COUNTY: **FUNDING PERIOD: _____TO _____**

DATE APPROVED BY OCAP:

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM NAME		PROVIDER NAME	

PROGRAM TYPE & FUNDING SOURCE (CHECK ALL THAT APPLY, AS ALLOWABLE)

CAPIT

- ☐ Basic needs, concrete supports
- ☐ Behavior health, mental health services
- ☐ Case management
- ☐ Child care / Day care
- ☐ Differential Response
- ☐ Disability services
- ☐ Domestic violence services
- ☐ Early childhood services
- ☐ Family Resource Center or other multi-service center
- ☐ Financial literacy education
- ☐ Health services
- ☐ Home visiting (0-5)
- ☐ Housing services
- ☐ Parenting education
- ☐ Parenting/sibling visitation
- ☐ Peer support
- ☐ Respite care/Crisis nursery
- ☐ Substance abuse services
- ☐ Team Decision Making
- ☐ Transportation
- ☐ Youth programs
- ☐ Other (not listed above) (Limit 10 words)

CAPIT TARGET POPULATION

Non-CWS Involved

- ☐ At-risk Children
- ☐ At-risk Parents
- ☐ At-risk Families
- ☐ Providers
- ☐ Community at-large
- ☐ Special Populations (Specify; Limit 10 words)
- ☐ Other (Specify; Limit 10 words)

Child Welfare Involved

- ☐ Children
- ☐ Parents
- ☐ Families
- ☐ Special Populations (Specify; Limit 10 words)
- ☐ Other (Specify; Limit 10 words)

CBCAP

- ☐ Advocacy
- ☐ Basic needs, concrete supports
- ☐ Behavior health, mental health services
- ☐ Case management
- ☐ Child care / Day care
- ☐ Differential Response
- ☐ Disability services
- ☐ Domestic violence services
- ☐ Early childhood services
- ☐ Family Resource Center or other multi-service center
- ☐ Financial literacy education
- ☐ Health services
- ☐ Home visiting (0-5)
- ☐ Housing services
- ☐ Information & referral
- ☐ Network Development
- ☐ Parent leadership training
- ☐ Parenting education
- ☐ Parenting/sibling visitation
- ☐ Peer support
- ☐ Public Awareness/Public Education
- ☐ Respite care/Crisis nursery
- ☐ Substance abuse services
- ☐ Transportation
- ☐ Youth programs
- ☐ Other (not listed above) (Limit 10 words)

CBCAP TARGET POPULATION

Non-CWS Involved

- ☐ At-risk Children
- ☐ At-risk Parents
- ☐ At-risk Families
- ☐ Providers
- ☐ Community at-large
- ☐ Special Populations (Specify; Limit 10 words)
- ☐ Other (Specify; Limit 10 words)

PSSF

Family Preservation	Family Support	Time-Limited Family Reunification	Adoption Promotion & Support
☐ Basic needs, concrete supports	☐ Basic needs, concrete supports	☐ Behavior health, mental health services	☐ Adoptive parent recruitment
☐ Behavior health, mental health services	☐ Behavior health, mental health services	☐ Childcare (temporary)	☐ Basic needs, concrete supports
☐ Case management	☐ Case management	☐ Domestic violence services	☐ Behavior health, mental health services
☐ Childcare (temporary)	☐ Childcare (temporary)	☐ Parent/sibling visitation	☐ Case management
☐ Differential Response	☐ Differential Response	☐ Peer support	☐ Childcare
☐ Domestic violence services	☐ Domestic violence services	☐ Respite care	☐ Early childhood education
☐ Early childhood services*	☐ Early childhood service	☐ Substance abuse treatment	☐ Family Resource Center or other multiservice center
☐ Family Resource Center or other multiservice center	☐ Family Resource Center or other multiservice center	☐ Transportation	☐ Financial literacy education
☐ Financial literacy education	☐ Financial literacy education		☐ Health services
☐ Health services	☐ Health services		☐ Livescan Fees
☐ Home visiting (0-5)	☐ Home visiting (0-5)		☐ Parenting education
☐ Housing services	☐ Housing services		☐ Peer support
☐ Parenting education	☐ Parenting education		☐ Respite care
☐ Peer support	☐ Parent/sibling visitation		☐ Team Decision Making (includes Family Team Meetings, etc)
☐ Respite care	☐ Peer Support		☐ Transportation
☐ Substance abuse services	☐ Respite care / crisis nursery		☐ Youth programs
☐ Team Decision Making	☐ Substance abuse services		
☐ Transportation	☐ Team Decision Making		

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☐ Youth programs ☐ Other (not listed above) (Limit 10 words)	☐ Transportation ☐ Youth programs ☐ Other (not listed above) (Limit 10 words)		☐ Other (not listed above)

PSSF TARGET POPULATION		
Non-CWS Involved	**Involved in the Child Welfare System**	
	CWS	**Probation**
☐ At-risk Children ☐ At-risk Parents ☐ At-risk Families ☐ Providers ☐ Community at-large ☐ Special Populations: (Specify. Limit 10 words) ☐ OTHER: (Specify. Limit 10 words)	☐ Children ☐ Families	Children Families

BRIEF DESCRIPTION (75 WORDS MAXIMUM)

EVIDENCE-BASED OR EVIDENCE-INFORMED PROGRAM?

☐ Yes ☐ No

☐ Name of EBP/EIP:

PROGRAM GOAL (SELECT ONE)

☐ **SAFETY** ☐ **PERMANENCY** ☐ **WELL-BEING**

PRIORITY NEED - WHAT WILL THE PROGRAM ADDRESS? (CHECK ALL THAT APPLY)

☐ Neglect
☐ Emotional Abuse
☐ Physical Abuse
☐ Sexual Abuse
☐ Poverty
☐ Generational Child Abuse
☐ OTHER: (Specify. Limit 10 words)
☐ Disparities in access to services
☐ Substance abuse
☐ Domestic violence
☐ Isolation and/or lack of family support
☐ Mental or physical health

Need(s) identified as priority in most recent County Self-Assessment?

☐ Yes ☐ No

TARGET GEOGRAPHIC AREA – WHERE WILL THE PROGRAM BE OFFERED? (CHECK ALL THAT APPLY)

☐ One at-risk community
☐ 2 or more at-risk communities
☐ Countywide
☐ OTHER: (Specify. Limit 10 words)
☐ Rural
☐ Urban
☐ Both

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EXPECTED OUTPUT – HOW MANY WILL YOU SERVE/REACH? (INSERT ESTIMATED UNDUPLICATED COUNT)

__ Individuals __ Families

PRIMARY OUTCOME– WHAT DO YOU EXPECT TO CHANGE? (SELECT ONE.)

- ☐ Children's social and emotional development needs are met
- ☐ Increased knowledge of parenting and child development
- ☐ Families have concrete support in times of need
- ☐ Increased parental resilience
- ☐ Increased social connections
- ☐ ----------
- ☐ Other (Please specify; Limit 10 words)
- ☐ No recurrence of maltreatment
- ☐ Children remain safely in their home
- ☐ Reduced length of stay in out-of-home care
- ☐ Timely reunification
- ☐ Timely adoptions within 12 to 24 months
- ☐ Increased permanency for children in foster care
- ☐ Exits to permanency

INDICATOR – HOW WILL YOU KNOW THAT THE OUTCOME WAS ACHIEVED? (SELECT ONE.)

_____% Increased _____

_____% Decreased _____

☐ Other (Please specify; Limit 10 words)

SOURCE – HOW WAS THE OUTCOME MEASURED?

- ☐ Family Development Matrix
- ☐ Protective Factors Survey
- ☐ Validated Assessment Tool
  - o Name of Tool: _____ (Limit 10 Words)
- ☐ Survey developed in-house
- ☐ CWS/CMS
- ☐ Other (Please specify; Limit 10 words)

FREQUENCY– HOW OFTEN WILL YOU MEASURE CLIENT SATISFACTION? (SELECT ONE.)

- ☐ At end of the intervention
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Annually
- ☐ Other (Please specify; Limit 10 words)

QUALITY ASSURANCE DESCRIPTION – HOW WILL THE COUNTY PROVIDE OVERSIGHT TO ENSURE ACCOUNTABILITY? (LIMIT 75 WORDS.)

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CLIENT SATISFACTION – HOW WILL YOU KNOW CLIENTS ARE SATISFIED WITH THE PROGRAM?

SOURCE – HOW WAS CLIENT SATISFACTION MEASURED?

- ☐ Participant engagement rates (the number who accept services compared to the number offered services
- ☐ Participant retention rates / drop-out rates
- ☐ Participant average daily attendance rates
- ☐ Satisfaction survey (completed in-class, by phone, electronic or mail)
- ☐ Participant observations
- ☐ Participant interviews or focus groups
- ☐ Other (Please specify; Limit 10 words)

FREQUENCY – HOW OFTEN WILL YOU MEASURE PROGRESS? (SELECT ONE.)

- ☐ At end of the intervention
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Annually
- ☐ Other (Please specify; Limit 10 words)

UTILIZATION / ACTION – WHAT WILL YOU DO WITH PARTICIPANT FEEDBACK? (LIMIT 25 WORDS.)