

Division of Prevention and Community Partnerships

Strategic Plan

November 22, 2011

This document includes the current vision and mission statement, principles, and logic models containing the mission statements, goals, objectives, outputs, and outcomes for each of the four offices in DPCP.

Prepared by:

Kerrie Ocasio, MSW, Ph.D. Candidate
Senior Research Associate
Rutgers, The State University of New Jersey

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Introduction

The Institute for Families, at the Rutgers School of Social Work, was asked to guide the Division of Prevention and Community Partnerships (DPCP) staff in a review of the key elements of the Prevention Plan that was developed by community partners in 2010. DPCP staff met over the course of two-days to assess and revise the mission statement, principles, and recommendations for activities and outcomes of their four offices. This document includes the current vision and mission statements, principles, and logic models that contain mission statements, goals, objectives, outputs, and outcomes for each of the four offices in DPCP; Office of Early Childhood Services, Office of School-Linked Services, Office of Family Support Services, and Office of Domestic Violence Services, as well as cross-system quality, resources, and partnerships that are the responsibility of all of the offices.

Vision Statement

Our goal is for all children, youth, families and communities to develop the attributes and have access to the resources that promote family success across all life domains in a manner that partners with the family in decision making and respects their cultures, values and aspirations.

Mission Statement

The Division of Prevention and Community Partnerships promotes the health, well-being and personal safety of New Jersey's children and families by working together with parents, caregivers, organizations, and communities to ensure an effective network of proven family support services, public education, and community advocacy to prevent maltreatment

Principles that Focus on Families and Youth

1. Mothers, fathers and families are a child's first and most influential teachers—the primary source of social, emotional, physical, intellectual and spiritual development and maturity.
2. Prevention efforts focus on working with pregnant women, teens, mothers, fathers and other caregivers to develop the skills, support and confidence to raise children that are happy, healthy and safe.

3. Family Support and safety (prevention) should begin as early as possible, including prior to or during pregnancy, to ensure the best possible outcomes for infants, children, youth, families, and communities.
4. Support to families must be respectful and responsive in addressing the diversity of families in local communities – including race, culture and ethnicity, spiritual beliefs, language, sexual orientation, socio-economic status, and family composition.
5. Mothers, fathers and families must have a seat at the table to ensure their participation, advocacy and leadership in local and state prevention efforts.
6. Public policies should support family success and nurture healthy child development.

Principles that Focus on Practice

1. The planning, design and implementation of prevention programs shall be informed by the New Jersey Standards for Prevention Programs: Building Success through Family Support and the Strengthening Families Five Protective Factors.
2. Members of the community, including parents, youth, families, and community leaders, representing the full diversity of New Jersey families, should share leadership with agencies and policy makers in planning, implementing, monitoring and evaluating family support programs.
3. Program design and implementation shall incorporate evidence-based, best practice models, and/or the rigorous study of promising programs to become model programs, as well as performance indicators and outcomes to ensure that programs are performing as expected.
4. Public education, social marketing and community outreach for prevention and safety programs and family success should be coordinated and integrated across all levels of government and society.

Principles that Focus on Resources

1. Public and private prevention funds should strive to support evidence-based, evidence-informed, emerging and promising programs.
2. Public and private prevention funds should promote the use of data to ensure effectiveness and efficacy of services.
3. Public and private prevention funding should be used to support and coordinate a robust system of care for families that includes prevention, early intervention services, behavioral health care and other family support strategies, in order to reduce the need for protection services and improve family safety stability and well-being, resulting in successful families.

Office of Early Childhood Services

The Office of Early Childhood Services (OECS) is responsible for the planning, development, implementation and evaluation of prevention services for families and caregivers of children from pregnancy/birth to kindergarten. OECS provides oversight and technical support to ensure evidence-based practice, ongoing quality improvement, and positive impacts for participants of funded programs. OECS works in close collaboration with local, state and national partners to ensure integration of maternal, parent, infant and early childhood services to promote family health and well-being, and prevent child neglect and abuse.

Inputs	Goals	Objectives	Outputs	Outcomes
<ul style="list-style-type: none"> • Needs Assessment • Collaboration and Partnerships • Funding • Technical Support • Qualified Staff • Data systems 	<p>Goal 1 (general): To ensure that pregnant women and families of infants and young children have access to voluntary services based on community and individual needs.</p>	<p>1.1 Increase state and local maternal and child health (MCH) and social service infrastructure development (including technical assistance) to support linkages for families from pregnancy and early childhood universal perinatal screening and early childhood linkages to EBHV and other community services for at-risk families from pregnancy to age five.</p> <p>1.2 Promote the development of an early childhood oriented "universal" system of care to be initiated at the local level.</p>	<ul style="list-style-type: none"> • Referrals of pregnant women & families for available services • Improved partnerships with prenatal care providers • Improved partnerships with pediatricians & other early childhood providers 	<ul style="list-style-type: none"> • Increased # of pregnant women, infants and families are linked earlier to appropriate early childhood services via a coordinated system (central intake) for screening & referral (Intermediate to LT).
<ul style="list-style-type: none"> • Needs Assessment • Funding • Training • Technical Assistance (TA) • Collaborations & Partnerships • Qualified staff • Data management systems • Parent incentives • Media exposure 	<p>Goal 2 (Home Visiting): To ensure that local communities have sufficient resources (based on local needs) to provide a coordinated array of high quality, evidence-based home visiting services for pregnant women and parents of infants and young children.</p>	<p>2.1 Improve linkages to evidence-based home visiting (EBHV) & other community services for at-risk families from pregnancy to age 5 (based on Objectives 1.1 and 1.2 above)</p> <p>2.2 Expand current service capacity and add EBHV models statewide (at a minimum to include HF-TIP, PAT & NFP) to extend NJ's capacity to reach interested and eligible pregnant/parenting families in all 21 counties.</p> <p>2.3 Demonstrate the effectiveness and quality of existing EBHV sites through data collection, reporting, and quality improvement activities.</p> <p>2.4 Ensure a comprehensive evaluation of EBHV and systems-building that includes analysis of fidelity, family/child outcomes, sustainability and cost-benefit, and emphasizes quality improvement of EBHV services.</p> <p>2.5 Increase local resources for pregnant women and parents experiencing depression, addiction and domestic violence; and</p>	<ul style="list-style-type: none"> • Referrals of eligible pregnant women, parents and families for services • Array of public/private partners at the national, state and local levels • Increased number of programs and capacity in designated EBHV models • Data management systems generate relevant reports. • Local program evaluation and quality improvement • Well-designed research study to measure EBHV impact and outcomes • Array of local community services to meet parents' complex needs. • Regularly held HV Workgroup meetings with full participation 	<ul style="list-style-type: none"> • Increased # of eligible families are linked to HV and/or other appropriate services. (ST) • Improvements in the designated outcomes for EBHV participants (refer to the complete list) <ul style="list-style-type: none"> ○ Prenatal/Birth, e.g. increase healthy births ○ Parent/Family, e.g. strengthen parent-child relationships ○ Infant/Child, e.g. child health, school readiness (ST to Intermediate) • Stable and consistent funding for EBHV prevention programs (Intermediate to LT)

other concrete supports.

2.6 Provide leadership in partnership with funders, providers and the Statewide HV Workgroup to strengthen home visitation through stable funding, promotion of existing evidence-based approaches, and research and development of new strategies.

Office of Early Childhood Services (Continued)

Inputs	Goals	Objectives	Outputs	Outcomes
<ul style="list-style-type: none"> •Needs Assessment •Funding •Partnerships & Collaborations •Training & TA •Qualified staff •Data collection •Incentives •Media exposure 	<p>Goal 3 (SFNJ-Strengthening Families New Jersey):</p> <p>To integrate the Strengthening Families (SF) protective factors in local settings that reach parents and caregivers of infants and young children.</p>	<ol style="list-style-type: none"> Work with the 21 county CCR&Rs to provide formal SF training to designated early childhood providers (target both childcare centers and Family Child Care Providers) in the SF protective factors principles and core strategies. Establish a category of SF Graduate Centers to keep established providers engaged and actively integrating SF concepts into staff training and parent/family support. Develop & expand parent involvement & parent leadership at the county/regional level; as well as representation on the SFNJ Statewide Parent Leadership Team. Collaborate with national, state & local (public & private) partners to expand the reach of SFNJ to additional early childhood settings and programs. Integrate SF principles & concepts into the core curriculum for early childhood education, social work, home visiting, family success, and related fields. Demonstrate the effectiveness of SFNJ through data collection, reporting, and quality improvement activities. 	<ul style="list-style-type: none"> • Increased # of providers & childcare workers trained in SF protective factors • Childcare providers (centers & family childcare providers) integrating protective factors in their work with families, infants & children. • Increased # of parents providing input and actively involved in local, regional and state level advocacy for early childhood services. • SF protective factors are integrated in early childhood and social work curriculums. • State & local programs conduct evaluation & quality improvement planning 	<ul style="list-style-type: none"> • Increased # of providers are able to identify child/family protective factors, strengths and needs (ST) • Increased # of parents are able to identify protective factors, child/family strengths and needs (ST) • Increased # of parents and families can access needed community supports (ST) • Improved provider-child & parent-child relationships (ST) • Increased # of infants and children with improved social-emotional development (ST) • Documented improvements in designated SFNJ outcomes (ST to Intermediate)
<ul style="list-style-type: none"> • Need Assessment • Funding • Partnerships & Collaborations • Training & TA • Data collection • Media exposure 	<p>Goal 4 (CBCAP-Community Based Child Abuse Prevention):</p> <p>To fund programs & activities that support NJ primary & secondary prevention priorities.</p>	<ol style="list-style-type: none"> Lead NJ's work with federal, state & local prevention partners to identify and reassess CBCAP funding priorities. Ensure coordination of new and existing prevention activities & services. Demonstrate the effectiveness of funded programs that address local community prevention needs and priorities. Develop public education messages and actively promote April as Child Abuse Prevention Month. 	<ul style="list-style-type: none"> • Develop NJ State Prevention Plan & update annually • RFP is issued, as needed, to address funding priorities • Public education campaign with DCF Communications • State & local partners conduct evaluation & quality improvement planning 	<ul style="list-style-type: none"> • FY2012-2014 – increased # of families with positive parent-child attachment (ST) • Improvements in designated CBCAP funded outcomes (ST to Intermediate) • Increased # of DCF public education messages (ST)

<ul style="list-style-type: none"> • Need Assessment • Funding • Partnerships & Collaborations • Training & TA • Data collection • Media exposure 	<p>Goal 5 (CTF-Children’s Trust Fund):</p> <p>To fund programs & activities that support NJ primary, secondary and/or tertiary prevention priorities.</p>	<p>5.1 Work in partnership with NJTFCAN & DCF administration to identify and reassess CTF funding priorities.</p> <p>5.2 Demonstrate the effectiveness of funded programs that address local community prevention needs and priorities.</p> <p>5.3 Promote the growth of CTF funds through promotion of income tax check-off and other donation sources.</p> <p>5.4 Develop public education messages and actively promote April as Child Abuse Prevention Month in coordination with CBCAP (Objective 5.4 below).</p>	<ul style="list-style-type: none"> • Develop and review CTF funding priorities (based on CBCAP & NJ prevention Plan) update every 3 years. • RFP is issued, as needed, to address funding priorities • Public education campaign with DCF Communications • Program evaluation & quality improvement plans 	<ul style="list-style-type: none"> • FY2012-2014 – increased # of families with positive parent-child attachment (ST) • Increased # of infants and children with improved social-emotional development (ST) • Improvements in designated CTF outcome (ST/Intermediate) • Increase in CTF public donations (ST to Intermediate)
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Office of School-Linked Services

The Office of School-Linked Services coordinates the School-Based Youth Services Programs, Newark School-Based Health Services and the NJ Child Assault Prevention Project, in order to address the emotional, behavioral, and family problems encounter by children and youth that threaten their safety, well-being, and educational achievement.

Inputs	Goals	Objectives	Outputs	Outcomes
<ul style="list-style-type: none"> • Quarterly Reports • Site visits • Annual contract monitoring • State & Federal funding • MIS • Staff • Helpline for school issues • Technical training contracts • Summer school programming • All counties represented 	<p>Provide leadership, support, and development to schools and family serving organizations implementing school-based programs for children and their families.</p>	<p>Identify or develop a strength and needs assessment tool for youth served through SBYSP. (Priority)</p> <p>Stronger collaboration with DYFS, CBH, DOE, JJ, Fatherhood, and community based health centers. (Priority)</p> <p>Assess and research the SBYSP model. (Priority)</p> <p>Expand SBYSP in middle and elementary schools, based on resources, geographic need, and connection with existing sites. (Priority)</p> <p>Expand fatherhood and mentoring programs in SBYSP. (Priority)</p>	<ul style="list-style-type: none"> • Research the right comprehensive tool, develop, and implement it. • Conduct work groups with other agencies/programs to increase awareness of shared youth. • Complete an assessment of the core components and outcomes. • Publish and present on the SBYSP model. • Additional program sites are added. • Promote inclusion of teen fathers PLP. 	<ul style="list-style-type: none"> • Data is collected on the youth served by the SBYSP. • SBYSP receive referrals from other programs. • SBYSP are knowledgeable of the other resources in their community. • SBYSP model is standardized in NJ. • SBYSP model is recognized nationally. • Youth graduate high school. • Youth with family or behavioral problems have access to prevention/intervention services. • Communities served by SBYSP have a continuity of services through the school system. • Father involvement in PLP programs. • Fathers served by PLP programs nurture and provide financially for their children.

Ensure community liaison boards, which provide ideas and recommendations about school based services, are comprised of youth, parents, school faculty and community members.	<ul style="list-style-type: none"> Requires 69 SBYSP programs to send letters, reminders, invitations to attend meetings, quarterly reports, cite visits, and contract monitoring. 	<ul style="list-style-type: none"> Ensure that SBYSP tailor programs to changing needs of their community. Community awareness of SBYSP.
Partner with schools and other organizations to host parenting education and child abuse prevention forums to spread information about available formal and informal supports.	<ul style="list-style-type: none"> Workshops are provided on local resources and parenting topics. 	<ul style="list-style-type: none"> Families have knowledge about resources. Families understand what child abuse and neglect is and can recognize when they need support.
Enhance the work of afterschool programs to be “family friendly”.	<ul style="list-style-type: none"> Providing updated knowledge about cutting edge services (learning enrichment, social play skills), through training, resources, workshops, and notification about RFPs. 	<ul style="list-style-type: none"> Afterschool programs implement approaches designed to ensure that youth are productive, pro-social, safe, develop social skills, and achieve academic success.

Office of Family Support Services

The Office of Family Support Services provides leadership, support, and development to communities and family serving organizations in order to identify community strengths, needs, and community-based promising strategies that will improve the accessibility of support programs and improve the community context in which families live.

Inputs	Goals	Objectives	Outputs	Outcomes
<ul style="list-style-type: none"> 37 Family Success Centers (29 publicly funded; 12 private) 9 Staff in OFSS 4 non-profit organizations contracted to provide statewide kinship support Partnership for Family Support United Way (221 – Kinship 	<p>Goal 1: Support the expansion and quality implementation of Family Success Centers (FSC) across the State.</p>	Assess the Family Success Center model and the implementation and effectiveness of the Family Success Center approach. (Priority)	<ul style="list-style-type: none"> Identify model approach and fidelity indicators. Identify and utilize tool for regular assessment of family progress and outcomes. 	<ul style="list-style-type: none"> Data is collected on the families served by the FSC.
		Ensure quality of the Family Success Centers through training initiatives. (Priority)	<ul style="list-style-type: none"> Identify and implement training program(s). 	<ul style="list-style-type: none"> FSC workers implement family engagement approaches and display competencies in core areas.
		Expand the capacity of the Family Success Centers to serve more families through partnerships with volunteers and the business community. (Priority)	<ul style="list-style-type: none"> Meet with businesses and other avenues for identifying volunteers. 	<ul style="list-style-type: none"> FSCs have access to volunteers to provide certain services, such as mentoring.
		Expand the Family Success Centers to all counties.	<ul style="list-style-type: none"> RFP in July 2011/4 Counties begin contracts in January 2012. 	<ul style="list-style-type: none"> All counties have a FSC.

database) • SSBG • TANF • Childcare subsidy slots • CBCAP		Implement programs to promote healthy relationship and marriage, which includes communication skills, understanding intimacy, navigating difficult situations, managing resources, promoting wellness, etc.	• Apply for grants to support direct services.	• Increase the number of evidence-based/informed healthy relationship and marriage programs. • Families receive services that improve relationship quality.
		Assess the availability, quality, and range of services to fathers and consider expanding the availability and types of parenting services that involve fathers and male role models in children’s lives. (Long-term)	• Conduct a needs assessment on fatherhood programs. • Identify funding, including applying for grants to support fatherhood programs.	• Increase the number of evidence-based/informed fatherhood programs available and accessible in communities.
		Ensure that services are accessible, responsive, and culturally competent to all families. (Ongoing)	• Families are involved in service planning.	• Ratings on compliance and standards in Parent Satisfaction Survey.
	Goal 2: Promote access to services for kinship providers through the Kinship Navigator Program.	Provide opportunities to assist kinship providers with concrete supports, such as cooperative child care, guides to navigate the school system, peer advocacy groups, public formal supports and informal support strategies.	• Kinship Navigator has up-to-date and accurate information regarding services. • Information on KLG provided to callers.	• Increase the use of KLG with non-DYFS kinship families.

Office of Family Support Services (Continued)

Inputs	Goals	Objectives	Outputs	Outcomes
	Goal 3: Across program models, ensure coordinated approach providing high quality services.	Work with communities to develop a shared vision/mission with public, private, and faith-based organization so that families access a seamless system of support services.	• Program design and implementation includes representation from families and other informal community experts.	• Programs are accessible to families.
		Collaborate with DCBHS to integrate family support practices into behavioral health contracted services.		
		Provide assistance to family serving organization to support the development and implementation of evidence-based and/or evidence-informed services and ensure that services meet the Standards for Prevention, Principles of Family Support and the Protective Factors.	• Trainings held with service providers on the Standards for Prevention Programs, Principles of Family Support and the Protective Factors • Standards and Principles reflected in program planning and Annex A documentation.	• Programs meet the Standards, Principles and the Protective Factors

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Office of Domestic Violence Services

The Office of Domestic Violence Services works with community stakeholders in an effort to improve and enhance services that are culturally-competent, strength-based, empowering, accessible, and non-stigmatizing to those who voluntarily request these services.

Inputs	Goals	Objectives	Outputs	Outcomes
<ul style="list-style-type: none"> • Funding -State and Federal • NJ Coalition for Battered Women • Domestic Violence programs • Consultants • Volunteers • Families 	<p>Provide leadership, support, and development to communities and organizations addressing domestic violence.</p>	<p>Revise and update the 1985 Plan for Domestic Violence Core and Expanded Core Services in collaboration with stakeholders.</p>	<ul style="list-style-type: none"> • Workgroup convened with statewide partners • Collaborate with domestic violence organizations and other entities to identify, support, and disseminate information on best practices and promising practices for addressing domestic violence. • Improve the availability of children’s services and PALS programs for domestic violence victims, Non-offending parents and their children. • Improve the availability of second stage or transitional housing resources for domestic violence victims and their children. 	<ul style="list-style-type: none"> • All domestic violence providers utilize best practice approaches. • Revised contract Annex A to provide a more uniform service delivery system • Domestic Violence Service Plan for core and expanded core services updated and utilized in DCF planning for delivery of services
		<p>Continue and expand efforts to understand and address the co-occurrence of child abuse and neglect through the domestic violence liaison program and other strategies within the child welfare system</p>	<ul style="list-style-type: none"> • Training and technical assistance provided through the domestic violence liaison program in DYFS. • DYFS staff who have been vetted through a selection process attend and receive VAW Certificate 	<ul style="list-style-type: none"> • DYFS cases with domestic violence receive appropriate case plans and interventions. • Child(ren) will not be removed from the NOP in cases involving DV only • Removal of a child (ren) from

	<ul style="list-style-type: none"> • DCF staff and domestic violence service providers participate in co and cross training and technical assistance activities on the co-occurrence of DV and child abuse. • Convene leadership group to begin new conversations with national expert and representatives in the NJ provider community to revise and enhance programmatic best practice considerations for parents and partners who use violent, or controlling and coercive behaviors within their relationships. 	<p>the non-offending parent/caregiver is a last resort and reasonable efforts to prevent placement have been made.</p> <ul style="list-style-type: none"> • Agreement upon best practices to provide quality programming will be established. • Increased availability of services for parents and partners who use violent, or controlling and coercive behaviors within their relationships.
<p>Collaborate with community partners to develop or who are developing public awareness campaigns on domestic violence that creates community messages for primary prevention for domestic violence by building Healthy Non-Violent Relationships in a broad range of mainstream services and programs from recreation/sports to responsible fatherhood and youth development programs.</p>	<ul style="list-style-type: none"> • Acknowledge the critical role men play in prevention of domestic violence and child abuse by working with community partners to develop primary prevention strategies, including ones to involve men and boys to work with women and girls as allies, active positive bystanders and influencers of other men and boys • Development of new male leaders in the field, willing to publicly speak and act to oppose violent, or controlling and coercive behaviors through strategic radio public service announcements and print materials (posters, brochures, and billboards, etc.) that provide 	<ul style="list-style-type: none"> • Public opinion/awareness survey could be conducted to measure community awareness of campaign that is developed. • Safe and responsible fatherhood programs will include evidence/expert informed strategies to explore the effect of coercive controlling behaviors in relationships

	men with a clear “call to action” to talk to youth about and address the importance of role modeling, and provide contact information for a violence prevention organization in their community; online resources that include relevant violence prevention information; and activities that engage men as leaders, or activities that highlight prevention messages.	
Work to increase public/private partnerships to enhance core and other services that provide safety to survivors	<ul style="list-style-type: none"> • Identify additional DCF funding support for programs. • Work to enhance cooperation and understanding of domestic violence among DPCP programs. 	<ul style="list-style-type: none"> • Increased availability of second stage/transitional housing services • Increased access to PALS programs • Staff opportunities to receive training for basic understanding of domestic violence • Focus on sustainability and quality throughout programming

Cross-Systems Quality, Resources, and Partnerships

The Offices of the Division of Prevention and Community Partnerships share joint responsibility for 1) promoting the development of community resources and partnerships to promote health family development, support families in need, and prevent family violence in its various forms and 2) evaluating and promoting high quality standards for family support and family violence prevention programs and ensuring transparency and accountability of DPCP services.

Inputs	Goals	Objectives	Outputs/Outcomes
<ul style="list-style-type: none"> • All DPCP Offices • NJTFCAN • Coalition for Battered 	Goal 1: Support community-based strategies to	Promote family involvement in local program planning and county-level planning.	<ul style="list-style-type: none"> • Address through contracting and technical assistance in all DPCP supported programs.

<ul style="list-style-type: none"> • Coalition for Battered Women • Practitioners/Direct Service Orgs. • SORS • Child Fatality Review Boards • Community planning groups • Families 	<p>develop a coordinated, robust system of violence prevention and family support programs.</p>	<p>Develop and implement a public education campaign to promote awareness of strategies that promote the well-being of children, families, and communities.</p>	<ul style="list-style-type: none"> • Develop and print written materials. • Distribute through DPCP and other DCF programs.
		<p>Explore county-based strategies for developing and promoting sustainable, accessible, effective, and coordinated systems of family support and family violence prevention approaches.</p>	<ul style="list-style-type: none"> • Identify and promote community prevention structural approach.
		<p>Develop formalized strategies for collaborating across offices and divisions within DCF that result in improved coordination in community planning and/or service delivery.</p>	<ul style="list-style-type: none"> • Community providers are aware of services provided by DPCP, DCHBS, DYFS, and OAS.
	<p>Goal 2: Promote high quality standards for family support and family violence prevention programs and ensure transparency and accountability of services.</p>	<p>Work in partnership with the NJTFCAN, Coalition for Battered Women, and a volunteer panel of researchers, practitioners and academic professionals, with expertise in the field of child maltreatment prevention, to review and update, if necessary, the New Jersey Standards for Prevention Programs. (Priority)</p>	<ul style="list-style-type: none"> • Standards are revised or re-adopted as is.
		<p>Identify programs and approaches in need of model development and evaluation. (Priority)</p>	<ul style="list-style-type: none"> • Programs and models supported are based on evidence of effectiveness.
		<p>Foster participation and information sharing between DCF/DPCP and the NJTFCAN, SORS, Coalition for Battered Women and the Child Fatality Near Fatality Review Board, to identify, coordinate, and improve the State’s Prevention efforts. (Priority)</p>	<ul style="list-style-type: none"> • Planning groups are knowledgeable of provide feedback on the Prevention Plan.
		<p>Provide training opportunities on the Standards for Prevention Programs and Protective Factors to the public, provider agencies and other interested groups with the goal of incorporating both into the practices of provider agencies.</p>	<ul style="list-style-type: none"> • Programs supported by DPCP meet the Standards and Protective Factors guidelines.
		<p>Incorporate the Standards for Prevention Programs and Protective Factors into all DPCP grants and evaluations of grant applications.</p>	
		<p>Develop a strategy for enhancing the website content including data measures and outcomes. (LT)</p>	<ul style="list-style-type: none"> • Additional DPCP services data is available on the website.