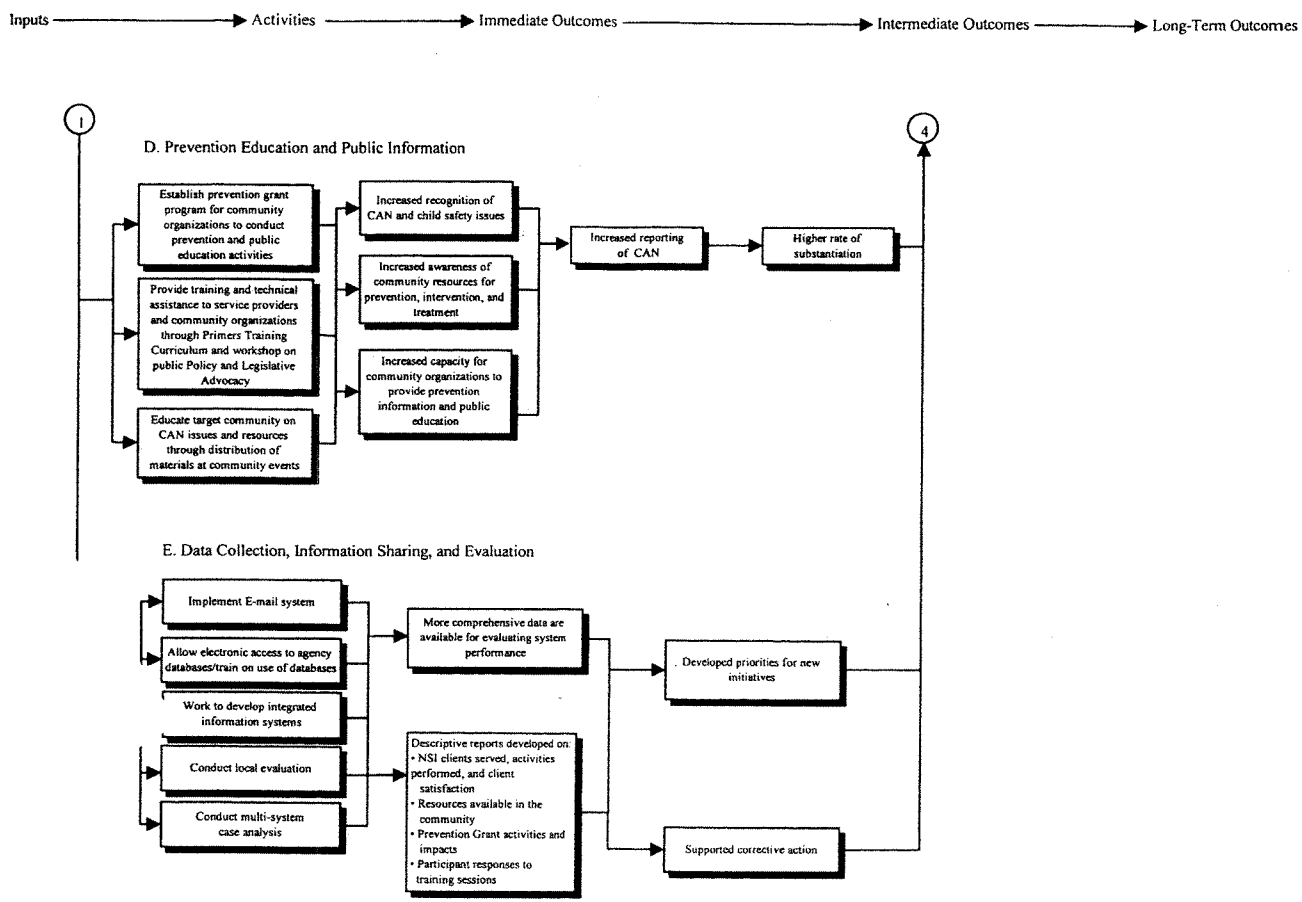

1
C. Training
Implement Community Healing
1. Provide education on cultural norms
2. Describe healthy Tribal parenting practices
3. Increase understanding of Tribal history and relationship to violence and unhealthy behaviors
Establish a team of Traditional/Spiritual leaders
1. Define/identify healthy Tribal coping behaviors
2. Review project documents to ensure consistency with healthy, Anishnabe values
Coordinate training for mandatory reporters
1. Explain impacts of recent child abuse law changes
2. Renew dynamics of CAN and the legal system
Provide training on "Art Risk Factors" and "Reasonable Cause to Suspect Indicators"
Increased understanding of child abuse causes and effects
Increased understanding of cultural values and norms
Increased cultural appropriateness of treatment services
Decreased duplication of training efforts
Increased ability to identify maltreatment
Improved services for families
Increased healthy behaviors and lifestyles
Increased reculturation and revitalization of traditional values and practices
Increased multidisciplinary training programs
Increased reports of maltreatment (short-term)
D. Evaluation
Develop and implement local evaluation
1. Evaluate effectiveness of services continuum
2. Assess project outcomes
3. Provide feedback for program planning
Cooperate with national evaluator
All immediate outcomes
Improved national evaluation
Improve data available for local programming and collaborative decisionmaking
Increased information on replicable, effective program strategies
E. Prevention Education and Public Information
Develop and implement public awareness campaign
1. Enlarge public's understanding of child abuse/neglect
2. Provide strategies for coping with stress
3. Decrease community tolerance for child abuse
Increased community awareness of CAN
Increased awareness of SK/SS activities
Increased reports of maltreatment (short-term)
Improved services for families
1
2

Figure A4-1. Logic Model for Kansas City KIDSAFE: Implementation Phase




Inputs
Activities
Immediate Outcomes
Intermediate Outcomes
Long-Term Outcomes
1
2
3
B. System Reform
Train East Patrol Officers to investigate CAN cases in the target area
Conduct training on the investigation and prosecution of CAN
Prepare video presentations on the Roles and Responsibilities of PSP agencies
Support training series on Medical Aspects of CAN
Prepare and distribute Educator's Handbook for school district staff
Form Case Review Team for target area
Provide support for multiagency Investigate Collaborative
Facilitate changes in processing of CAN cases in Municipal Court
Support Family Court Drug Court
Redesign a multi-agency response to domestic violence
Develop new protocols, procedures, and guidelines to formalize agency responses to specific types of CAN cases
Support Restitution Therapy program for sexual abuse offenders
Provide support for DFS initiatives on structured decision making and child welfare accreditation
Quality of investigations enhanced
Earlier identification of need for family support
More co-investigated cases
Increased knowledge of CAN issues
Improved staff understanding of agency operations
More information sharing across PSPs/case information readily accessible
Identified policy, program, and training issues for followup
Less serious CAN cases followed and serviced
Substance-abusing parents diverted to Drug Court
PSPs coordinate response to cases involving domestic violence
Agency response to specific cases coordinated
Offenders offered alternative to prosecutor
Quality of evidence presented in court enhanced
More appropriate case dispositions
Case resolution and permanency planning are expedited
Noncompliant parents get expedited TPR
Parents get expedited treatment
DFS case processing and decisionmaking improven
Offenders held accountable
Agencies share accountability for CAN
Lasting system improvement via changes in:
• Legislation
• Policy
• Procedure
• Training
• Resource allocation


Inputs
Activities
Immediate Outcomes
Intermediate Outcomes
Long-Term Outcomes
1
C. Continuum of Services
Establish grants to service providers in target area through Neighborhood Services Initiatives
Coordinate with other local initiatives, e.g.
• Task Force for Children
• Best Interest of the Child Task Force
• Project Connect
• Caring Communities School Neighborhood Advisory Councils
• ACT Against Violence Program
• Fighting Back Coalition
Work with DFS outbased staff to discuss resource needs and share information
Educate KCPD officers on KS neighborhood initiatives and grassroots organizations
Coordinate distribution of emergency funds for at risk families involved with DFS
Support W&S activities in target area
• MCOPS
• Safe Haven
Establish Grassroots Capacity Grant program for community organizations
Increased referrals and participation in services
Made services accessible to children and families
Increased links between PSPs, community groups, and informal networks
Expanded role of residents and community in neighborhood problem solving and family support
Identified more resources for children and families
Provided programs and activities for community
Increased capacity of grassroots agencies to run prevention programs
Parenting skills improved
Families more willing to seek/accept help
Families more satisfied with DFS
More referrals to supportive services
Increased use of community resources for prevention, intervention, and treatment
School dropout/truancy, other problems reduced
Fewer children removed from home
Improved use of agency resources
3
Initial victimization reduced
Revictimization reduced
Neighborhood quality of life improved
Improved community response to CAN
Reduced delinquency
Cycle of abuse ended
1
4


Inputs
Activities
Immediate Outcomes
Intermediate Outcomes
Long-Term Outcomes
1
4
D. Prevention Education and Public Information
Establish prevention grant program for community organizations to conduct prevention and public education activities
Provide training and technical assistance to service providers and community organizations through Primers Training Curriculum and workshop on public Policy and Legislative Advocacy
Educate target community on CAN issues and resources through distribution of materials at community events
Increased recognition of CAN and child safety issues
Increased awareness of community resources for prevention, intervention, and treatment
Increased capacity for community organizations to provide prevention information and public education
Increased reporting of CAN
Higher rate of substantiation
E. Data Collection, Information Sharing, and Evaluation
Implement E-mail system
Allow electronic access to agency databases/train on use of databases
Work to develop integrated information systems
Conduct local evaluation
Conduct multi-system case analysis
More comprehensive data are available for evaluating system performance
Descriptive reports developed on:
• NSI clients served, activities performed, and client satisfaction
• Resources available in the community
• Prevention Grant activities and impacts
• Participant responses to training sessions
Developed priorities for new initiatives
Supported corrective action