DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, California 95814

October 30, 2007

ALL COUNTY INFORMATION NOTICE I-23-07

REASON FOR THIS TRANSMITTAL

[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

TO: BOARD OF SUPERVISORS
ALL COUNTY WELFARE DIRECTORS

SUBJECT: INSTRUCTIONS FOR PROMOTING SAFE AND STABLE FAMILIES/CHILD ABUSE PREVENTION INTERVENTION AND TREATMENT/COMMUNITY-BASED CHILD ABUSE PREVENTION ANNUAL UPDATE REPORT ANNUAL COMMUNITY-BASED CHILD ABUSE PREVENTION APPLICATION AND ALLOCATIONS

REFERENCE: ALL COUNTY INFORMATION NOTICE No. I-25-05, DATED MAY 23, 2005

This letter contains information, instructions and forms to complete the annual county Promoting Safe and Stable Families (PSSF)/Child Abuse Prevention Intervention and Treatment (CAPIT)/Community-Based Child Abuse Prevention (CBCAP) update reports for State Fiscal Year (SFY) 2006-2007; for submitting the annual CBCAP funding application for SFY 2007-2008; and the CBCAP allocations for SFY 2007-2008. These prevention funds are to be used to build capacity of communities to strengthen families, keep children safe, and provide a continuum of quality family services, supports, and opportunities.

This All County Information Notice (ACIN) may be accessed at the following website:

http://www.dss.cahwnet.gov/lettersnotices/

ANNUAL PSSF/CAPIT/CBCAP UPDATE REPORT INSTRUCTIONS

The reporting period for this annual update report is July 1, 2006 through June 30, 2007. The **report is due** to the California Department of Social Services, Office of Child Abuse Prevention (OCAP), by **November 30, 2007.**

County child abuse and neglect prevention partners, including the county Child Abuse Prevention Council, are required to review the CAPIT/CBCAP/PSSF three-year plan annually to determine if the plan continues to meet local needs. The OCAP anticipates

that county needs and priorities may change and, therefore, plans may be amended. Although county liaisons are responsible for ensuring that the update report is completed, some of the questions in the report may best be answered by a collaborative partner such as the Child Abuse Prevention Council or other community based partner.

SUBMISSION OF REPORT

The submission must include the following:

- Cover letter including signatures from the county administrative agency designated by the county Board of Supervisors (BOS) for program administration and the Child Abuse Prevention Council designated by the BOS.
- Narrative Report—Attachment 1
- Completion of the OCAP Data Collection Tool- Attachment 2
- County CBCAP Annual Report Matrix—Attachment 4

The annual update report **consists of three parts**:

Part One - Narrative (Attachment 1)

The narrative questions capture the information that OCAP needs to meet current state and federal reporting requirements. Updates, plan modifications, or changes to the three year plan should be discussed in this section.

Part Two - OCAP Data Collection Tool (Attachment 2)

The OCAP data collection tool is designed to capture CAPIT/CBCAP/PSSF service activity providing counties with a simple and consistent reporting procedure designed to meet current state and federal reporting requirements. The tool will be posted on the CDSS extranet and County Directors will be provided with an assigned username and password to access the secure website.

The OCAP data collection tool must be completed on-line and be received no later than November 30, 2007.

Part Three - The CBCAP Annual Report Matrix (Attachment 3)

The CBCAP Matrix is used to gather information to be included in the State's annual CBCAP report which is submitted to the federal government. This attachment and other report forms can be downloaded by accessing http://www.cdsscounties.ca.gov/ .

The completed matrix must be submitted electronically via e-mail to: Patricia.Harper@dss.ca.gov

ANNUAL CBCAP APPLICATION AND ALLOCATIONS

The CBCAP application is **required annually** and is separate from the county's annual CAPIT/CBCAP/PSSF update report. The annual CBCAP application consists of the following:

- Application and Assurances Form (Attachment 5) with **original signatures in blue ink.**
- County Children's Trust Fund Revenue Summary Form (Attachment 6) for SFY 2006-2007. Please note that the form has been updated to capture information on the amount of the County Children's Trust Fund that has been expended during this reporting period.

Both of these forms have been provided to counties and can be accessed by logging onto http://www.cdsscounties.ca.gov/.

The SFY 2007-2008 CBCAP Application is **due to OCAP on November 30, 2007**.

USE OF FUNDS

All county PSSF/CAPIT/CBCAP allocations must be expended during the SFY allocated, in accordance with each county's approved SFY 2005-2008, three-year plan. Unexpended funds may revert to the State Children's Trust Fund or be distributed among the remaining counties, depending on the source of funds.

COUNTY CBCAP ALLOCATIONS FOR SFY 2007- 2008

County CBCAP allocations are determined, in part, by the total of annual birth certificate fees received by each county and reported to OCAP on the County Children's Trust Fund Revenue Summary Form. Attachment 9 provides the CBCAP funding methodology. It is essential that the information on the form is complete, accurate and submitted in a timely manner so that allocations can be calculated. The SFY 2007-2008 allocations (Attachment 10) were based on the SFY 2004-2005 Summary, which was the latest complete summary.

The **release of a county's CBCAP allocation is contingent upon the timely receipt** of the Application and Assurances Form and County Children's Trust Fund Revenue Summary Form with original signatures.

The CBCAP application documents and hard copy letters and reports should be addressed to:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 11-82
Sacramento, CA 95814
Attention*: (your program consultant-please see Attachment 8*)

The annual PSSF/CAPIT/CBCAP update report is due to OCAP by November 30, 2007. All forms may be accessed and downloaded by visiting http://www.cdsscounties.ca.gov/.

The OCAP is committed to providing ongoing support to counties in order to prevent child abuse and neglect and to strengthen families and communities. Thank you for your continued efforts to improve the lives of children and families.

If you have questions, I can be reached at (916) 657-2614, or you can contact your program consultant at (916) 651-6960.

Sincerely,

Original Document Signed By:

MARY L. AULT
Deputy Director
Children and Family Services Division

c: CWDA

Attachments

Attachments

Attachment 1 – Narrative Report Questions

Attachment 2 – OCAP Data Collection Tool and Instructions

Attachment 3 – CBCAP Evidenced Based Informed Programs Practice Checklist

Attachment 4 – County CBCAP Annual Report Services Matrix

Attachment 5 – CBCAP Application and Assurance Form

Attachment 6 – County Children's Trust Fund Revenue Summary Form
(Requests all funding totals, pursuant to W & I Code, Section 18966)

Attachment 7 – Definitions

Attachment 8 – OCAP Program Consultants

Attachment 9 – CBCAP Allocation Methodology

Attachment 10 - CBCAP Allocations for SFY 2007-08

Narrative Report Instructions for State Fiscal Year (SFY) 2006-2007

Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT) and Community-Based Child Abuse Prevention Grant (CBCAP)

The report period is July 1, 2006 through June 30, 2007.

Please respond to the following questions as specifically as possible. Limit the Narrative Report to a maximum of four typed pages, size 10 -12 Arial Font. **Do not submit attachments other than those specified in the instructions.**

1. County Plan Update

Briefly describe changes, if any, to the county plan.

2. County Monitoring

Briefly describe the system/process the county used to monitor PSSF/CAPIT/CBCAP contractors to determine their effectiveness in meeting PSSF/CAPIT/CBCAP requirements.

3. Service Outcomes/Client Satisfaction

What measures were used to ensure that services met the needs of consumers? How does the county determine that these services are positively impacting the lives of consumers countywide and preventing child abuse and neglect?

Describe county efforts to evaluate each program's effectiveness in terms of:

- Engagement outcomes
- Short-term outcomes
- Intermediate outcomes
- Long-term outcomes

4. Parent Consumer Involvement/Parent Leadership

Each CBCAP funded county must demonstrate the capacity to meaningfully involve parents who are consumers, including those with disabilities, who can provide leadership in the planning, implementation, and evaluation of funded programs and policy decisions.

Identify the number of parent consumers who are voting members of the designated county prevention networks. Describe their roles in the planning, implementation, and evaluation of funded programs.

Describe any challenges or technical assistance needs regarding the recruitment and retention of parent consumers.

5. Child Abuse Prevention Councils

Describe how the county has supported and strengthened the local child abuse prevention council. Include a description of the council's role in the planning and coordination of services to children and families. Describe any challenges and/or technical assistance needs in building the capacity of the CAPC to assist in its purpose to coordinate the community's efforts to prevent and respond to child abuse.

6. Children's Trust Fund

Please provide the following data relevant to the local children's trust fund:

- Description of the types of programs and services funded.
- Target population benefiting from these programs.
- Amount disbursed this period.
    1. Only provide the amount of Children's Trust Fund money disbursed.
    2. Please list any additional services funded beyond those funded by CBCAP.

Statute requires that OCAP and the local commission designated by the board of supervisors collect and publish this information. (W&I Code 18970(c)1).

7. Fiscal Management

Did the county exhaust the full CAPIT allocation available for SFY 2006/07?

Did the county exhaust the full CBCAP allocation available for SFY 2006/07?

Did the county meet the minimum 20/20/20/20 requirement and exhaust the full PSSF allocation for SFY 2006/07?

If the answer is "no" to any of these questions, please summarize the challenges, describe proposed changes, and any technical assistance and/or training needs to ensure full utilization/compliance.

Attachment 2

Dear County Partners:

The Office of Child Abuse Prevention (OCAP) **data collection tool** has replaced the OCAP 150 form and is designed to capture county Child Abuse Prevention Intervention and Treatment (CAPIT)/ Community-Based Child Abuse Prevention (CBCAP)/ Promoting Safe and Stable Families (PSSF) service activity in a consistent manner supporting federal reporting requirements while providing counties with a simple **web-based reporting process**.

Your county has been **assigned a user name and password** that has been provided to your Child Welfare Director. Log onto the secure site of http://www.cdsscounties.ca.gov and scroll to the bottom left page where you will see CAPIT\CBCAP\PSSF icons. When clicking onto the appropriate program icon for reporting processes you will be prompted to input a user name and password. Counties can find notice attachments hosted on the http://www.cdsscounties.ca.gov site.

OCAP recommends counties compile the aggregate data provided by the service providers prior to accessing the data collection tool. In the following sections of Attachment 2 of this ACIN (I-23-07) counties will find the activity questions requested by the data tool in sequential order.

Additionally, counties are advised to **complete Attachment 3 prior to accessing the data collection tool**. Attachment 3, the CBCAP Evidenced-Based and Evidenced-Informed Progress and Practices Checklist, provides guidelines and information on the required rating of programs receiving CBCAP and CAPIT money.

PLEASE NOTE:

The data fields require that you enter only numerical values. Therefore, commas, decimals, and symbols will not be accepted. Please be aware that incomplete surveys cannot be saved. When moving to the next reporting objective surveys users may use the tab option as a primary method of progressing through the survey. If needed, your OCAP program consultant will be available to assist with questions you may have.

County CAPIT Report

Preventive Direct Services

(Detailed explanations of the content to be entered in this report are in ACIN I-23-07.)
* denotes a required entry.

Direct services means that the services must be provided to an individual or family, and the planned duration of the services should be more than a one-time event. If the participant only attends the direct service for one-time and drops out, they should still be counted in this category, since the planned duration was for more than one time.

1. Number of Clients Served*
   This Summary is "service focused." Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Family Counseling,					
Parent Education and Support,					
Home Visiting,					
Psychiatric Evaluations,					
Respite Care,					
Child Care,					
Transportation,					
Multidisciplinary Team Services,					

County CAPIT Report

Preventive Direct Services - Other

(If the county provided other/additional Core Support and Family Support Service(s) not included on the previous page, **one service** that was provided to clients may be specified **in each of the** "Additional Family Support Service" **fields** below.)

Ultimately, the goals of these preventive direct services activities are to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive environment and to increase the safety, permanency and well-being of children and families.

2. Additional Family Support Service -- 1 *
Please specify another direct Core Support and Family Support Service provided (maximum 50 characters).

None

3. Number of Clients Served
Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Additional Service -- 1,					

4. Addtional Family Support Service -- 2*
Please specify another direct Core Support and Family Support Service provided (maximum 50 characters).

None

5. Number of Clients Served
Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Additional Service -- 2,					

6. Additional Family Support Service -- 3 *
Please specify another direct Core Support and Family Support Service provided (maximum 50 characters).

None

7. Number of Clients Served
Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Additional Service -- 3,					

County CAPIT Report

Ethnic Groups

8. Enter client counts according to groups below*

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic					
Hispanic					
Black--non-Hispanic					
Asian					
Native American					
Other--specify below					

9. Ethnicity of those noted above as "Other."
(Maximum 50 characters)

County CAPIT Report

PART Evidence-Based Practice Data Reporting

The federal Office of Management and Budgets (OMB) passed the requirement that all government programs be rated in their effectiveness through the use of the Program Assessment Rating Tool (PART).

All programs receiving CBCAP or CAPIT (California's CBCAP matching funds) funding will need to be assessed as to falling into one of the levels below, and report the amount of money expended at each level.

The Evidence-Based and Evidence-Informed Programs and Practices **checklist for guidelines** on rating programs can be **found under Attachment 10 in ACIN I-23-07**.

10. PART Evidence-Based Practice Expenditures (whole dollars only—no decimals)*

	Amounts Expended
Level 0 Services--Programs and Practices Lacking Support or Positive Evidence	
Level 1 Services--Emerging Programs and Practices	
Level 2 Services--Promising Programs and Practices	
Level 3 Services--Supported Programs and Practices	
Level 4 Services--Well Supported Programs and Practices	
Total Spent on All Services--all levels	
Amount of CAPIT Money Spent	

11. **CAPIT Allocation***
Enter whole dollars only—no decimals

	Amount Received
Total County CAPIT Allocation,	

County CBCAP Report

Preventive Direct Services

(Detailed explanations of the content to be entered in this report are in ACIN I-23-07.)
* denotes a required entry.

Direct services means that the services must be provided to an individual or family, and the planned duration of the services should be more than a one-time event. If the participant only attends the direct service for one-time and drops out, they should still be counted in this category, since the planned duration was for more than one time.

1. Number of Clients Served*
   This Summary is "service focused." Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Voluntary Home Visiting,					
Parenting Classes,					
Parent Mutual Support,					
Respite Care,					

County CBCAP Report

Preventive Direct Services - Other

(If the county provided other/additional Core Support and Family Support Service(s) not included on the previous page, **one service** that was provided to clients may be specified **in each of the** "Additional Family Support Service" **fields** below.)

Ultimately, the goals of these preventive direct services activities are to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive environment and to increase the safety, permanency and well-being of children and families.

2. Additional Family Support Service -- 1 *
Please specify another direct Core Support and Family Support Service provided (maximum 50 characters).

None

3. Number of Clients Served
Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Additional Service -- 1,					

4. Additional Family Support Service -- 2*
Please specify another direct Core Support and Family Support Service provided (maximum 50 characters).

None

5. Number of Clients Served
Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Additional Service -- 2,					

6. Additional Family Support Service -- 3 *
Please specify another direct Core Support and Family Support Service provided (maximum 50 characters).

None

7. Number of Clients Served*
Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Additional Service -- 3,					

County CBCAP Report

Public Awareness / Public Education

Public awareness or public education activities under CBCAP are beneficial activities that focus on the healthy and positive development of parents and focus on the prevention of child abuse and neglect. These activities can include public education and outreach, and public awareness campaigns. Such activities are usually directed at the general population but may also be targeted for specific populations or communities identified as at increased risk of abuse or neglect.

Since it is difficult to provide an exact number of individuals who may have received the public awareness or public education activities, counties are advised to **provide the most accurate estimate** based on the number of participants that reasonably received these activities.

8. Enter an estimate of the activities listed below.*
   The data should reflect the individuals who received or were exposed to the public awareness or public education activities funded by the CBCAP program.

	PA/PE Totals
People exposed to TV / radio ads	
People attending public education sessions & workshops	
Newsletters mailed	
Phone calls to Parent Support line	

County CBCAP Report

Information and Referral

Information and Referral activities may include providing information regarding community and social services that are available for families and the community. These activities may be provided by means of the telephone, in-person, or through a mail-out or website.

9. Provide the count of contacts made by means of the methods below.*

	I & R Totals
In Person Contacts	
Phone calls Received	
Mailings	
Website Contacts	

County CBCAP Report

Ethnic Groups

10. Enter client counts according to groups below*

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic					
Hispanic					
Black--non-Hispanic					
Asian					
Native American					
Other--specify below					

11. Ethnicity of those noted above as "Other."
(Maximum 50 Characters)

County CBCAP Report

PART Evidence-Based Practice Data Reporting

The federal Office of Management and Budgets (OMB) passed the requirement that all government programs be rated in their effectiveness through the use of the Program Assessment Rating Tool (PART).

All programs receiving CBCAP or CAPIT (California's CBCAP matching funds) funding will need to be assessed as to falling into one of the levels below, and report the amount of money expended at each level.

The Evidence-Based and Evidence-Informed Programs and Practices **checklist for guidelines** on rating programs can be **found under Attachment 10 in ACIN I-23-07**.

12. PART Evidence-Based Practice Expenditures (whole dollars only—no decimals)*

	Amounts Expended
Level 0 Services--Programs and Practices Lacking Support or Positive Evidence	
Level 1 Services--Emerging Programs and Practices	
Level 2 Services--Promising Programs and Practices	
Level 3 Services--Supported Programs and Practices	
Level 4 Services--Well Supported Programs and Practices	
Total Spent on All Services--all levels	
Total Amount Spent on Other Activities--Public Awareness; Public Education; Network Development or Support; etc.	
Amount of CBCAP Money Spent--Services plus Other (total should match allocation)	
Amount of Additional Money County Contributes Toward Services or Activities	

13. **CBCAP Allocation***
Enter whole dollars only—no decimals

	Amount Received
Total County CBCAP Allocation,	

County PSSF Report

Family Support Services

Detailed explanations of the content to be entered in this report are in ACIN I-23-07.
* denotes a required entry.

The term "family support services" means community-based services to promote the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development. (42 U.S.C. 629a)

1. Target Population*
(Maximum 50 characters)

2. Type of Service*
(Maximum 50 characters)

3. Geographical Location*
(Select geographical area that best applies)

	Urban	Rural	Neighborhood	Countywide
Service Area	○	○	○	○

County PSSF Report

Family Support Services

4. Number of Clients Served*
(received the service type specified in question 2)

This Summary is "service focused." Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
###502### ###501###					

5. Ethnic Groups*
Enter client counts according to groups listed below

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic,					
Hispanic,					
Black--non-Hispanic,					
Asian,					
Native American,					
Other,					

County PSSF Report

Family Preservation Services

The term "Family Preservation Services" means services for children and families designed to help families (including adoptive and extended families) at risk or in crisis. (42 U.S.C. 629a)

6. Target Population*
(Maximum 50 characters)

7. Geographical Location*
(Select geographical area that best applies)

	Urban	Rural	Neighborhood	Countywide
Service Area	○	○	○	○

8. Number of Clients Served*
Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Programs for Achieving Safe Permanent Living Arrangements for Children					
Pre-Placement Preventive Service Programs					
Follow-up Care Programs for Families with Returned Child					
Respite Care					
Improving Parenting Skills					
Infant Safe-Haven Programs					

9. Ethnic Groups*
Enter client counts according to groups listed below

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic,					
Hispanic,					
Black--non-Hispanic,					
Asian,					
Native American,					
Other,					

County PSSF Report

Adoption Promotion and Support Services

The term "adoption promotion and support services" means services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families. (42 U.S.C. 629a)

10. Target Population*
(Maximum 50 characters)

11. Type of Service*
(Maximum 50 characters)

12. Geographical Location*
(Select geographical area that best applies)

	Urban	Rural	Neighborhood	Countywide
Service Area	○	○	○	○

County PSSF Report

Adoption Promotion and Support Services

13. Number of Clients Served*
(received the service type specified in question 11)

This Summary is "service focused." Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
###491### ###490###					

14. Ethnic Groups*
Enter client counts according to groups listed below

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic,					
Hispanic,					
Black--non-Hispanic,					
Asian,					
Native American,					
Other,					

County PSSF Report

Time-Limited Family Reunification Services

In general the term "time-limited family reunification services" means the services and activities described below that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution. The services and activities are also provided to the parents or primary caregiver of such a child in order to facilitate the reunification of the child, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care. (42 U.S.C. 629a)

15. Target Population*
(Maximum 50 characters)

16. Geographical Location*
(Select geographical area that best applies)

	Urban	Rural	Neighborhood	Countywide
Service Area	○	○	○	○

17. Number of Clients Served*

Clients may access multiple services and shall be counted once for each service type provided during the reporting period. Count "families" only when a service is provided to the entire family unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Counseling					
Substance Abuse Treatment Services					
Mental health Services					
Domestic Violence					
Temporary Child Care / Crisis Nurseries					
Transportation to / from Services / Activities					

18. Ethnic Group*
Enter count of clients according to groups listed below

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic,					
Hispanic,					
Black--non-Hispanic,					
Asian,					
Native American,					
Other,					

CBCAP EVIDENCE-BASED AND EVIDENCE INFORMED[1] PROGRAMS AND PRACTICES CHECKLIST

Directions: Review the documentation and information regarding the program/practice being considered and place a check mark for each item under YES or NO. Programs/ practices must receive a YES answer for every item in order to be categorized as Evidence-based or Evidence-informed for the CBCAP PART Efficiency measure.

Name of Program/Practice being evaluated: _____

Reviewed by: _____ **Date:** _____

Level I - EMERGING PROGRAMS AND PRACTICES

PROGRAMMATIC CHARACTERISTICS

YES	NO	
☐	☐	The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
☐	☐	The program may have a book, manual, other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it.
☐	☐	The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

YES	NO	
☐	☐	There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

[1] These categories were adapted from material developed by the California Clearinghouse on Evidence-Based Practice in Child Welfare and the Washington Council for the Prevention of Child Abuse and Neglect.

☐ ☐ Programs and practices have been evaluated using less rigorous evaluation designs that have with no comparison group, including "pre-post" designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an "untreated" group

OR an evaluation is in process with the results not yet available.

☐ ☐ The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

Level II - PROMISING PROGRAMS AND PRACTICES

PROGRAMMATIC CHARACTERISTICS

YES	NO	
☐	☐	The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through presence of a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
☐	☐	The program may have a book, manual, other available writings, and training materials that specifies the components of the practice protocol and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model.
☐	☐	The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving services child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

YES	NO	
☐	☐	There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
☐	☐	At least one study utilizing some form of control or comparison group (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice, in reducing risk and increasing protective factors associated with the prevention of abuse or neglect.. The evaluation utilized a quasi-experimental study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's positive outcomes.
☐	☐	The local program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. Programs continually examine long-term outcomes and participate in research that would help solidify the outcome findings.

☐ ☐ The local program can demonstrate adherence to model fidelity in program or practice implementation.

Level III - SUPPORTED PROGRAMS AND PRACTICES*

PROGRAMMATIC CHARACTERISTICS

YES NO

☐ ☐ The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.

☐ ☐ The practice has a book, manual, training, or other available writings that specifies the components of the practice protocol and describes how to administer it.

☐ ☐ The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

☐ ☐ There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

☐ ☐ The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion:

- At least two rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature. **OR**
- At least two between-group design studies using either a matched comparison or regression discontinuity have found the practice to be equivalent to another practice that would qualify as supported or well-supported; or superior to an appropriate comparison practice.

Level III - SUPPORTED PROGRAMS AND PRACTICES* (continued)

RESEARCH & EVALUATION CHARACTERISTICS

YES	NO	
☐	☐	The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
☐	☐	Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
☐	☐	If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice. [If not applicable, you may skip this question.]
☐	☐	The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
☐	☐	The local program can demonstrate adherence to model fidelity in program implementation.

**Note: For purposes of OMB PART reporting, programs and practices at Levels III Supported Program and Practices and Level IV Well Supported Programs and Practices will be given the same weight.*

Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES*

PROGRAMMATIC CHARACTERISTICS

YES	NO	
☐	☐	The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
☐	☐	The practice has a book, manual, training or other available writings that specify components of the service and describes how to administer it.
☐	☐	The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

YES	NO	
☐	☐	Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCT's) or comparable methodology **in different usual care or practice settings** have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
☐	☐	There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
☐	☐	The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
☐	☐	Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
☐	☐	If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES* (continued)

RESEARCH & EVALUATION CHARACTERISTICS

YES	NO	
☐	☐	The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
☐	☐	The local program can demonstrate adherence to model fidelity in program implementation.

**Note: For purposes of OMB PART reporting, programs and practices at Levels III Supported Program and Practices and Level IV Well Supported Programs and Practices will be given the same weight.*

PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE

Programs or practices that do not meet the threshold for Level I Emerging and Evidence-informed will be counted in this category for purposes of reporting for the CBCAP Efficiency measure.

PROGRAMMATIC CHARACTERISTICS

The program is not able to articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes.

The program does not have a book, manual, other available writings, training materials that describe the components of the program.

RESEARCH & EVALUATION CHARACTERISTICS

Two or more randomized, controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care.

OR

If multiple outcome studies have been conducted, the overall weight of evidence does NOT support the efficacy of the practice.

OR

No evaluation has been conducted. The program may or may not have plans to implement an evaluation.

CBCAP Efficiency Measure Glossary

Comparison group: A group of individuals whose characteristics are similar to those of a program's participants. These individuals may not receive any services, or they may receive a different set of services, activities, or products; in no instance do they receive the same services as those being evaluated. As part of the evaluation process, the experimental group (those receiving program services) and the comparison group may be assessed to determine which types of services, activities, or products provided by the program produced the expected changes.

Conceptual framework: A conceptual framework is used in research to outline possible courses of action or to present a preferred approach to a system analysis project. The framework is built from a set of concepts linked to a planned or existing system of methods, behaviors, functions, relationships, and objects.

Control group: A group of individuals whose characteristics are similar to those of the program participants but who do not receive the program services, products, or activities being evaluated. Typically, participants are randomly assigned – as if by lottery – to either the experimental group (those receiving program services) or the control group. A control group is used to assess the effect of the program on participants who are receiving the services, products, or activities being evaluated. The same information is collected for people in the control group and those in the experimental group.

Controlled setting: A controlled setting implies a setting in which the practice or program can be implemented with the greatest fidelity, in other words, as close to the way it was intended as possible. For instance, a program or practice might be implemented in a laboratory or in a university-based setting, in which the individuals implementing the practice or program have complete control over the hiring of staff, the development of staff evaluations, pay scales, and other factors relative to how the program or practice is implemented. This is in contrast to a "usual practice" setting, in which many different factors might affect the implementation of the intervention.

Efficacy: Efficacy focuses on whether an intervention can work under ideal circumstances (e.g., controlled settings, like university laboratories, as described above) and whether the intervention has an effect in that setting.

Effectiveness: Effectiveness focuses on whether a treatment works when used in the real world (e.g., practice settings). An effectiveness trial may be done after the intervention has been shown to have a positive effect in an efficacy trial.

Empirical evidence: Empirical evidence consists of research conducted "in the field," where data are gathered first-hand and/or through observation. Case studies and surveys are examples of empirical research.

Experimental design: In an experimental design, also called a randomized control trial, participants are randomly assigned to receive either an intervention or control treatment

(often usual care services). This allows the effect of the intervention to be studied in groups of people who are: (1) the same at the outset and (2) treated the same way, except for the intervention(s) being studied. Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance.

Experimental group/Treatment group: A group of individuals participating in the program activities or receiving the program services being evaluated or studied. Experimental groups (also known as treatment groups) are usually compared to a control or comparison group.

Fidelity: Fidelity refers to the extent to which an intervention is implemented as intended by the designers of the intervention. Fidelity refers not only to whether or not all the intervention components and activities were actually implemented, but whether they were implemented in the proper manner.

Inputs: The resources (products, services, information) that support and produce program activities. For example, the number of program staff, the programs' infrastructure (building, land, etc.), and the program's annual budget.

Logic model: A systematic and visual way to describe how a program should work, present the planned activities for the program, and articulate anticipated outcomes. Logic models present a theory about the expected program outcome, however they do not demonstrate whether the program caused the observed outcome. Diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of "if-then" statements are often used when presenting logic models.

Matched comparison group (including matched wait list): A comparison group in which individuals, or another unit such as a classroom, is matched to those in the treatment group based on characteristics felt to be relevant to program outcomes. This can include a matched waiting list, in which children from a waiting list are matched to children in the program based on key characteristics.

Methodology: The way in which information is found or something is done. Research methodology includes the methods, procedures, and techniques used to collect and analyze information.

Multiple Site Replication: Replication is an important element in establishing program effectiveness and understanding what works best, in what situations, and with whom. Some programs are successful because of unique characteristics in the original site that may be difficult to duplicate in another site (e.g., having a charismatic leader or extensive community support and involvement). Replication in other settings establishes the strength of a program and its prevention effects and demonstrates that it can be successfully implemented in other sites. Programs that have demonstrated success in diverse settings (e.g., urban, suburban, and rural areas) and with diverse populations (e.g., different socioeconomic, racial, and cultural groups) create greater confidence that such programs can be transferred to new settings.

Outcomes: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, or altered behavior. One example of an outcome is reduced incidence of child maltreatment (measured by the number of substantiated reports). Outcomes, are often expressed in terms of: knowledge and skills (these are typically considered to be short-term outcomes); behaviors (these are typically considered to be intermediate-term outcomes); and values, conditions and status (these are typically considered to be long-term outcomes).

Outputs: The direct products of program activities; immediate measures of what the program did. For example, the number of children served, the length of time treatment was provided, or the types of services provided.

Peer-review: An assessment of a product conducted by a person or persons of similar expertise to the author. The peer-review process aims to provide a wider check on the quality and interpretation of a report. For example, an article submitted for publication in a peer-reviewed journal is reviewed by other experts in the field.

Placebo group: A placebo is something that does not directly affect the behavior or symptoms under study in any specific way, but is given to a control or comparison group as a way of keeping them unaware of the fact that they are in the control or comparison group. A researcher must be able to separate placebo effects from the actual effects of the intervention being studied. For example, in a drug study, subjects in the experimental and placebo groups may receive identical-looking medication, but those in the experimental group are receiving the study drug while those in the placebo group are receiving a sugar pill. Typically, subjects are not aware whether they are receiving the study drug or a placebo.

Practice: A practice is an accepted method or standardized activity.

Pre-post test design: A study design that includes both a pre-test and a post-test and examines change in the two.

- **Pretest:** A test or measurement taken before services or activities begin. It is compared with the results of a posttest to show change in outcomes during the time period in which the services or activities occurred. A pretest can be used to obtain baseline data.
- **Posttest:** A test or measurement taken after services or activities have ended. It is compared with the results of a pretest to show change in outcomes during the time period in which the services or activities occurred.

Program: A coherent assembly of plans, projects, project activities, and supporting resources contained within an administrative framework, whose purpose is directed at achieving a common goal.

Program Evaluation: Evaluation has several distinguishing characteristics relating to focus, methodology, and function. Evaluation (1) assesses the effectiveness of an ongoing program or practice in achieving its objectives, (2) relies on the standards of evaluation design – such as whether it uses a randomized control or comparison group – to distinguish a program's effects from those of other forces, and (3) may be used to improve the program through modification of current practices/operations.

- **Outcome evaluation:** The systematic collection of information to assess the impact of a program on anticipated outcomes, present conclusions about the merit or worth of a program, and perhaps make recommendations about future program direction or improvement. For example, if a program aims to reduce smoking, an outcomes evaluation would examine the degree to which individuals in the program showed reduced smoking.
- **Process evaluation:** The systematic collection of information to document and assess how a program was implemented and operates.

Protective factors: Characteristics, variables and/or conditions present in individuals or groups that enhance resiliency, increase resistance to risk, and fortify against the development of a disorder or adverse outcome. For example, stable family relationships, parental employment, and access to health care and social services.

Quasi-experimental: A research design with some, but not all, of the characteristics of an experimental design (or randomized control trial, described below). While comparison groups are available and maximum controls are used to minimize threats to validity, random selection is typically not possible and/or practical.

Randomized Control Trial: In a randomized control trial or experimental design, participants are randomly assigned to receive either an intervention or control treatment (often usual care services). This allows the effect of the intervention to be studied in groups of people who are: (1) the same at the outset and (2) treated the same way, except for the intervention(s) being studied. Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance.

Regression Discontinuity: An evaluation design in which the program or practice's eligibility criteria are used as a mechanism to evaluate the outcomes of the program. For instance, a regression discontinuity design might evaluate the effectiveness of a pre-Kindergarten program by comparing outcomes for children who are age-eligible for pre-K to those who are just below the age cutoff. At its essence, this comparison would examine the degree to which outcomes for the two different groups of children differ more than would be expected given their differences in birth date.

Reliability: A characteristic of a measure indicating the extent to which the same result would be achieved when repeating the same measure study again. For example, a scale is unreliable if a child is weighed three times in three minutes and the scale produces significantly different weights each time.

Risk factors: Characteristics, variables and/or conditions present in individuals or groups that increase the likelihood of that individual or group developing a disorder or adverse outcome. Both the potency and clustering of risk and protection factors can vary over time and developmental periods. Thus, successful, developmentally appropriate prevention and interventions take this variation into account. Examples of risk factors include parental substance abuse, parental stress or mental health issues, and community violence.

Theory of change: Often used in association with program evaluation, a theory of change refers to the causal processes through which change comes about as a result of a program's strategies and actions. It relates to how practitioners believe individual, group, and social/ systemic change happens and how, specifically, their actions will produce positive results.

Untreated group: This group serves as a control or comparison with the treatment or intervention group. This group receives no treatment at all during the study.

Validity: Validity refers to the degree to which a result is likely to be true and free of bias. There are two types of validity:

- **External validity**: External validity is the extent to which the results of a study apply (or can be generalized to) people other than the ones that were in the study.
- **Internal validity**: Internal validity is the extent to which a study accurately measures what it is supposed to measure. This also includes the extent to which measures in a study are measuring what they purport to measure, as well as whether the study is appropriately assessing the "cause" and "effect" of interest (in other words, can the conclusions drawn be said to represent the causal effect of one thing on another).

References:

These glossary definitions were based on information from the following sources:

Bureau of Justice Assistance (OJP/DOJ)
(www.ojp.usdoj.gov/BJA/evaluation/glossary/index.htm)

The California Evidence Based Clearinghouse for Child Welfare
(www.cachildwelfareclearinghouse.org/glossary)

Centers for Disease Control (HHS) -- Introduction to Program Evaluation for Public Health Programs
(www.cdc.gov/drugresistance/community/files/program_planner/Glossary_EvaluationResources.pdf)

Evidence Based Practice & Policy Online Resource Training Center -- Willma & Albert Musher Program at Columbia University School of Social Work
(http://www.columbia.edu/cu/musher/Website/Website/EBP_Resources_EBPGlossary.htm)

National Center for Children Exposed to Violence (www.nccev.org/resources/terms.html)

Office of Juvenile Justice and Delinquency Prevention (OJP/DOJ)
(http://ojjdp.ncjrs.org/grantees/pm/glossary.html)

Substance Abuse and Mental Health Services Administration (SAMHSA) National Mental Health Information Center (CDC/HHS)
(http://mentalhealth.samhsa.gov/resources/dictionary.aspx)

Websites with listings of Evidence-Based Programs and Practices
Annotated List

California Clearinghouse on Evidence-based Practice.
The website is designed to: 1) Serve as an online connection for child welfare professionals, staff of public and private organizations, academic institutions, and others who are committed to serving children and families. 2) Provide up-to-date information on evidence-based child welfare practices. 3) Facilitate the utilization of evidence-based practices as a method of achieving improved outcomes of safety, permanency and well-being for children and families involved in the California public child welfare system.
http://www.cachildwelfareclearinghouse.org/

Child Welfare Information Gateway – Preventing Child Abuse and Neglect
"Improving Practices" section of the website (www.childwelfare.gov/systemwide/service/improving_practices/) Provides information on:

1. About evidence based practice – what it is and how to know if it is evidence based
2. Resources on evidence based practices –
    a. search the entire Clearinghouse library for literature related to all aspects of child welfare practice (including prevention) in which the author has identified the program as "evidence based"
    b. links to other organizations/resources that have conducted an analysis to identify evidence based practices.

"What Works in Prevention" section of the website (http://www.childwelfare.gov/preventing/programs/whatworks/research.cfm) Provides research on prevention programs and you can search for literature in the Information Gateway that evaluates the effectiveness of programs specifically related to child abuse prevention/family strengthening:

1. Search by types of program approaches
2. Search by programs that address specific issues.

The general Prevention website is at: http://www.childwelfare.gov/preventing/

SAMHSA Model Programs
The SAMHSA Model Programs featured on this site have been tested in communities, schools, social service organizations, and workplaces across America, and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors. Programs included have been reviewed by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). This Web site serves as a comprehensive resource for anyone interested in learning about and/or implementing these programs.
http://www.modelprograms.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide

The Guide is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The MPG database of evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry. The MPG can be used to assist juvenile justice practitioners, administrators, and researchers to enhance accountability, ensure public safety, and reduce recidivism. The MPG is an easy-to-use tool that offers the first and only database of scientifically-proven programs across the spectrum of youth services.
http://www.dsgonline.com/mpg2.5/mpg_index.htm

Center for The Study of the Prevention of Violence

A CSPV objective is to build this body of knowledge about implementation by accumulating data on the Blueprints replication sites regarding problems encountered, attempted solutions, which worked or didn't work and why. Data was also collected for screening potential replicators such as organizational capacity needed, funding stability, commitment, resources, etc., required for a high probability of success. Blueprints has evolved into a large-scale prevention initiative, both identifying model programs and providing training and technical assistance to help sites choose and implement a set of demonstrated effective programs with a high degree of integrity.
http://www.colorado.edu/cspv/blueprints/

Department of Education What Works Clearinghouse

The What Works Clearinghouse (WWC) collects, screens, and identifies studies of effectiveness of educational interventions (programs, products, practices, and policies).The WWC regularly updates the WWC Technical Standards and their application to take account of new considerations brought forth by experts and users. Such changes may result in re-appraisals of studies and/or interventions previously reviewed and rated. The current WWC Standards offer guidance for those planning or carrying out studies, not only in the design considerations but the analysis and reporting stages as well. The WWC Standards, however, may not pertain to every situation, context, or purpose of a study and will evolve.
http://www.whatworks.ed.gov/

Strengthening America's Families (funded by OJJDP)

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) in collaboration with the Substance Abuse and Mental Health Service's Center for Substance Abuse Prevention (CSAP) is pleased to provide the results of the 1999 search for "best practice" family strengthening programs. In the following pages you will find two page summaries of family-focused programs which have been proven to be effective. Additional information as well as direct links to individual program websites can be found on the Strengthening America's Families website. The programs listed are divided into categories based upon the degree, quality and outcomes of research associated with them.
http://www.strengtheningfamilies.org/

The Promising Practices Network
The Promising Practices Network (PPN) is dedicated to providing quality evidence-based information about what works to improve the lives of children, youth, and families. The PPN site features summaries of programs and practices that are proven to improve outcomes for children. All of the information on the site has been carefully screened for scientific rigor, relevance, and clarity. The PPN is operated by RAND.
http://www.promisingpractices.net/

Social Programs that Work
The central problem that the Coalition for Evidence-Based Policy seeks to address is that U.S. social programs are often implemented with little regard to rigorous evidence, costing billions of dollars yet failing to address critical needs of our society -- in areas such as education, crime and substance abuse, and poverty reduction. A key piece of the solution, we believe, is to provide policymakers and practitioners with clear, actionable information on what works, as demonstrated in scientifically-valid studies, that they can use to improve the lives of the people they serve. To address this need, this site summarizes the findings from well-designed randomized controlled trials that, in our view, have particularly important policy implications -- because they show, for example, that a social intervention has a major effect, or that a widely-used intervention has little or no effect. We limit this discussion to well-designed randomized controlled trials based on persuasive evidence that they are superior to other study designs in measuring an intervention's true effect (hence their role as the "gold standard" in fields such as medicine, welfare policy, and education).
http://www.evidencebasedprograms.org/

Helping America's Youth Program Tool
Helping America's Youth is a nationwide effort, initiated by President George W. Bush and led by First Lady Laura Bush, to benefit children and teenagers by encouraging action in three key areas: family, school, and community. The *Community Guide to Helping America's Youth* helps communities build partnerships, assess their needs and resources, and select from program designs that could be replicated in their community. The Program Tool provides information about program designs that successfully deal with risky behaviors. The Program Tool database contains risk factors, protective factors, and programs that have been evaluated and found to work.
http://guide.helpingamericasyouth.gov/programtool.cfm

Evidence-Based Programs Searchable Database at Ohio State University
The **Evidence-Based Program Database** is a compilation of quality government, academic, and non-profit lists of evidence-based programs that appear on the World Wide Web and/or in print form. The website also provides resources to help programs determine assess the evidence and the feasibility of implementing evidence-based programs at the local level.
http://altedmh.osu.edu/Database/ebdatabase.html

The International Campbell Collaboration

The International Campbell Collaboration (C2) is a non-profit organization that aims to help people make well-informed decisions about the effects of interventions in the social, behavioral and educational arenas. C2's objectives are to prepare, maintain and disseminate systematic reviews of studies of interventions. C2's acquire and promote access to information about trials of interventions. C2 builds summaries and electronic brochures of reviews and reports of trials for policy makers, practitioners, researchers and the public. http://www.campbellcollaboration.org/

CERTIFICATION OF COUNTY CHIDREN'S TRUST FUND
REVENUE SUMMARY FOR STATE FISCAL YEAR 2006/2007

I _____, hereby affirm that I am duly authorized to account for the County Children's Trust Fund (CCTF) for the State Fiscal Year (SFY) July 1, 2006 through June 30, 2007 and certify that the funds received into the CCTF, *not including other federal and state prevention grants*, during this period was $ _____. I also affirm that these funds are used only for the broad range of child abuse and neglect prevention activities as mandated by federal and state law. During SFY 2006-2007, the CCTF consisted of the following revenue sources and amounts:

INTEREST	$_____
BIRTH CERTIFICATES	$ _____
GRANTS	$ _____
GIFTS	$ _____
BEQUESTS	$ _____
KIDSPLATE	$ _____
TOTAL	$ _____
AMOUNT OF CCTF EXPENDED THIS YEAR	$ _____

_____
County

_____
Signature of Authorized Representative

_____
Print Name and Title

DEFINITIONS

Children: Under 18 years old or up to 19 years old if still in school and satisfies Welfare and Institutions Code 11403.

Parent or Caregiver: Person responsible for caring for children as part of their family unit.

Community-Based and Prevention-Focused Programs and Activities to prevent Child Abuse and Neglect: The term "community-based and prevention-focused programs and activities to strengthen and support families to prevent child abuse and neglect" includes organizations such as family resource programs, family support programs, voluntary home visiting programs, respite care programs, parenting education, mutual support programs, and other community programs or networks of such programs that provide activities that are designed to prevent or to respond to child abuse and neglect.

Preventive direct services under CBCAP are beneficial activities aimed at preventing child abuse and neglect. Such activities may be directed toward the general population or toward specific populations identified as being increased risk of abusing or neglecting their children. The primary focus is to increase the protective factors and lessen the risk factors that can contribute to the likelihood of abuse or neglect.

Ultimately, the goals of these *preventive direct services* activities are to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive environment and to increase the safety, permanency and well-being of children and families.

These activities **do not** include *providing recipients with **information or referral services, one-time public education events, or other public awareness campaigns**. The recipients of these activities should be **counted** as part of the **Public Awareness Activities section**.*

Direct services means that the services must be provided to an individual or family, and the planned duration of the services should be more than a one-time event. Some examples of preventative direct services include: voluntary home visiting, parenting classes, parent mutual support, respite care, or other family support services. If the participant only attends the direct service for one-time and drops out, they should still be counted in this category, since the planned duration was for more than one-time.

The five primary protective factors to be increased by "preventive direct services" include: bonding and attachment, parental resilience, knowledge of parenting and child development, social connections, and concrete support in times of need.

Primary risk factors that may be addressed under CBCAP include: mental health problems with the caregiver, substance abuse, family and community violence, and other negative conditions in the child and family's life situation.

Person with disability has the same meaning for a child or adult with disability under the Individuals with Disabilities Education Act (IDEA). (For more information, visit: http://ericec.org/digests/e560.html).

Public awareness or **public education** activities under CBCAP are beneficial activities that focus on the healthy and positive development of parents and focus on the prevention of child abuse and neglect. These activities can include **public education and outreach**, **information and referral regarding community and social services that are available for families,** and **public awareness campaigns**. Such activities are usually directed at the general population but may also be targeted for specific populations or communities identified at increased risk of abuse or neglect. The primary focus of these activities is: to better strengthen and support individuals, families, the community, and society by providing information about available family support and prevention resources in the community; increase the public understanding of the importance of the prevention of child abuse and neglect; and increase community ownership and involvement in prevention activities. Over the long term, it is anticipated that these activities contribute to increasing the safety, permanency, and well-being of all children and families.

Public awareness or public education activities may be a one-time event or a series of public education and information sessions. These activities may also include providing information and referral to the community through the telephone, in-person, or through a mail out or website. Some examples of public awareness, public education or information and referral activities include: Blue Ribbon or other Child Abuse Prevention Month campaigns, conducting a public information fair at a local festival, presenting information about child abuse prevention to various agencies or the general public, television or radio ads, newsletter mailing, parent support hotlines, information and referral websites, etc.

The data should reflect the individuals who received or were exposed to the public awareness or public education activities funded by the CBCAP program.

Since it is difficult to provide an exact number of individuals who may have received the public awareness or public education activities, counties are advised to provide the most accurate estimate based on the number of participants that reasonably received these activities. For example, the total can include the number of participants in public education session or workshop, the number of newsletters mailed out, the number of individuals who called a parent support line, the number of people exposed to the television or radio ads, etc.

Home Visiting: Strategy of service delivery in the client's home.

Parent Education and Support (Self-help and Life Management Skills): Parent education and support programs are good first steps in fostering leadership in parents. These programs provide parents with the tools they need to become more confident parents and to bond with other parents.

Parent Education services are designed to teach basic parenting skills, including, but not limited to: establishing realistic parental expectations and teaching child growth

and development. These services may include home management, nutrition, health and consumer education provided through public and private social services programs. Examples include classroom or individual instruction and parent workshops

Parent Mutual Support services are designed to facilitate parents supporting each other.

Respite Care: The term "respite care services" means short term care services provided in the temporary absence of the regular caregiver (parent, other relative, foster parent, adoptive parent, or guardian) to children who are in danger of abuse or neglect; have experienced abuse or neglect; have disabilities; or have chronic or terminal illnesses.

Such services shall: be provided within or outside the home of the child, be short-term care (ranging from a few hours to a few weeks of time, per year), and be intended to enable the family to stay together with the child living in the home and within the community.

Transportation: To transport or provide transportation for a recipient of services from one place to another when necessary to support a specific component of a service plan and no other means of transport is available

Community Referral Services: The term "community referral services" means services provided under contract or through interagency agreements to assist families in obtaining needed information, mutual support and community resources, including respite care services, health and mental health services, employability development and job training, and other social services, including early developmental screening of children, through help lines or other methods.

Other: As defined locally.

The following services are primarily sub-classifications of Information and Referral. If an agency is providing these services directly with CAPIT and/or CBCAP funds, the specific service should be identified under “Other” and counted individually. These services include:

- Services to/Prevention of Homelessness
- Educational/Job Readiness
- Early Childhood Development/Screening

Intake/Assessment: The process by which children, adults, or families are assessed for receipt of prevention and/or intervention services. This process includes the development of a written document that contains information relevant to the case situation and an appraisal of case service(s) need(s).

Parent Leadership Development: Develop leadership roles for the meaningful involvement of parents in the development, operation, evaluation, and oversight of the programs and services.

Family Preservation: The term "family preservation services" means services for children and families designed to help families (including adoptive and extended families) at risk or in crisis, including:

- service programs designed to help children

  where safe and appropriate, return to families from which they have been removed; or

  be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement;
- pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families;
- service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement;
- respite care of children to provide temporary relief for parents and other caregivers (including foster parents);
- services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition; and
- infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law. (42 U.S.C. 629a.)

Family Support Services: The term "family support services" means community-based services to promote the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development. (42 U.S.C. 629a.)

Adoption Promotion and Support: The term “adoption promotion and support services” means services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families. (42 U.S.C. 629a.)

Time-Limited Family Reunification: In general the term “time-limited family reunification services” means the services and activities described below that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution. The services and activities are also provided to the parents or primary caregiver of such a child in order to facilitate the reunification of the child, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care.

The services and activities described for time-limited family reunification include the following:

- Individual, group, and family counseling.
- Inpatient, residential, or outpatient substance abuse treatment services.
- Mental health services.
- Assistance to address domestic violence.
- Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries.
- Transportation to or from any of the services and activities described in this subparagraph. (42 U.S.C. 629a.)

OFFICE OF CHILD ABUSE PREVENTION (OCAP)
PREVENTION NETWORK DEVELOPMENT UNIT (PND)
COUNTY CONSULTANTS

October 2007

Fresno *Inyo* *Kern* *Kings* *Madera* *Merced* *Sacramento* *San Benito* *Sierra* *Stanislaus* *Sutter* *Tulare*	*Del Norte* *Humboldt* *Lake* *Mendocino* *Marin* *Napa* *Placer* *San Francisco* *San Mateo* *Santa Barbara* *Sonoma* *Yolo*	*Alameda* *Alpine* *Amador* *Calaveras* *Contra Costa* *El Dorado* *Los Angeles* *San Joaquin* *Santa Clara* *Solano* *Tuolumne*	*Butte* *Colusa* *Glenn* *Lassen* *Mariposa* *Modoc* *Nevada* *Plumas* *Shasta* *Siskiyou* *Tehama* *Trinity*	*Mono* *Monterey* *Imperial* *Orange* *Riverside* *San Bernardino* *San Diego* *San Luis Obispo* *Santa Cruz* *Ventura* *Yuba*
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Allocation Methodology for Community-Based Child Abuse Prevention (CBCAP) Funds

BASE ALLOCATION

In accordance with the Welfare and Institutions Code (Section 18966.1(a)), CBCAP funds are allocated annually as follows:

(1) Counties receiving less than twenty thousand dollars ($20,000) for the year in their county children's trust fund from birth certificate fees are granted the difference from CBCAP funds necessary to bring the trust fund up to twenty thousand dollars ($20,000). This is data reported individually by each county.

(2) The balance remaining after (1) is distributed equally among all the counties, up to ten thousand dollars ($10,000) per county.

(3) The remaining CBCAP funds are distributed according to the percent of each county's child population to the total child population of California. The allocation uses current data from the Department of Finance.

Release of State Fiscal Year 2007-2008, county CBCAP allocations is pending receipt of Attachments 5 (Application and Assurances Form) and 6 (County Children's Trust Fund Revenue Summary Form) of these instructions.

ATTACHMENT 10

FY 2007/08 CBCAP Allocation	
County	**Allocation**
Alameda	$53,932
Alpine	$30,026
Amador	$28,150
Butte	$15,798
Calaveras	$29,465
Colusa	$28,264
Contra Costa	$41,688
Del Norte	$26,913
El Dorado	$14,917
Fresno	$42,227
Glenn	$29,458
Humboldt	$13,377
Imperial	$15,540
Inyo	$26,312
Kern	$37,239
Kings	$14,833
Lake	$27,798
Lassen	$26,240
Los Angeles	$341,710
Madera	$24,099
Marin	$16,043
Mariposa	$29,880
Mendocino	$17,707
Merced	$19,369
Modoc	$29,005
Mono	$28,659
Monterey	$24,240
Napa	$13,753
Nevada	$21,740
Orange	$106,735
Placer	$18,727
Plumas	$27,044
Riverside	$74,869
Sacramento	$54,573
San Benito	$21,006
San Bernardino	$0
San Diego	$101,970
San Francisco	$23,320
San Joaquin	$33,367
San Luis Obispo	$16,172
San Mateo	$29,767
Santa Barbara	$22,009
Santa Clara	$61,217
Santa Cruz	$16,991
Shasta	$15,093
Sierra	$28,735
Siskiyou	$25,176
Solano	$23,841
Sonoma	$23,396
Stanislaus	$28,032
Sutter	$12,874
Tehama	$23,199
Trinity	$29,547
Tulare	$25,845
Tuolumne	$22,377
Ventura	$36,454
Yolo	$15,442
Yuba	$29,184
Total:	**$2,015,340**