STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

CDSS

WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

August 17, 2011

ALL COUNTY INFORMATION NOTICE NO. I-48-11

TO: COUNTY BOARDS OF SUPERVISORS
                COUNTY WELFARE DIRECTORS
                CHILD ABUSE PREVENTION COUNCILS
                CAPIT/CBCAP/PSSF LIAISONS

SUBJECT: INSTRUCTIONS FOR THE ANNUAL REPORT FOR THE CHILD
                ABUSE PREVENTION INTERVENTION AND TREATMENT,
                COMMUNITY-BASED CHILD ABUSE PREVENTION, PROMOTING
                SAFE AND STABLE FAMILIES; AND COUNTY CHILDREN'S TRUST
                FUND PROGRAMS

REFERENCE: ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-77-10,
                I-72-10, I-25-05, I-41-08E; I-52-09; I-52-09E; I-65-09; I-53-09

The purpose of this letter is to provide instructions on the annual reporting process for the county Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF) programs and the County Children's Trust Fund (CCTF). The period for this annual report is July 1, 2010 through June 30, 2011. All components of the report are due to the Office of Child Abuse Prevention (OCAP) **by Friday, October 14, 2011**.

The agency designated by the Board of Supervisors (BOS) to administer the CAPIT/CBCAP/PSSF funds should ensure that all components of this report are completed accurately, and submitted by the due date in order to comply with state and federal reporting requirements. Although some of the questions in the report may best be answered by a community partner such as the Child Abuse Prevention Council (CAPC) or service providers/vendors receiving CAPIT/CBCAP/PSSF and CCTF funds, the county CAPIT/CBCAP/PSSF liaison assigned is responsible to ensure all components of the annual report are completed prior to submitting to the OCAP.

Some of the annual report components have been revised and/or expanded to comply with federal reporting requirements. For example, federal requirements are increasingly asking for more specific information regarding services provided. Furthermore, in order to provide counties additional time to complete the annual report, the CBCAP

Application and Assurance form, the CBCAP county allocations and methodology and the Certification of County Children's Trust Fund will be released under a separate ACIN. Once the Administration for Children and Families (ACF) releases the CBCAP state allocations, the CDSS will determine the county allocations and release the ACIN accordingly; the OCAP anticipates this ACIN will be released in October.

The annual report must include the following components to meet state and federal reporting requirements:

(1) Annual Report Narrative Template (Attachment 1).
The narrative report template will capture information regarding the status of the OCAP (prevention and early intervention) plan, the county Child Abuse Prevention Council (CAPC), quality assurance information regarding prevention/early intervention programs/activities funded through CAPIT/CBCAP/PSSF and collect CBCAP program information. The annual report narrative samples have been removed from the annual report narrative template and placed under a separate attachment (Attachment 2).

(2) CAPIT/CBCAP/PSSF/CCTF Automated Data Survey System
The OCAP automated data survey system is designed to assist counties in capturing CAPIT, CBCAP, PSSF, and CCTF service activities, participant rates and program activities. The following attachments will assist the counties in completing the surveys:

        a) The Automated Data Survey System Instructions (Attachment 3a) serves as a brief overview of the four survey sections and provides instructions on how to access the surveys.
        b) The CBCAP Evidenced-Based and Evidenced Informed Programs and Practices (EBP/EIP) Rating Instructions (Attachment 3b) will assist counties in capturing CBCAP information required for the CBCAP survey.
        c) The CBCAP EBP/EIP Checklist (Attachment 3c) will assist counties in capturing CBCAP information required for the CBCAP survey.
        d) The coversheet for the printouts of the CAPIT, CBCAP, PSSF and CCTF surveys (Attachment 3d) will provide an opportunity for the counties to review and aggregate data prior to accessing the surveys to complete.
        e) The list of service categories (Attachment 3e) will assist counties to complete the CBCAP and PSSF Surveys.

(3) **Checklist and Signature Sheet** (Attachment 4)
The checklist and signature sheet is required to verify contact information and capture the dates the automated surveys were completed.

A Microsoft word document for the Annual Report Narrative Template (Attachment 1) and the Checklist and Signature Sheet, (Attachment 4) can be downloaded from the California Department of Social Services County Extranet:
http://www.cdsscounties.ca.gov/

USE OF FUNDS

Counties are reminded that their CAPIT, CBCAP and PSSF funds can be used to supplement but not supplant any federal, state or county funds made available for child welfare services. Fact sheets that contain information regarding each of the following funding sources: CAPIT, CBCAP, PSSF and the CCTF can be found at **http://www.childsworld.ca.gov/PG2287.htm** As a reminder, all county CAPIT, CBCAP and PSSF funds must be expended during the State Fiscal Year, allocated in accordance with each county's approved OCAP (prevention and early intervention) Plan currently in effect. Unexpended funds may revert to the State Children's Trust Fund or will be reallocated among the remaining counties, depending on the source of funds.

SUBMISSION OF THE ANNUAL REPORT

The hard copy portion of the annual report which includes the Checklist and Signature Sheet and completed copy of the Annual Report Narrative Template should be submitted to:

> Attn: Yvette Albright
> California Department of Social Services
> Office of Child Abuse Prevention
> 744 P Street, MS 8-11-82
> Sacramento, CA 95814

In addition, the completed narrative report template should be saved as a word document and e-mailed to OCAP-PND@dss.ca.gov.

The OCAP has included definitions (Attachment 5) as a resource that may be helpful in completing the annual report. We are committed to providing ongoing support and technical assistance to counties in order to prevent child abuse and neglect and to strengthen families and communities. We thank you for your continued efforts to improve the lives of children and families. If you have any questions please contact

your OCAP program consultant or email: OCAP-PND@dss.ca.gov. For your convenience we have included (Attachment 6) which contains a list of the OCAP program consultants, their assigned counties and contact information.

Sincerely,

Original Document Signed By:

LINNÉ STOUT, Chief
Child Protection and Family Support Branch

Attachments

Annual Report Narrative Template
Reporting Period of: July 1, 2010 through June 30, 2011

A Microsoft word document containing the template with instructions for the narrative report can be downloaded from the California Department of Social Services (CDSS) County Extranet: http://www.cdsscounties.ca.gov/

The narrative report required by the Office of Child Abuse Prevention (OCAP) is used to satisfy state and federal requirements by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families.

The narrative template has the following sections:

    Section I: OCAP (Prevention and Early Intervention) Plan
    Section II: Child Abuse Prevention Council (CAPC)
    Section III: Quality Assurance
    Section IV: Community-Based Child Abuse Prevention (CBCAP)

Complete the template portions of this report.

  ➢ *Yellow highlighted areas indicate that a selection is required per the instructions.*
  ➢ *Grey highlighted areas indicate where a narrative response is required. (Unless otherwise noted, the maximum allowed in a text box is 250 characters.)*

Type the county name in the space provided:
Input Text Here

SECTION I: THE OCAP (PREVENTION AND EARLY INTERVENTION) PLAN

1. Since the last reporting period have there been any changes to the OCAP Plan? (Changes include a different: service provider, service activity, prevention/early intervention network development activity, or public awareness activity.)

☐ Yes: If, "Yes," proceed to number 2.

☐ No: If, "No," proceed to Section II.

2. Has the OCAP Plan been integrated into the County Self Assessment (CSA) and System Improvement Plan (SIP)? (If the county is currently in the process of developing their SIP indicate "No" below.)

☐ Yes: If, "Yes," proceed with the instructions below.

    Submit a revised and "complete" Child Abuse Prevention Intervention and Treatment (CAPIT)/ CBCAP/ Promoting Safe and Stable Families (PSSF) Services and Expenditure Summary workbook and a ½ page program description of all the current services (program/practice) on a separate word document. Include in the program description: (1) the reason for the change in the type of service/activity or service provider (contract/ vendor) and (2) a description of how the change strengthens existing services to support children and families. Each document will be used to replace the previous documents submitted.
    Email both to OCAP-PND@dss.ca.gov   Proceed to section II.

☐ No: If, "No," proceed to number 3.

*3. If the OCAP Plan **has not been** integrated into the CSA and SIP, and there was a change to the OCAP Plan, complete questions 1-8 below for each type of **new service activity, prevention/early intervention network development activity, public awareness/outreach activity or new service provider (contract/vendor)**. If more space is needed, cut and paste the "Change to OCAP Plan" questions 1 thru 8 below and add it to a separate word document, titled with your county name. Submit the word document with this narrative.*

Change to OCAP Plan

1. Reason for the change in the type of activity or service provider (contract/vendor):
Input Text Here

2. Name of the service provider (contract/vendor):
Input Text Here

3. How does the change in the type of activity or service provider (contract/vendor) strengthen existing services to support children and families: (500 characters max.)
Input Text Here

4. Is the service provider (contract/vendor) a new or current provider:

⬤ Current Service Provider   ⬤ New Service Provider

5. Description of the new service, prevention/early intervention network development activity, or public awareness/outreach activity offered by the new or current service provider (contract/vendor):

(500 characters max.)
Input Text Here

6. Type of client to be served:
Input Text Here

7. What funding source(s) will be used: CAPIT, CBCAP, and/or PSSF:
Input Text Here

8. What other funding sources will be used:
Input Text Here

Change to OCAP Plan

1. Reason for the change in the type of activity or service provider (contract/vendor):
Input Text Here

2. Name of the service provider (contract/vendor):
Input Text Here

3. How does the change in the type of activity or service provider (contract/vendor) strengthen existing services to support children and families: (500 characters max.)
Input Text Here

4. Is the service provider (contract/vendor) a new or current provider:

⬤ Current Service Provider   ⬤ New Service Provider

5. Description of the new service, prevention/early intervention network development activity, or public awareness/outreach activity offered by the new or current service provider (contract/vendor): (500 characters max.)
Input Text Here

6. Type of client to be served:
Input Text Here

7. What funding source(s) will be used: CAPIT, CBCAP, and/or PSSF:
Input Text Here

8. What other funding sources will be used:
Input Text Here

SECTION II: CHILD ABUSE PREVENTION COUNCIL (CAPC)

1. Type of Organization

Select the type of organization that best describes the CAPC (Welfare and Institutions Code (W&IC) Section 18983.5) during the reporting period.

☐ Incorporated non-profit corporation

☐ Independent organization within county government

☐ Comparably independent organization as determined by the OCAP

2. CAPC Membership

Below, select the agencies and individuals that represented the Board of Supervisors (BOS) designated CAPC during the reporting period. If other is selected, identify the agency represented.

☐ Adult former victims of child abuse & neglect   ☐ Head Start

☐ Alcohol and Drug   ☐ Law Enforcement

☐ Attorney (Private/Public)   ☐ Licensing Agency

☐ Board of Supervisors (BOS) Member   ☐ Medical Health

☐ Court Appointed Special Advocate (CASA)/ Advocates   ☐ Mental Health

☐ Child Care Agencies/Organizations   ☐ Organizations for the Disabled (Private/Public)

☐ Child Welfare Services (CWS)   ☐ Parents/Consumer (Foster Family Agency (FFA), Foster, Guardian, Adoptive Parent)

☐ Civic Organization   ☐ School (Private/Public; Kinder-College)

☐ Community-Based Agencies   ☐ Probation

☐ Community Volunteers   ☐ Private Non-Profit Service Provider

☐ Coroner   ☐ Public for Profit Sector (Business, Media)

☐ Court   ☐ Public Health

☐ District Attorney   ☐ Religious Community

☐ Domestic violence   ☐ Tribe/Indian Child Welfare Act (ICWA)

☐ Early Childhood Council, Collaborative   ☐ Youth

☐ Family Advocate

☐ First 5

☐ Other: Public Agency: Input Text Here

☐ Other: Input Text Here

3. CAPC Activities

Below, select each area where the CAPC was an active participant in the county's child abuse and neglect prevention and early intervention efforts during the reporting period. Use "other" only in the event the activity does not fit within a listed category. (Note: an asterisk (*) denotes there is more information below.)

Primary Prevention Activities	**Secondary, Tertiary and Other Prevention Activities**

Primary Prevention Activities

☐ Provision of public awareness

☐ Provided information & referral to the general population or families at risk of entering CWS

☐ Provided outreach activities

☐ Provided direct services* to at risk clients for prevention of child abuse and neglect

☐ Provided Child Abuse Prevention Month Activities

☐ Differential Response – path I

☐ CAPC is a Family Resource Center (FRC)

☐ Developed & supported provider networks including FRCs

☐ Provided education, training & development** to service providers (professionals) including FRCs

☐ Provided child safety training

☐ Planning and advisory activities for service improvement

☐ Parent engagement and leadership

☐ County needs assessment

☐ CBCAP peer review activities

☐ CAPC development (Regional Meetings)

☐ Interagency Coordination Forum

☐ Other: Input Text Here

☐ Other: Input Text Here

☐ Other: Input Text Here

Secondary, Tertiary and Other Prevention Activities

☐ Provided mandated reporter training

☐ Provided information & referral to families receiving CWS

☐ Direct service provider for family preservation***

☐ Direct service provider for family reunification***

☐ Direct service provider for pre- or post adoption

☐ Differential Response – path II

☐ Differential Response – path III

☐ Provided parent leadership training

☐ Contract management and oversight activities of contracted providers

☐ Death Review Team

☐ Multi-Disciplinary Interview Center (MDIC)

*Direct services include the provision of: skills development, mentoring, child care, respite, parent education/support, therapy, counseling, crisis line, application assistance, etc. to clients.

**Education, training & development of service providers includes: presentations, workshops, classes, etc. for the development or provision of technical assistance.

***Family Preservation and Family Reunification are components of child welfare services.

4. CAPC Financial Support
Below, select each of the funding sources used to support the local CAPC during the reporting period.

☐ CBCAP

☐ CAPIT

☐ PSSF Family Support Funding

☐ Kids Plate

☐ Other: Input Text Here

☐ Other: Input Text Here

☐ County Children's Trust Fund (CCTF)   ☐ Other: Input Text Here

SECTION III: QUALITY ASSURANCE

As the BOS designated lead agency, the county is responsible for the administration of funds and program oversight, including quality assurance of prevention/early intervention programs funded through CAPIT/CBCAP/PSSF programs. For purposes of this report, quality assurance refers to a set of activities for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.

Research and evaluation are critical components in the quality assurance of the child and family service provision. California counties engage in a variety of research and evaluation activities on programs that span the continuum of child welfare services. Please attach any executive summaries or abstracts of research evaluations of CAPIT/CBCAP/PSSF supported programs completed during the reporting period, if applicable.

1. Quality Assurance of Service Delivery

*Report **one** service/program for each funding source received. If the county combines CBCAP and CAPIT funds for **one** service/program do not report duplicate information. Check the box above Table 1 and complete Table1, question1-8, then proceed to Table 3. If there are multiple service providers for the same program, report on only one service provider.*

☐ Select this box if the county utilizes both CBCAP and CAPIT to fund one program/practice.

TABLE 1 – CBCAP FUNDS

1. Name of Service Provider:

Input Text Here

2. What type of service does this provider deliver: (500 characters max.)

Input Text Here

3. List other funding source(s) that support this program:

Input Text Here

4. Describe the unmet need as determined/identified in the county's current OCAP Plan or CSA that support the funding of this service/program: (550 characters max.)

Input Text Here

5. How did the county evaluate the service provider's service delivery system:

Input Text Here

6. How did the county measure the service/program's effectiveness: (1000 characters max.)

Input Text Here

7. Discuss the progress achieved by this service/program toward meeting the unmet need identified above during the reporting period: (500 characters max.)

Input Text Here

8. How does the county ensure that client satisfaction is being measured: (500 characters max.)

Input Text Here

9. If any concerns were discovered that required correction, what steps did the county take to ensure the concerns were addressed:

Input Text Here

10. Would the county recommend this service provider to another county interested in this service:

Input Text Here

*Complete the following questions regarding quality assurance for one service/program funded with only **<u>CAPIT FUNDS</u>** during the reporting period.*

<u>TABLE 2 – CAPIT FUNDS</u>

1. Name of Service Provider:

Input Text Here

2. What type of service does this provider deliver: (500 characters max.)

Input Text Here

3. List other funding source(s) that support this program:

Input Text Here

4. Describe the unmet need as determined/identified in the county's current OCAP Plan or CSA that support the funding of this service/program: (550 characters max.)

Input Text Here

5. How did the county evaluate the service provider's service delivery system:

Input Text Here

6. How did the county measure the service/program's effectiveness: (1000 characters max.)

Input Text Here

7. Discuss the progress achieved by this service/program toward meeting the unmet need identified above during the reporting period: (500 characters max.)

Input Text Here

8. How does the county ensure that client satisfaction is being measured: (500 characters max.)

Input Text Here

9. If any concerns were discovered that required correction, what steps did the county take to ensure the concerns were addressed:

Input Text Here

10. Would the county recommend this service provider to another county interested in this service:

Input Text Here

*If the county combines all PSSF funds to implement one service/program do not report duplicate information under each of the PSSF components. Check the box above Table 3 and complete Table 3, question 1-8 then proceed to Section IV. However, if the county funds various services/programs under each of the PSSF components, report **one** service/program for each PSSF component by completing Table 3-6, question 1-8. If there are multiple service providers for the same program, report on only one service provider.*

☐   Select this box if the county utilizes ALL PSSF FUNDS to fund only one program/practice.

<u>TABLE 3 – PSSF FAMILY PRESERVATION FUNDS</u>

1. Name of Service Provider:

Input Text Here

2. What type of service does this provider deliver: (500 characters max.)

Input Text Here

3. List other funding source(s) that support this program:

Input Text Here

4. Describe the unmet need as determined/identified in the county's current OCAP Plan or CSA that support the funding of this service/program: (550 characters max.)

Input Text Here

5. How did the county evaluate the service provider's service delivery system:

Input Text Here

6. How did the county measure the service/program's effectiveness: (1000 characters max.)

Input Text Here

7. Discuss the progress achieved by this service/program toward meeting the unmet need identified above during the reporting period: (500 characters max.)

Input Text Here

8. How does the county ensure that client satisfaction is being measured: (500 characters max.)

Input Text Here

9. If any concerns were discovered that required correction, what steps did the county take to ensure the concerns were addressed:

Input Text Here

10. Would the county recommend this service provider to another county interested in this service:

Input Text Here

*Complete the following questions regarding quality assurance for a service/program funded with **PSSF FAMILY SUPPORT FUNDS** during the reporting period.*

TABLE 4 – PSSF FAMILY SUPPORT FUNDS

1. Name of Service Provider:

Input Text Here

2. What type of service does this provider deliver: (500 characters max.)

Input Text Here

3. List other funding source(s) that support this program:

Input Text Here

4. Describe the unmet need as determined/identified in the county's current OCAP Plan or CSA that supports the funding of this service/program: (550 characters max.)

Input Text Here

5. How did the county evaluate the service provider's service delivery system:

Input Text Here

6. How did the county measure the service/program's effectiveness: (1000 characters max.)

Input Text Here

7. Discuss the progress achieved by this service/program toward meeting the unmet need identified above during the reporting period: (500 characters max.)

Input Text Here

8. How does the county ensure that client satisfaction is being measured: (500 characters max.)

Input Text Here

9. If any concerns were discovered that required correction, what steps did the county take to ensure the concerns were addressed:

Input Text Here

10. Would the county recommend this service provider to another county interested in this service:

Input Text Here

*Complete the following questions regarding quality assurance for a service/program funded with **PSSF TIME - LIMITED FAMILY REUNIFICATION FUNDS** during the reporting period.*

TABLE 5 – PSSF TIME - LIMITED FAMILY REUNIFICATION FUNDS

1. Name of Service Provider:

Input Text Here

2. What type of service does this provider deliver: (500 characters max.)

Input Text Here

3. List other funding source(s) that support this program:

Input Text Here

4. Describe the unmet need as determined/identified in the county's current OCAP Plan or CSA that supports the funding of this service/program: (550 characters max.)

Input Text Here

5. How did the county evaluate the service provider's service delivery system:
Input Text Here

6. How did the county measure the service/program's effectiveness: (1000 characters max.)
Input Text Here

7. Discuss the progress achieved by this service/program toward meeting the unmet need identified above during the reporting period: (500 characters max.)
Input Text Here

8. How does the county ensure that client satisfaction is being measured: (500 characters max.)
Input Text Here

9. If any concerns were discovered that required correction, what steps did the county take to ensure the concerns were addressed:
Input Text Here

10. Would the county recommend this service provider to another county interested in this service:
Input Text Here

*Complete the following questions regarding quality assurance for a service/program funded with **PSSF ADOPTION PROMOTION AND SUPPORT FUNDS** during the reporting period.*

TABLE 6 – PSSF ADOPTION PROMOTION AND SUPPORT FUNDS

1. Name of Service Provider:
Input Text Here

2. What type of service does this provider deliver: (500 characters max.)
Input Text Here

3. List other funding source(s) that support this program:
Input Text Here

4. Describe the unmet need as determined/identified in the county's current OCAP Plan or CSA that supports the funding of this service/program: (550 characters max.)
Input Text Here

5. How did the county evaluate the service provider's service delivery system:
Input Text Here

6. How did the county measure the service/program's effectiveness: (1000 characters max.)
Input Text Here

7. Discuss the progress achieved by this service/program toward meeting the unmet need identified above during the reporting period: (500 characters max.)
Input Text Here

8. How does the county ensure that client satisfaction is being measured: (500 characters max.)
Input Text Here

9. If any concerns were discovered that required correction, what steps did the county take to ensure the concerns were addressed:
Input Text Here

10. Would the county recommend this service provider to another county interested in this service:
Input Text Here

SECTION IV: COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP)

1. ACTIVITIES

Describe the extent of collaborations with other county, public, and private entities to maximize the use of CBCAP funds with various federal, state, local, and private funds to enhance child abuse prevention programs/activities. Identify and describe at least one CBCAP outcome measured during the reporting period for each of the activities.

*For two activities **funded with CBCAP funds**, complete the following tables.*

ACTIVITY 1
Select the activity to be reported:

☐ Service/Program Activity ☐ Public Awareness Activity ☐ Prevention Network Activity
Name of the program/activity:
Input Text Here

Name of the service provider:
Input Text Here

Description of the program/activity (Include the specific services provided): (1075 characters max.)
Input Text Here

List the agencies that collaborated to develop/support this program/activity:
Input Text Here

List the funding sources that were used to leverage CBCAP funds to make this program/activity possible:
Input Text Here

What were the outcomes that were measured, check all that apply:
☐ Engagement ☐ Short-term ☐ Intermediate ☐ Long-term
Describe **how the outcome was measured** and the **results**. (500 characters max.)
Input Text Here

ACTIVITY 2
Select the activity to be reported:
☐ Service/Program Activity ☐ Public Awareness Activity ☐ Prevention Network Activity
Name of the program/activity:
Input Text Here

Name of the service provider:
Input Text Here

Description of the program/activity (Include the specific services provided): (1075 characters max.)
Input Text Here

List the agencies that collaborated to develop/support this program/activity:
Input Text Here

List the funding sources that were used to leverage CBCAP funds to make this program/activity possible:
Input Text Here

What were the outcomes that were measured, check all that apply:
☐ Engagement ☐ Short-term ☐ Intermediate ☐ Long-term
Describe **how the outcome was measured** and the **results**. (500 characters max.)
Input Text Here

2. Client Satisfaction

a. Below, provide a <u>case specific example</u> of a parent/consumer who benefited from CBCAP services during the reporting period. Include the services the parent/consumer received and the change in the parent/consumer's behavior that demonstrated how the parent/consumer benefited from the service. Include the name of the CBCAP program.

Description of case, service received, and change in parent/consumer's beliefs, attitude, and/or behavior: (500 characters max.)
Input Text Here

Provide the name of the CBCAP funded program:
Input Text Here

b. Select the tool used to assess the parent/consumer's satisfaction in the services received from the program identified in 2a, above.

☐ Telephone Survey   ☐ In person pre and post test

☐ In-person Interview   ☐ Focus Group

☐ On-line Survey

☐ Other, Explain: Input Text Here

c. Below, describe changes, if any, that the service provider will implement as a result of the feedback received from parent/consumers of the CBCAP program indicated in section 2a.

Input Text Here

3. CBCAP Peer Review

Peer Review is a form of quality assurance that uses a process of self-assessment and external review by two or more similar CBCAP programs. The CBCAP Peer Review process is in addition to the Peer Quality Case Review (PQCR) used in the California Children and Families Services Review. The PQCR cannot supplant the CBCAP Peer Review process as they are two separate requirements. For more information regarding the CBCAP Peer Review visit: http://www.friendsnrc.org/peer-review

Select one of the following two options (Option A or B) to report on peer review activities:
If option "a" is selected, enter an "x" to indicate all CBCAP Peer Review activities that were conducted during this reporting period. Provide a brief description of one of the activities selected.

Option A: Local CBCAP peer review activities

☐ CBCAP peer review training

☐ On-site visit by peers that included observation and discussion

☐ Case review by peers for the purpose of self assessment and improvement of practice

☐ Facilitated focus group with peers for the purpose of self assessment and improvement

☐ Other: Describe: Input Text Here

Provide a description of one of the activities selected above. Include the name of the CBCAP program selected for peer review, at least one finding, and strategies discussed for program/practice improvement: (500 characters max.)

Input Text Here

If option "b" is selected, include a description of the challenges that prevented the implementation of the CBCAP peer review process.

Option B: No CBCAP peer review activities occured during the reporting period.

Describe the challenges that prevented the implementation of a peer review process: (500 characters max.)

Input Text Here

4. PARENTS/CONSUMERS – PARENT LEADERSHIP AND FAMILY INVOLVEMENT

The OCAP maintains a commitment to (1) involving parents in the planning and implementation of programs receiving CBCAP funds, including involvement of parents of children with disabilities, parents who are individuals with disabilities, racial and ethnic minorities, adult former victims of child abuse and neglect, and members of other

underrepresented or underserved groups and (2) strengthening parent leadership and parent involvement throughout the State. Meaningful parent involvement can occur when parents are viewed as effective leaders in shaping the direction of their families, programs, and communities. Parent leaders assist counties with their efforts to improve service delivery and outcomes.

a. Select which activities were provided **to enhance parent participation and leadership** in the prevention of child abuse and neglect: (See section 4d. for activities where the parent was an **active participant**.) Do not record those activities in this section.

☐ Skill Development Training   ☐ Invitation to staff meeting

☐ Agency Orientation   ☐ Stipend

☐ Conference (sponsored attendance)   ☐ Child Care

☐ Convenient time and location for meetings ☐ Transportation

☐ Awards, Recognition or Scholarship   ☐ Provision of office space and supplies

☐ Provision of ongoing training   ☐ Invitation or direct request made to parent

☐ Peer Support

☐ **b. Select if no activities were provided to enhance parent participation and leadership in the prevention of child abuse and neglect during this reporting period.**

c. Choose one of the activities that was selected in question 4a. Provide details on the efforts to enhance parent participation and leadership.

Activity Selected
Input Text Here
Description of the efforts to enhance parent participation and leadership: (500 characters max.)
Input Text Here

d. Select the activities where parents were **active participants**. If a parent attended a meeting, determine the type of meeting, i.e. advisory, grant making, state or local board or council, etc., and mark the appropriate area.

☐ Grant making board or committee   ☐ Participated in public awareness or outreach activities

☐ Agency advisory board, council, or coalition ☐ Served as a mentor for other families

☐ State or local board, council, or coalition   ☐ Recruitment of volunteers

☐ CAPC meetings (includes regional CAPC)   ☐ Participated in the hiring process

☐ County Children's Trust Fund (CCTF)   ☐ Developed educational material

☐ Development of the County Self Assessment ☐ Participated in fund raising activities

☐ Development of the County System Improvement Plan ☐ Child Abuse Prevention Month (planning, development or implementing activities)

☐ Program monitoring, oversight, or evaluation (includes CBCAP Peer Review) ☐ Participated in public speaking engagements

☐ Review and selection of grant proposals   ☐ Participated in a parent leadership role

☐ Training staff and/or volunteers   ☐ Served as a volunteer in the area of child abuse prevention.

e. From the above in 4d, provide details of one of the activities where the parent was an active participant in the planning, implementation, and evaluation of child abuse prevention programs. Include strengths and challenges.

Activity selected:
Input Text Here

Description of the project, role and activities the parent performed as an active participant: (500 characters max.)
Input Text Here

☐ **f. Select if parents were not active participants in the planning, implementing and evaluating of child abuse prevention programs during this reporting period**

g. Record the unduplicated number of parents who participated in activities during the reporting period listed in 4d.
Input Text Here

h. Describe the challenges or technical assistance needs regarding the recruitment and retention of parent leaders: (500 characters max.)
Input Text Here

i. Select the funding source that supported the activities indicated above, 4a and 4d:

☐ CBCAP   ☐ CAPIT   ☐ PSSF

☐ Other: Input Text Here

Print

Submit Survey to OCAP

Annual Report Narrative Samples

SECTION I: THE OCAP PLAN

Below is an example of a new service or service provider(s) (contractor/vendor).

Change to OCAP Plan

1. Reason for the change in the type of activity or service provider (contract/vendor):

> Service provider is no longer offering parenting classes for Spanish-speaking families.

2. Name of the service provider (contract/vendor):

> La Familia Family Center

3. How does the change in the type of activity or service provider (contract/vendor) strengthen existing services to support children and families:

> The Family Resource Center (FRC) strengthened the community's resources by offering a Spanish speaking parenting class to a community that lacked these services; has a large number monolingual Spanish speaking families; and, has had a large number of referrals to Child Welfare Services (CWS) that indicated a need for parenting classes in Spanish.

4. Is the service provider (contract/vendor) a new or current provider:

◯ Current Service Provider   ◉ New Service Provider

5. Description of the new service, prevention/early intervention network development activity, or public awareness/outreach activity offered by the new or current service provider (contract/vendor):

> La Familia Family Center is a family resource center that is willing to expand services to include the SafeCare model in Spanish. SafeCare is an in-home parenting model program that provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment.

6. Type of client to be served:

> Children & families with increased risk of child abuse and neglect or who are receiving family maintenance through CWS

7. What funding source(s) will be used: CAPIT, CBCAP and/or PSSF:

> CBCAP funds will be used for at risk families and CAPIT funds will be used for CWS families.

8. What other funding sources will be used:

> None

SECTION III: QUALITY ASSURANCE

1. **Quality Assurance of Service Delivery**
   Below is an example of a quality assurance activity performed during the reporting period.
   *Example of a service/program funded with **PSSF ADOPTION PROMOTION AND SUPPORT FUNDS***

TABLE 6 – PSSF ADOPTION PROMOTION AND SUPPORT FUNDS

1. Name of Service Provider

> Forever Families

2. What type of service does this provider deliver:

Adoptive family recruitment, training and education, support groups, mentor families, lending library and family finding.

3. List other funding source(s) that support this program:

Child Welfare Services Outcome Improvement Project (CWSOIP)

4. Describe the unmet need as determined/identified in the county's current OCAP Plan or CSA that support the funding of this service/program:

The County's unmet need includes a lack of foster/adoptive homes and the necessary services to support them including counseling, support groups and mentor families. This can be seen by the large number of youth in long term placement. Many of these youth struggle with attachment/trust and often exhibit moderate behavioral challenges. Identifying adoptive homes for these youth has been a struggle. Linking families with the needed resources such as counseling and support has been even more difficult.

5. How did the county evaluate the service provider's **service delivery** system:

The County conducted quarterly case reviews, annual site visits and reviewed client satisfaction surveys.

6. How did the county measure the service/program's effectiveness:

The County utilizes monthly reports pulled from CWS and Safe Measures to monitor changes in the number of youth in long term placement. In addition, the County's Management and Program team meet quarterly to review progress and outcomes achieved for children and families receiving services from Forever Families. Outcome goals include:
• Increased relative placements
• Greater placement stability for youth in long term placement
• Increased adoptions, guardianships and permanent connections
• Reduction in crisis intervention requests for foster/adoptive placements

7. Discuss the progress achieved by this service/program toward meeting the unmet need identified above during the reporting period:

The County has seen an increase in the number of long term placement youth moved into relative placement as a result of Forever Family's family finding efforts. This transition from foster care placement to relative placement, however, has increased the need for family support services. As more youth transition back into relative care, the County has seen an increase in the need for mentor families, counseling and support groups.

8. How does the county ensure that client satisfaction is being measured:

The County includes in its contract with Forever Families the requirement to conduct client surveys. The County collects the client survey results from Forever Families on a quarterly basis. In addition, when conducting site visits, program staff randomly ask families on site if they have been asked to complete a client satisfaction survey.

9. If any concerns were discovered that required correction, what steps did the county take to ensure the concerns were addressed:

County management and program staff meet jointly with Forever Families administration to discuss the issue. The team will discuss solutions and create an action plan.

10. Would the county recommend this service provider to another county interested in this service:

Yes.

SECTION IV: COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP)

1. ACTIVITIES

Describe the extent of collaborations with other county public and private entities to maximize the use of CBCAP funds with various federal, state, local and private funds to enhance child abuse prevention programs/activities. Identify and describe at least one CBCAP outcome measured during the reporting period for each of the activities.

*Example of an activity **funded with CBCAP funds.***

ACTIVITY 1

Select the activity to be reported:

☒ Service/Program Activity   ☐ Public Awareness Activity   ☐ Prevention Network Activity

Name of the program/activity:

Helping the Noncompliant Child (HNC)

Name of the service provider:

Building Families

Description of the program/activity (Include the specific services provided):

HNC is a skills-training program aimed at teaching parents how to obtain compliance in their children ages 3 to 8 years old. The goal is to reduce conduct problems and prevent problem behaviors. The program is based on the theoretical assumption that noncompliance in children is a keystone behavior for the development of conduct problems; and that faulty parent-child interactions play a significant part in the development and maintenance of these problems. Parents attend 60 to 90-minute session once or twice a week. The average number of sessions is 8-10, with a range of 5-14.sessions with their children. The trainers teach the parents core skills necessary for increasing compliance in their children. Heavy emphasis is placed on modeling, practice, and performance feedback with all family members present (at minimum, mother and child). The duration of the program is individualized, based on the parent's attainment of behavioral criteria for each skill. This program serves non-CWS children who have exhibited conduct or behavior difficulties.

List the agencies that collaborated to develop/support this program/activity:

This program is being piloted at National Elementary School. The school and school district are collaborators.

List the funding sources that were used to leverage CBCAP funds to make this program/activity possible:

County Children's Trust Fund

What were the outcomes that were measured, check all that apply:

☐ Engagement   ☐ Short-Term   ☒ Intermediate-Term   ☐ Long-Term

Describe **how the outcome was measured** and the **results**.

In-session observation of behavior was conducted by the trainer. Results were very positive. Six children and their parents were involved in the pilot. The average number of sessions was ten. Non complaint behavior was reduced by 80 percent.

Automated Data Survey System
Instructions

The web-based **automated data survey system** is designed to capture county Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF) and the County Children's Trust Fund (CCTF) information in an effort to meet state and federal reporting requirements.   A print out of the surveys (Attachment 3d) is attached to assist counties in collecting the data from their service providers prior to accessing the surveys. **The OCAP recommends collecting and aggregating the data prior to accessing and completing the online surveys.**

<u>**SECTIONS OF THE AUTOMATED DATA SURVEY SYSTEM:**</u>
The following is a brief overview of the four sections of the automated data survey system:

1. The *CAPIT Survey* captures service activities and participant data.

2. The *CBCAP Survey* captures service activities, participant data, information and referral, public awareness/education, outreach activities, training and technical assistance needs, collaboration and coordination partnerships, funds spent on Evidence-Based/Evidence-Informed Programs/Practices (EBP/EIP) and allocation and expenditures for the CBCAP Program.   **Note the CBCAP Survey has been separated into two parts. Both parts need to be completed.**

    a) The **CBCAP EBP/EIP Checklist** (Attachment 3c) must be completed to determine the level of each of the EBP/EIP for CBCAP funded programs. This information will be required to complete the CBCAP EBP/EIP section of the CBCAP survey.

    b) The **CBCAP EBP/EIP Program and Practices Rating Instructions** (Attachment 3b) must be reviewed to determine if the Federal Office of Management (OMB) applies to the OCAP funded direct service program(s)/practice(s) implemented in the county.

3. The *PSSF Survey* captures service activities, participant data and PSSF expenditures. **Note the PSSF Survey has been separated into two parts. Both parts need to be completed.**

4. The *CCTF Survey* captures CCTF programs, population served, CCTF funds spent on the programs and respective service activities funded with CCTF.

<u>**ACCESSING THE SURVEY**</u>
In order to access the surveys the county representative must log onto the secure site at http://www.cdsscounties.ca.gov and scroll to the bottom left side of the page where you will see OCAP and the Annual Reporting link. Click on the Annual Reporting link. The page will open and the links to the CAPIT, CBCAP, PSSF, and CCTF surveys will

be listed. When clicking on the appropriate program link, you will be prompted to input a user name and password.

Your county has been **assigned a user name and password** that has been e-mailed to your county's **Child Welfare Director**. <u>**Contact your Child Welfare Director for the user name and password.**</u> A username and password can only be provided to your County Child Welfare Director. Do not use any alternative method to access the web-based reporting process. If your county's Child Welfare Director has not received the user name and password information, request that he/she e-mail the following information to: OCAP-PND@dss.ca.gov :

- County Name
- Name of County Child Welfare Director
- Telephone number of County Child Welfare Director
- E-mail address of the County Child Welfare Director

<u>**Key points to remember when completing each survey:**</u>

- Entered data will be saved to the survey tool by clicking on the "next" button at the bottom of the page. Clicking on the "cancel" button at the bottom of the page will cancel the saving of the data entered on that page.
- If you need a copy of the responses you entered, use the print screen function to print each page of the survey after the data has been entered on that page. The entire survey cannot be printed once data entry is completed at the end of the survey.
- The **survey tool will be closed** by the end of the business day that the annual report is due.
- Unless the data fields specify otherwise, the data fields require that you enter only numerical values. Therefore, commas, decimals, and symbols will not be accepted.
- **Enter a zero if there is no data to report in that data field.**
- When moving to the next reporting field, users may use the tab option as a primary method of progressing through the survey.
- The system generates a notification to the system's administrator each time a survey is completed and/or changed after completion. To reduce excessive notifications, we recommend accessing and completing a survey only after all the data has been collected and aggregated.

If you have technical difficulties accessing the automated data service system, please e-mail OCAP-PND@dss.ca.gov or call (916) 651-6960 for assistance.

**CBCAP EVIDENCE-BASED AND EVIDENCE INFORMED
PROGRAMS AND PRACTICES RATING INSTRUCTIONS**

The Federal Office of Management (OMB) requires that all government programs and practice supported by CBCAP funds must be rated on their effectiveness. To meet the OMB's requirement, it is necessary that all CBCAP funded programs providing a direct service to families meet the criteria for "Emerging and Evidence-Informed Programs and Practices" (EBP/EIP) or demonstrate that the county is working toward implementing EBP/EIP.

The CBCAP funded activities such as public awareness and brief information and referral activities are not required to be rated for effectiveness at this time.

Rating Instructions

1) To determine if the Federal OMB requirement applies to the CBCAP funded direct service program(s)/practice(s) implemented in the county, review the two definitions below and determine if the program/practice can be considered an EBP/EIP:
    a. Program: consist of a collection of practices that are done within specific known parameters (philosophy, values, service delivery, structure, and treatment components). This refers to a specific set of activities that forms the entire program.
    b. Practice: consist of a skill, technique, and strategy that can be used by a practitioner. General strategies such as a "therapy" or "parenting classes" would not qualify as an EBP/EIP alone. The practice would need to be implementing a specific technique or components of a curriculum with positive evidence such as Parent-Child Interaction Therapy (PCIT).

2) Once the county has determined the number of CBCAP funded program(s)/practice(s) that fall under one of the definitions above, the county will utilize the CBCAP EBP/EIP checklist **(Attachment 3c)** to rate the level of each of the CBCAP EBP/EIP program(s)/practice(s).

3) Each of the CBCAP EBP/EIP program(s)/practice(s) should be categorized under one of the following levels.

> **Level 0:   PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE** *(If a practice/program provides a direct service, but does not fall under EBP/EIP level 1-4 then this would be reported under level 0).*
> **Level I: EMERGING PROGRAMS AND PRACTICES**
> **Level II: PROMISING PROGRAMS AND PRACTICES**
> **Level III: SUPPORTED PROGRAMS AND PRACTICES**
> **Level IV: WELL SUPPORTED PROGRAMS AND PRACTICES**

4) When completing the CBCAP EBP/EIP Checklist for each program(s)/practice(s), review and respond to each question under each level by placing a check mark under YES or NO. The CBCAP Program/Practice must **receive a YES answer for every question** in that level in order to be classified as belonging in that level. Refer to the "Definitions" **(Attachment 5)** for an explanation of the terms on the checklist.

5) After completing an EBP/EIP checklist for each CBCAP funded program or practice, the county will list the name of each program/practice under the appropriate level on the **CBCAP Survey Part 1, EBP/EIP Program and Practice Reporting Section.** Once all the information for the CBCAP Survey Part 1 has been gathered, including the EBP/EIP Program and Practice Reporting Section information, access and complete the survey.

6) Each completed checklist should be kept at the county for audit purposes. A copy does not need to be submitted to the OCAP for this annual report; however, the OCAP may request a copy during the annual report review process*.*

7) If the person responsible for completing the EBP/EIP checklist or the CBCAP Survey Part I has any questions regarding the above information, please contact the county assigned OCAP consultant (Attachment 6).

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

Name of Program/Practice being evaluated:_____

Reviewed by:_____Date:_____

Level I - EMERGING PROGRAMS AND PRACTICES

YES   NO   *PROGRAMMATIC CHARACTERISTICS*

☐   ☐   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.

YES   NO   RESEARCH & EVALUATION CHARACTERISTICS

☐   ☐   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.

☐   ☐   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

YES   NO   *PROGRAMMATIC CHARACTERISTICS*

☐   ☐   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.

YES   NO   *RESEARCH & EVALUATION CHARACTERISTICS*

☐   ☐   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*

YES NO   *PROGRAMMATIC CHARACTERISTICS*

☐   ☐   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.

YES NO   *RESEARCH & EVALUATION CHARACTERISTICS*

☐   ☐   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.

YES NO   *RESEARCH & EVALUATION CHARACTERISTICS*

☐   ☐   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.

Level III - SUPPORTED PROGRAMS AND PRACTICES* continued

☐ ☐ 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*

YES NO *PROGRAMMATIC CHARACTERISTICS*

☐ ☐ 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.

YES NO *RESEARCH & EVALUATION CHARACTERISTICS*

☐ ☐ 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.

4

☐   ☐   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.

YES   NO   *RESEARCH & EVALUATION CHARACTERISTICS*

☐   ☐   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 0 - 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

PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE continued

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.

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[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.

SURVEYS COVERSHEET

1. Child Abuse Prevention, Intervention, and Treatment (CAPIT) Program Survey.

2. Community-Based Child Abuse Prevention Program (CBCAP) Survey Part I includes: Prevention Direct Services and EBP/EIP Program Practices Data Reporting.

3. Community-Based Child Abuse Prevention Program (CBCAP) Survey Part 2 includes: Information and Referral, Public Awareness/Public Education, Outreach Activities, Collaboration and Coordination, Training and Technical Assistance.

4. Promoting Safe and Stable Families (PSSF) Survey Part 1 includes: Family Preservation and Family Support.

5. Promoting Safe and Stable Families (PSSF) Survey Part 2 includes: Adoption Promotion and Support Services and Time Limited Family Reunification Services.

6. County Children's Trust Fund (CCTF) Survey.

County CAPIT Survey - 2010/11

Direct Services

This survey is for reporting period July 1, 2010-June 30, 2011
* 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 once and drops out, they should still be counted in this category, since the planned duration was for more than one time.

Ultimately, the goals of these direct service 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.

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,					
Day Care / Child Care,					
Transportation,					
Multidisciplinary Team Services,					
Teaching & Demonstrating Homemakers,					
Family Workers,					
Temp In-Home Caretakers,					
Health Services,					
Special Law Enforcement,					

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.)

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 Family Support 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 Family Support 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 Family Support Service -- 3,					

Ethnic Groups

8. **Enter total client counts for questions 1-7 for the identified groups below.***

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

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

County CBCAP Survey - 2010/11 - Part 1

Preventive Direct Services

This survey is for reporting period July 1, 2010-June 30, 2011.
* denotes a required entry.

The purposes of the CBCAP program are: (1) to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (2) to foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

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 once and drops out, they should still be counted in this category, since the planned duration was for more than one time. **Report Public Awareness, Information & Referral, and Network Development activities in CBCAP Part 2.**

1. **Number of Clients Served***
   (received Preventive Direct Services)

   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.

   Services/programs in bold indicate the CBCAP core services that counties had reported in the past. For this reporting period the OCAP has expanded this list to include those services/programs that counties had previously reported under the "Additional Preventive Direct Service" option. Counties are encouraged to report participant rates under the services/program category from the list provided that best fits since only one "Additional Preventive Direct Service" option is available. **An asterisk following any service/program indicates that other services/programs may fall under that category. (Refer to ACIN Attachment 3e.)**

   The OCAP understands that the participant rates may not have been captured according to this service/program list if they were being offered by an FRC or family support program (FSP). If this was the case for this reporting period, provide participant rates under the FRC or FSP whichever is the case. Please do not record duplicate participation rates. If you have questions regarding this list, contact your program consultant.

	Children	Parents / Caregivers	Children with Disabilites	Parents / Caregivers w/Disabilities	Families
Adult Education,					
Advocacy,					
Assessment/Screening*,					
Case Management,					
Concrete Supports*,					
Day Care/Child Care,					
Differential Response--Path I,					
Disability Services,					
Domestic Violence Services,					

Early Childhood Education Care & Intervention,					
Early Developmental Screening,					
Home Visiting (Voluntary),					
Housing Services,					
MDT Services,					
Mental Health Services,					
Parent Mutual Support or Self Help,					
Parenting Education/ Program (Classes)*,					
Peer Counseling,					
Respite Care/Crisis Nursery,					
Substance Abuse Treatment Services*,					
Transportation,					
Youth Programs*,					
Family Resource Center (FRC),					
Family Support Program ,					

Preventive Direct - Other

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

2. **Additional Preventive Direct Service***

Please specify another direct Core Support and Preventive Direct 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 Family Support Service -- 1,					

4. **Ethnic Groups***

Enter total client counts for question 1 and 3 for the identified groups below.

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

5. **Ethnicity of those noted above as "Other."**

(Maximum 50 Characters)

EBP/EIP Program and Practices Reporting

The Federal Office of Management and Budget (OMB) requires that all government programs and practices supported by CBCAP funds must be rated on their effectiveness. To meet the OMB's requirement, the OCAP requires that all CBCAP funded programs providing direct service meet the criteria for "Emerging and Evidence-Informed Programs and Practices" or demonstrate that the county is working toward implementing "Emerging and Evidence-Informed Programs and Practices." Typical programs may include voluntary home visiting, parenting programs, parent mutual support, respite care, family resource centers, or other family support programs.

CBCAP funded activities such as public awareness, brief information and referral, or network activities are not required to be rated.

To determine if the OMB requirement applies to the CBCAP program/practice currently operating in your county, review the evidence-based and evidence-informed program and practice instruction sheet (Attachment 4b) prior to completing questions 4-13.

6. **Level 0 Programs/Practices** -- List up to 4 programs/practices that meet the definition of Level 0 -- **Lack Support or Positive Evidence** *

   List the names of Level 0 Programs/Practices --
   (60 characters maximum for each activity described)

   1-
   2-
   3-
   4-

7. **Level 0 Expenditures** -- Enter the amount of CBCAP funds used to support each program/practice listed under Level 0 in question #4 above. *
   Enter whole dollars only -- no decimals.

   Amount Expended

   Level 0 Program/Practice 1,

   Level 0 Program/Practice 2,

   Level 0 Program/Practice 3,

   Level 0 Program/Practice 4,

   Calculate the total expended for **Level 0**

EBP/EIP Programs & Practices Reporting (Con't)

8. **Level 1 Programs/Practices** -- list up to 4 programs/practices that meet the definition of Level 1 -- **Emerging***

   List the names of Level 1 Programs/Practices --
   (60 characters maximum for each activity described)

   1- [   ]

   2- [   ]

   3- [   ]

   4- [   ]

9. **Level 1 Expenditures** -- Enter the amount of CBCAP funds used to support each program/practice listed under Level 1 in question #6 above. *
   Enter whole dollars only -- no decimals.

	Amount Expended
Level 1 Program/Practice 1,	[ ]
Level 1 Program/Practice 2,	[ ]
Level 1 Program/Practice 3,	[ ]
Level 1 Program/Practice 4,	[ ]
Calculate the total expended for **Level 1**	[ ]

10. **Level 2 Programs/Practices** -- List up to 4 programs/practices that meet the definition of Level 2 -- **Promising***

    List the names of Level 2 Programs/Practices --
    (60 characters maximum for each activity described)

    1- [   ]

    2- [   ]

    3- [   ]

    4- [   ]

11. **Level 2 Expenditures** -- Enter the amount of CBCAP funds used to support each program/practice listed under Level 2 in question #8 above. *
    Enter whole dollars only -- no decimals.

	Amount Expended
Level 2 Program/Practice 1,	[ ]
Level 2 Program/Practice 2,	[ ]
Level 2 Program/Practice 3,	[ ]
Level 2 Program/Practice 4,	[ ]
Calculate the total expended for **Level 2**	[ ]

EBP/EIP Programs & Practices Reporting (Con't)

12. **Level 3 Programs/Practices** -- List up to 4 programs/practices that meet the definition of Level 3 --
Supported*

 List the names of Level 3 Programs/Practices --
(60 characters maximum for each activity described)

1- [   ]

2- [   ]

3- [   ]

4- [   ]

13. **Level 3 Expenditures** -- Enter the amount of CBCAP funds used to support each program/practice
listed under Level 3 in question #10 above. *
Enter whole dollars only -- no decimals.

 Amount Expended

Level 3 Program/Practice 1, [   ]

Level 3 Program/Practice 2, [   ]

Level 3 Program/Practice 3, [   ]

Level 3 Program/Practice 4, [   ]

Calculate the total expended for **Level 3** [   ]

14. **Level 4 Programs/Practices** -- List up to 4 programs/practices that meet the definition of Level 4 --
Well supported*

 List the names of Level 4 Programs/Practices --
(60 characters maximum for each activity described)

1- [   ]

2- [   ]

3- [   ]

4- [   ]

15. **Level 4 Expenditures** -- Enter the amount of CBCAP funds used to support each program/practice
listed under Level 4 in question #12 above. *
Enter whole dollars only -- no decimals.

 Amount Expended

Level 4 Program/Practice 1, [   ]

Level 4 Program/Practice 2, [   ]

Level 4 Program/Practice 3, [   ]

Level 4 Program/Practice 4, [   ]

Calculate the total expended for **Level 4** [   ]

EBP/EIP Program & Practices Data Reporting (Con't)

16. **Public Awareness & Public Education Spending***
Enter whole dollars only—no decimals

Amount Expended

Total spent on Public Awareness & Public Education,

[   ]

17. **Prevention Network Development Spending** -- Prevention Network Development includes activities to support community based efforts to develop, operate, expand and/or enhance network initiatives and/or coordinate resources and activities aimed at preventing child abuse and neglect. *
Enter whole dollars only—no decimals

Amount Expended

Total spent on Prevention Network Development,

[   ]

18. **Infrastructure Spending** -- Infrastructure costs include only costs to implement and support **an EIP/EBP program identified as a level 0-4 program/practice above** such as technical assistance & training, evaluation and information systems, network collaboration, grants management and monitoring. *
Enter whole dollars only—no decimals

Amount Expended

Total spent on Infrastructure,

[   ]

19. **Administrative Costs** -- Report CBCAP funds spent on administrative activities that **do not support an EIP/EPB program** but may support the CBCAP program during the reporting period. Activities may include developing procedures for a program/practice.*
Enter whole dollars only—no decimals

Amount Expended

Amount Spent on Administrative Activities,

[   ]

20. **Parent Engagement, Leadership, and Development** -- Report only CBCAP funds that were spent on activities and training to enhance and support parent participation and leadership during the reporting period.*
Enter whole dollars only—no decimals

Amount Expended

Amount Spent on Parent Leadership and Development,

[   ]

21. **Total Amount of CBCAP Money Spent** (Total of questions 5, 7, 9, 11, 13, 14, 15, 16, 17, & 18.)*
Enter whole dollars only—no decimals

Amount Expended

Total of All CBCAP Dollars Spent,

[   ]

EBP/EIP Program & Practices Data Reporting (Con't)

22. **County CBCAP Allocation** (See ACIN I-77-10 for the county's CBCAP allocation for the reporting period.)*
    Enter whole dollars only—no decimals

                                                                    Amount Received

    Report the County's CBCAP allocation received for reporting period,   [   ]

23. **Unspent CBCAP Funds at End of SFY** (Subtract #19 from #20.)*
    Enter whole dollars only—no decimals

                                                                    Unspent Balance

    Balance of CBCAP Funds as of June 30 2011,   [   ]

24. **If Response to 21 is not Zero**
    250 Characters Maximum (Any characters beyond 250 may be lost.)

    Provide the reason
    for the remaining   [   ]
    balance

    Describe how the
    county plans to   [   ]
    expend the balance

    Provide the time
    frame for expending   [   ]
    the balance

County CBCAP Survey - 2010/11 - Part 2

Information and Referral

This survey is for reporting period July 1, 2010-June 30, 2011.
* denotes a required entry.

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

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

	Total
In Person Contacts	
Phone calls Received	
Mailings	
Website Contacts	

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 children and focus on the promotion of child abuse and neglect prevention activities. 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 to be at increased risk of abuse or neglect.

2. **Child Abuse Prevention Month Activities**
   Describe the activities the agency coordinated or participated in for the promotion and observance of Child Abuse Prevention Month during April 2011. If the agency did not engage in any activities enter, "None." *

   250 Characters Maximum (Any characters beyond 250 may be lost.)

3. **Estimates of Population Reached**
   Since it is difficult to provide an exact number of individuals who may have received or may have been exposed to the public awareness or public education activities. **Please provide your most accurate estimate.***
   (The data should reflect the individuals who received or were exposed to the public awareness or public education activities funded by the CBCAP program.)

	Estimate Reached
Education sessions/Trainings/Workshops (online or in person)	
Newsletters mailed	
Phone calls to Parent Support line	
Newspaper - Public Service Announcements	
Television - Public Service Announcements	
Theatre/Movie Ads	
Radio - Public Service Announcements	
News Flyer (Newsletters)	
Books/DVD/Resource Guides	
Public Speakers/Presentations	
Distribution of New Parent Kits	
Brochures	
Bill Boards; Banners; Posters; Marques; Window Displays	
Community Events (Fairs; Campaign; Farmers Market; Booths; Fundraisers)	
Wristbands; Buttons; Memorabilia; Car Stickers; Bags; Calendars	
Art Contests	
Social Media (Web; Facebook; Tweeter; etc)	
Schools (Kinder - College)	
Programs (Home Visiting; Headstart)	
None	

Outreach to Special Populations

4. List one target population and corresponding outreach activity that occurred during the reporting period to maximize participation of racial and ethnic minorities and members of other underserved or underrepresented groups. An example has been provided. If no outreach activities occurred, enter, "None." *

    Target Population Example:
    Spanish speaking parents.

    Population Targeted (Maximum 50 characters)

    [   ]

5. List the corresponding outreach activity for the targeted population above. If no outreach activities occurred, enter, "None." *

    Outreach Activity Example:
    Bilingual staff provided written and verbal information about the Family Resource Center and child abuse prevention at the local Cinco de Mayo Street Festival.

    Outreach Activity (250 Characters Maximum -- Any characters beyond 250 may be lost.)

    [   ]

6. List one outreach activity that occurred during the reporting period that: promoted culturally competent and relevant programs and activities for funded programs; or addressed racial and ethnic disproportionality in prevention and child welfare. An example has been provided. If no outreach activities occurred, enter, "None."*

    Cultural Competence Activity Example:
    CWS data shows the increase of CWS referrals of the Hmong people. As a result, an in-service training on Hmong history and culture was provided to CWS staff and CBCAP contractors.

    Activity Description (250 Characters Maximum -- Any characters beyond 250 may be lost.)

    [   ]

7. List an outreach activity that occurred during the reporting period to maximize participation of parents or children with mild to moderate disabilities in CBCAP programs. An example has been provided. If no activities occurred, enter, "None."*

    Outreach Activity Example:
    The Child Abuse Prevention Council attended the local Special Olympics event and provided information on child abuse prevention and resources for parents. Information included a directory of the County's Family Resource Centers.

    Outreach Activity (250 Characters Maximum -- Any characters beyond 250 may be lost.)

    [   ]

Collaboration and Coordination

The OCAP encourages the development of the continuum of preventive services for children and families through community-based collaborations and public-private partnerships.

8. Select from the following list the programs and initiatives where collaboration and coordination is occurring for the purpose of strengthening and supporting families for the prevention of child abuse and neglect. The list is not meant to be all inclusive but is meant to provide an indication of the types of partnerships that existed in your county during this reporting period. Check as many as apply.*

- ☐ Alcohol and Other Drugs/Substance Abuse Treatment Programs
- ☐ Behavioral Health Services
- ☐ Board of Supervisors
- ☐ Businesses/Media/Arts Council
- ☐ CalWorks
- ☐ CAPC/CCTF Commission; Board; Council
- ☐ Community Based Organization's/ Food Bank
- ☐ Child Care Programs
- ☐ Child Support Enforcement Access and Visitation Programs
- ☐ Court/Juvenile Justice/Attorneys
- ☐ Domestic Violence Program
- ☐ Early Childhood Comprehensive Systems Programs
- ☐ Early Head Start Programs
- ☐ Education – Schools/Colleges/School Districts
- ☐ Faith-based Agencies
- ☐ First Five
- ☐ FRC/FRC Networks
- ☐ Health & Human Services Agency
- ☐ Home Visiting Programs
- ☐ Hospitals/Medical Clinics
- ☐ Law Enforcement
- ☐ Maternal and Child Health – Title V Programs
- ☐ Organizations for the Disabled
- ☐ Probation
- ☐ Public Local Agencies (Library; Parks & Recreation; Housing; Development)
- ☐ Tribal TANF Program/Tribes/ICWA

Training and Technical Assistance

9. **Training & Technical Assistance Priorities**
   From the following list of technical assistance and/or training topics, **select the top ten and prioritize** technical assistance and/or training needs of the county. Place a numerical value next to the topic in the order of priority. The value of 1 is the topic with the highest priority. If other is selected, provide a short description of the topic.*

   Logic Model ☐

   Cultural Competence ☐

   Parent Leadership ☐

   CBCAP Peer Review ☐

   Father Involvement ☐

   Increasing Participation of Special Populations ☐

   Building Collaborative Relationships ☐

   Strengthening Outreach ☐

   CAPC Capacity Building ☐

   Evidence Based and Evidence Informed Programs ☐

   Public Awareness Techniques & Campaigns ☐

   Fund Raising Techniques ☐

   Tapping the Business Community for Support ☐

   Tapping Resources to Meet Translation Needs ☐

   Rural Approach to Building a Strong Prevention Community ☐

   Monitoring Grantee Contracts and Funds ☐

   Venues for Sharing Resources ☐

   Pathway Mapping Initiative: Mental Mapping for the Prevention of Child Abuse and Neglect ☐

   Evaluating Prevention-focused Program: Qualitative and Quantitative Methods ☐

   Mandated Reporter Training & Prevention ☐

   Other ☐

   None ☐

10. Provide a short description of the technical assistance and/or training topic included above as "Other".*

    Technical Assistance or Training Topic (Maximum 80 Characters)

    None

County PSSF Survey - 2010/11 Part 1

Family Support Services

This survey is for reporting period July 1, 2010 - June 30, 2011.
* 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. **Geographical Location***
   (Select geographical area that best applies to the provision of Family Support Services)

	Urban	Rural	Neighborhood	Countywide
Service Area	○	○	○	○

3. **Number of Clients Served***
   (received Family Support Services)

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.

Services/Programs in bold indicate the core services that counties had reported in the past. For this reporting period the OCAP has expanded this list to include those services/programs that counties had previously reported under the "Additional Family Support Service - Other" section. If the service/program of the county is not listed include it under "Additional Family Support Service - Other" section.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Adult Education*,					
Assessment/Screening*,					
Case Management,					
Child Care (Temporary),					
Concrete Supports*,					
Differential Response,					
Domestic Violence Services,					
Early Childhood Education/Care & Intervention,					
Early Development Screening,					
Family Resouce Center (Drop-in Center),					

Home Visiting Programs,					
Housing Services*,					
Mental Health Services*,					
MDT/Group Decision Making Meetings,					
Parent Education*,					
Parent Support Groups,					
Peer Counseling/Mentoring,					
Respite*,					
Substance Abuse Treatment Services*,					
Transportation (to and from services),					
Information and Referral ,					

Family Support Services - Other

If the county provided (an)other/additional 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.

4. **Additional Family Support Service -- 1***
Please specify another direct Family Support Service provided and include a brief description of the service (maximum 250 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 Family Support Service -- 1,					

6. **Additional Family Support Service -- 2***
Please specify another direct Family Support Service provided and include a brief description of the service(maximum 250 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 Family Support Service -- 2,					

8. **Ethnic Groups***
Enter total client counts for questions 3 - 7 for the identified groups listed below (received Family Support Services)

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

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. Service programs are designed to help children return home or achieve permanency with a focus on pre-placement prevention, post-reunification, temporary respite, improving parenting skills and infant safe haven programs. (42 U.S.C. 629a)

9. **Target Population***
   (Maximum 50 characters)

   [   ]

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

	Urban	Rural	Neighborhood	Countywide
Service Area	○	○	○	○

11. **Number of Clients Served** *
    (received Family Preservation Services)

    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.

    Counties previously reported the number of clients served for "Pre-placement Prevention", "Services Designed to Return Children Home", "After Care", "Respite Care", "Parenting Education & Support", and "Case Management Services". For this reporting period the OCAP removed the "Pre-placement Prevention", "Services Designed to Return Children Home", and "After Care" service categories and included a list of the services/programs that counties had previously reported under the "Additional Family Preservation Services - Other" section. If the service/program is not listed include it under "Additional Family Preservation Services - Other" section. **An asterisk following any service/program indicates that other services/programs may fall under that category.** (Refer to ACIN Attachemnt 3e)

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Adult Education*,					
Assessment/Screening*,					
Case Management,					
Child Care (Temporary),					
Concrete Supports*,					
Differential Response,					
Domestic Violence Services,					
Early Development Screening,					
Family Resource Center (Drop-in Center),					
Home Visiting Programs,					
Housing Services,					

Infant Safe Haven Programs,					
Mental Health Services*,					
MDT/Group Decision Making Meetings,					
Parent Education*,					
Parent Support Group,					
Peer Counseling/Mentoring,					
Respite*,					
Substance Abuse Treatment Services*,					
Transportation (to and from services),					

Family Preservation Services -- Other

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

12. **Additional Family Preservation Service -- 1***
Please specify another direct Family Preservation Service provided and include a brief description of the service (maximum 250 characters)

None

13. **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 Family Preservation Service -- 1,					

14. **Additional Family Preservation Service -- 2***
Please specify another direct Family Preservation Service provided and include a brief description of the service (maximum 250 characters)

None

15. **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 Family Preservation Service -- 2,					

16. **Ethnic Groups***
Enter total client counts for questions 11-15 for the identified groups listed below (received Family Preservation Services)

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

County PSSF Survey - 2010/11 Part 2

Adoption Promotion and Support Services

This survey is for reporting period July 1, 2010 - June 30, 2011.
* denotes a required entry.

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)

1. **Target Population***
   (Maximum 50 characters)

   [   ]

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

	Urban	Rural	Neighborhood	Countywide
Service Area	○	○	○	○

3. **Number of Clients Served***
   (received Adoption Promotion & Support Services)

   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.

   Counties previously reported the number of clients served for "Pre-Adoptive Services," "Post Adoptive Services," "Activities to Expedite the Adoption Process," and "Activities to Support Adoption Process." For this reporting period the OCAP has updated this list to include specific service/program categories. If the service/program is not listed include it under "Additional Adoption and Promotion Support Services - Other" section. **An asterisk following any service/program indicates that other services/programs may fall under that category.** (Refer to ACIN Attachment 3e.)

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Adoptive Parent Recruitment,					
Adult Education*,					
Assessment/Screening*,					
Case Management,					
Concrete Supports*,					
Family Resource Center (Drop-in Center),					
Home Visiting Programs,					
Livescan Fees,					
Mental Health Services*,					
MDT/Group Decision Making Meetings,					
Parent Support Group,					
Parenting Education*,					
Peer Counseling/Mentoring,					
Respite*,					

4. **Additional Adoption Promotion and Support Service -- 1***
   Please specify another direct Adoption Promotion and Support Service provided and include a brief description of the service(maximum 250 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
Adoption Promotion and Support					

6. **Additional Adoption Promotion and Support Service -- 2***
   Please specify another direct Adoption Promotion and Support Service provided and include a brief description of the service(maximum 250 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
Adoption Promotion and Support					

8. **Ethnic Groups***
   Enter total client counts for question 3 - 7 for the identified groups listed below (received Adoption Promotion and Support Services)

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

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](#))

9. **Target Population***
    (Maximum 50 characters)

    [   ]

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

	Urban	Rural	Neighborhood	Countywide
Service Area	○	○	○	○

11. **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. **An asterisk following any service/program indicates that other services/programs may fall under that category.** (Refer to ACIN Attachment 3e)

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Child Care (Temporary),					
Domestic Violence Services,					
Mental Health Services*,					
Respite*,					
Substance Abuse Treatment Services*,					
Transportation (to and from services),					

12. **Ethnic Groups***
    Enter total client counts for question 11 for the identified groups listed below (received Time-Limited Family Reunification Services)

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

PSSF Expenditures for State Fiscal Year 2010-11

PSSF costs are claimed to Program Codes: 515 - Family Preservation Services, 516 - Family Support Services, 675 - Adoption Promotion and Support, and 676 - Time-Limited Family Reunification. In accordance with federal requirements, counties **must spend a minimum of 20 percent of PSSF funds on each of these four components** of the program.

13. **PSSF Expenditures** (Please see County Fiscal Letter (CFL) No. 10/11-02 to determine the County's allocation amounts for this section.)*
    Enter whole dollars only—no decimals

	Amount Received
(a) PSSF Allocation,	
(b) Redirected CWS Reduction to State Family Preservation,	
(c) Total PSSF Allocation,	

14. **PSSF Funds Spent in Each Component** (Do not include county funds.)*
    Enter whole dollars only—no decimals

	Amount Expended	% of Total
(a) PSSF Family Preservation,		
(b) PSSF Family Support,		
(c) PSSF Time Limited Family Reunification,		
(d) PSSF Adoption Promotion and Support,		

15. **Total Spent on All Components**--10(a),(b),(c),(d)*
    Enter whole dollars only—no decimals

	Total Expended
Sum of Funds Expended for All Components,	

16. **Difference of Amount Spent on All Components and PSSF Allocation Received** (Subtract #15 from #13(c).)*
    Enter whole dollars only—no decimals

	Remaining Balance
Difference of Total Allocation and Spending For All Components,	

PSSF Expenditures (Con't.)

17. **Rationale for Fund Shifts:** If the county did not spend a minimum of 20% in each of the PSSF components, justify the shift of funds to any other component(s). Include in the explanation: the nature of the planning efforts that led to the decision; the level of existing county efforts to meet needs in the component(s) that did not receive the 20%; and the need for new or expanded services in the component(s) for which funds were increased. (*Enter N/A if all requirements were met.*)*

250 Characters Maximum (Any characters beyond 250 may be lost.)

18. **Action Plan:** Describe your plan of action to meet the 20% requirement for each PSSF component by the end of state fiscal year 2010-11. (*Enter N/A if all requirements were met.*)*

250 Characters Maximum (Any characters beyond 250 may be lost.)

County Children's Trust Fund Survey - 2010/11

Information from State Fiscal Year 2010/11

Report Submitted by:

1. Name*

    [   ]

2. Telephone*
    Enter the area code and prefix using the following format with no parentheses: 111-111-1111

    [   ]

3. Extension
    Use numbers only—do not precede the number with any letters (Ex, ext).
    (Leave blank if no extension.)

    [   ]

4. E-mail
    Enter full e-mail address

    [   ]

5. County*
    Do not include "County of" before, or "County" after the county name.

    [   ]

Publication
Statute requires that both the CDSS, OCAP and the local commission designated by the County Board of Supervisors collect and publish County Children's Trust Fund (CCTF) information. Please provide the following as it relates to the local CCTF. (W&IC 18970 (c)(1))

6. Where is the County Children's Trust Fund information published?*

    [   ]

Current Programs Funded by County Children's Trust Fund

List the programs funded by the CCTF.

7. Programs to Report*

   -- Please Select -- ▼

8. Program 1*

   [   ]

9. Program 2*

   No Additional Programs

10. Program 3*

    No Additional Programs

11. Program 4*

    No Additional Programs

12. Program 5*

    No Additional Programs

13. Program 6*

    No Additional Programs

14. Program 7*

    No Additional Programs

15. Program 8*

    No Additional Programs

16. Program 9*

    No Additional Programs

17. Program 10*

    No Additional Programs

18. Program 11*

No Additional Programs

19. Program 12*

No Additional Programs

20. Program 13*

No Additional Programs

21. Program 14*

No Additional Programs

22. Program 15*

No Additional Programs

23. Program 16*

No Additional Programs

24. Program 17*

No Additional Programs

25. Program 18*

No Additional Programs

26. Program 19*

No Additional Programs

27. Program 20*

No Additional Programs

Program Summaries
For each program listed, respond to all of the following:

Program 1

28. Name of Service Provider/Grantee*

[   ]

29. Population Served*
(40 characters, maximum)

[   ]

30. % of CCTF Total*
Do not enter text

[   ]

31. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

32. Are there other programs to report?*

◯ Yes ◉ No

Program Summaries
For each program listed, respond to all of the following:

Program 2

33. Name of Service Provider/Grantee*

34. Population Served*
(40 characters, maximum)

35. % of CCTF Total*
Do not enter text

36. Program Activities*
(60 characters maximum for each activity described)

Activity 1

Activity 2

Activity 3

Activity 4

37. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 3

38. Name of Service Provider/Grantee*

[_____]

39. Population Served*
(40 characters, maximum)

[_____]

40. % of CCTF Total*
Do not enter text

[_____]

41. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [_____]

Activity 2 [_____]

Activity 3 [_____]

Activity 4 [_____]

42. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 4

43. Name of Service Provider/Grantee*

[   ]

44. Population Served*
(40 characters, maximum)

[   ]

45. % of CCTF Total*
Do not enter text

[   ]

46. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]
Activity 2 [   ]
Activity 3 [   ]
Activity 4 [   ]

47. Are there other programs to report?*

○ Yes ◉ No

Program Summaries
For each program listed, respond to all of the following:

Program 5

48. Name of Service Provider/Grantee*

[   ]

49. Population Served*
    (40 characters, maximum)

[   ]

50. % of CCTF Total*
    Do not enter text

[   ]

51. Program Activities*
    (60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

52. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 6

53. Name of Service Provider/Grantee*

[   ]

54. Population Served*
(40 characters, maximum)

[   ]

55. % of CCTF Total*
Do not enter text

[   ]

56. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

57. Are there other programs to report?*

○ Yes ⦿ No

Program Summaries
For each program listed, respond to all of the following:

Program 7

58. Name of Service Provider/Grantee*

[   ]

59. Population Served*
(40 characters, maximum)

[   ]

60. % of CCTF Total*
Do not enter text

[   ]

61. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

62. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 8

63. Name of Service Provider/Grantee*

[   ]

64. Population Served*
(40 characters, maximum)

[   ]

65. % of CCTF Total*
Do not enter text

[   ]

66. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

67. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 9

68. Name of Service Provider/Grantee*

[   ]

69. Population Served*
(40 characters, maximum)

[   ]

70. % of CCTF Total*
Do not enter text

[   ]

71. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

72. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 10

73. Name of Service Provider/Grantee*

[   ]

74. Population Served*
(40 characters, maximum)

[   ]

75. % of CCTF Total*
Do not enter text

[   ]

76. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

77. Are there other programs to report?*

○ Yes ⦿ No

Program Summaries
For each program listed, respond to all of the following:

Program 11

78. Name of Service Provider/Grantee*

79. Population Served*
(40 characters, maximum)

80. % of CCTF Total*
Do not enter text

81. Program Activities*
(60 characters maximum for each activity described)

Activity 1

Activity 2

Activity 3

Activity 4

82. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 12

83. Name of Service Provider/Grantee*

[   ]

84. Population Served*
(40 characters, maximum)

[   ]

85. % of CCTF Total*
Do not enter text

[   ]

86. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

87. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 13

88. Name of Service Provider/Grantee*

[   ]

89. Population Served*
(40 characters, maximum)

[   ]

90. % of CCTF Total*
Do not enter text

[   ]

91. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

92. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 14

93. Name of Service Provider/Grantee*

94. Population Served*
(40 characters, maximum)

95. % of CCTF Total*
Do not enter text

96. Program Activities*
(60 characters maximum for each activity described)

Activity 1

Activity 2

Activity 3

Activity 4

97. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 15

98. Name of Service Provider/Grantee*

99. Population Served*
(40 characters, maximum)

100. % of CCTF Total*
Do not enter text

101. Program Activities*
(60 characters maximum for each activity described)

Activity 1

Activity 2

Activity 3

Activity 4

102. Are there other programs to report?*

○ Yes ◉ No

Program Summaries
For each program listed, respond to all of the following:

Program 16

103. Name of Service Provider/Grantee*

104. Population Served*
(40 characters, maximum)

105. % of CCTF Total*
Do not enter text

106. Program Activities*
(60 characters maximum for each activity described)

Activity 1

Activity 2

Activity 3

Activity 4

107. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 17

108. Name of Service Provider/Grantee*

[   ]

109. Population Served*
(40 characters, maximum)

[   ]

110. % of CCTF Total*
Do not enter text

[   ]

111. Program Activities*
(60 characters maximum for each activity described)

Activity 1 [   ]

Activity 2 [   ]

Activity 3 [   ]

Activity 4 [   ]

112. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 18

113. Name of Service Provider/Grantee*

114. Population Served*
(40 characters, maximum)

115. % of CCTF Total*
Do not enter text

116. Program Activities*
(60 characters maximum for each activity described)

Activity 1

Activity 2

Activity 3

Activity 4

117. Are there other programs to report?*

○ Yes ● No

Program Summaries
For each program listed, respond to all of the following:

Program 19

118. Name of Service Provider/Grantee*

119. Population Served*
(40 characters, maximum)

120. % of CCTF Total*
Do not enter text

121. Program Activities*
(60 characters maximum for each activity described)

Activity 1

Activity 2

Activity 3

Activity 4

122. Are there other programs to report?*

⊙ Yes ⦿ No

Program Summaries
For each program listed, respond to all of the following:

Program 20

123. Name of Service Provider/Grantee*

124. Population Served*
(40 characters, maximum)

125. % of CCTF Total*
Do not enter text

126. Program Activities*
(60 characters maximum for each activity described)

Activity 1

Activity 2

Activity 3

Activity 4

127. Are there other programs to report?*
If "Yes", provide the same information for additional programs in an Excel spreadsheet and submit to: OCAP-PND@dss.ca.gov

○ Yes ● No

Service Categories

Category	May Include
Adult Education	• life or self sufficiency skills • budgeting • job preparation & employment counseling • application assistance (MediCal employment CalWorks, etc.) • health/nutrition education • stress coping • literacy • legal services
Advocacy	• translation services
Assessment/ Screening	• health/dental screening • psychological evaluations and psychosocial assessment • intake and assessment
Concrete Supports	• utility assistance • transportation • garbage removal • food • furniture • bike helmets • car seats
Housing Services	• rental assistance • transitional housing
Mental Health Services	• family/group/individual therapy or counseling • play therapy
Parenting Education/ Program (Classes)	• parenting classes • child development classes • child birth classes • child safety class • fatherhood programs • demonstrative skills
Respite Care/ Crisis Nursery	• crisis center & nurseries
Substance Abuse Treatment Services	• child, parent or family counseling for substance abuse and/or alcohol abuse • inpatient or outpatient treatment
Youth Programs	• after school programs • summer programs • teen programs • mentoring • tutoring • self esteem building activities • youth leadership program

Checklist and Signature Sheet
CAPIT, CBCAP, PSSF Annual Report
Reporting Period July 1, 2010 - June 30, 2011

County	

County Signatures and Contact Information

1	Contact information for the person who can answer questions regarding this report.

Name:	
Title:		**Mark (X) if also acting as the CAPIT/CBCAP/PSSF Liaison**
Agency Name:	
Address:	

City:		State	CA	Zip Code	

Phone:		Fax:		E-mail:	

2.	Contact Information and Signature of Authorized Person to Sign on Behalf of the Designated Agency to Administer CAPIT, CBCAP and PSSF

Name:	
Title:	
Signature:	
Agency Name:	
Address:	

City:		State	CA	Zip Code	

Phone:		Fax:		E-mail:	

3.	Contact information for the CAPIT Liaison (complete this section if different than the person indicated in #1.)

Name:	
Title:	
Agency Name:	
Address:	

City:		State	CA	Zip Code	

Phone:		Fax:		E-mail:	

4.	**Contact information for the CBCAP Liaison (complete this section if different than the person indicated in #1.)**

Name:					
Title:					
Agency Name:					
Address:					
City:		**State**	**CA**	**Zip Code**	
Phone:		**Fax:**		**E-mail:**	

5.	**Contact information for the PSSF Liaison (complete this section if different than the person indicated in #1.)**

Name:					
Title:					
Agency Name:					
Address:					
City:		**State**	**CA**	**Zip Code**	
Phone:		**Fax:**		**E-mail:**	

6.	**Contact Information and Signature of a Representative of the County Board of Supervisor's Designated Child Abuse Prevention Council**

Name:					
Title:					
Signature:					
Agency Name:					
Address:					
City:		**State**	**CA**	**Zip Code**	
Phone:		**Fax:**		**E-mail:**	

The Data Automated Surveys were Completed (via: http://www.cdsscounties.ca.gov/)					
CAPIT Survey (MM/DD/YY)	*Part I CBCAP Survey (MM/DD/YY)*	*Part 2 CBCAP Survey (MM/DD/YY)*	*Part I PSSF Survey (MM/DD/YY)*	*Part 2 PSSF Survey (MM/DD/YY)*	*CCTF Survey (MM/DD/YY)*

Narrative Report Template Information	
Date Narrative Report Template e-mailed to OCAP-PND@dss.ca.gov (MM/DD/YY):	
If applicable, the date a revised CAPIT/CBCAP/PSSF Services & Expenditure Summary Workbook was e-mailed to OCAP-PND@dss.ca.gov (MM/DD/YY):	
If applicable, the date the program description(s) was e-mailed to OCAP-PND@dss.ca.gov (MM/DD/YY):	

Required Attachments
Attachments to this checklist and signature sheet includes (check if attached):
[ ]   1.   Hardcopy of the Narrative Report Template

DEFINITIONS

Adoption Promotion and Support: Refer to the Promoting Safe and Stable Families (PSSF) fact sheet.

Child Abuse Prevention Coordinating Councils (CAPCs): Child Abuse Prevention Coordinating Councils (CAPCs) of California are community councils appointed by the county Board of Supervisors whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse. Their activities include: providing a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases, promoting public awareness of the abuse and neglect of children and the resources available for intervention and treatment, encouraging and facilitating training of professionals in the detection, treatment and prevention of child abuse and neglect, and recommending improvements in services to families and victims. The CAPCs work in collaboration with representatives from disciplines, including: public child welfare, the criminal justice system, and the prevention related and treatment services communities. Council participation may include the County Welfare or Children's Services Department, the Probation Department, licensing agencies, law enforcement, the Office of the District Attorney, the courts, the coroner, and community service providers such as medical and Mental Health Services, community-based social services, community volunteers, civic organizations and the religious community.

Child Abuse Prevention Intervention and Treatment (CAPIT) Program: Please refer to the Child Abuse Prevention Intervention and Treatment (CAPIT) program fact sheet.

Children: A child for these purposes is defined as being under 18 years old, or up to 19 years old if still in school and satisfies Welfare and Institutions Code 11403.

Child with Disability: The term "children with disabilities" is defined the same as the term "child with a disability" in section 602(3) or "infant or toddler with a disability" in section 632 (5) of the Individuals with Disabilities Education Act (IDEA). (42 U.S.C. 5116h)

Child and Family Service Review (C-CFSR): The C-CFSR was the product of the Child Welfare System Improvement and Accountability Act of 2001 (Assembly Bill 636, Steinberg). The C-CFSR identifies and replicates best practices to improve Child Welfare Service (CWS) outcomes through state and county-level review processes.

Community-Based Child Abuse Prevention (CBCAP): Please refer to the Community-Based Child Abuse Prevention (CBCAP) program fact sheet.

Community-Based and Prevention-Focused Programs and Activities to Prevent Child Abuse and Neglect: The concept "community-based and prevention-focused programs and activities to strengthen and support families to prevent child abuse and neglect" includes 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 services and/or activities designed to prevent, or to respond to, child abuse and neglect.

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.

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.

Drop-In Centers: afford families opportunities for informal interaction with other families and program staff.

Early developmental screening: of children consist of conducting an assessment of the children's needs to assist in securing specific services to meet those needs.

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.

Evidence-Based and Evidence Informed Programs and Practice: Please refer to Attachment 2b of the All County Information Notice.

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.

Family: means, for purposes of providing child welfare services, parents, adults fulfilling the parental role, guardians, children, and others related by ancestry or marriage. The term also refers to all persons living in the same household who are related to the parent(s) or guardian(s) by blood, marriage or adoption [45 Code of Federal Regulations 1305.2(e)],

Family Preservation: Please refer to the Promoting Safe and Stable Families (PSSF) fact sheet.

Family Resource Center: An organization that provides community-based and prevention and early intervention focused program(s) and activities to strengthen and support families and child abuse and neglect. Some FRCs also serve families receiving Child Welfare Services by providing services to promote safe and stable families.

Family Support Program: Refer to the Promoting Safe and Stable Families (PSSF) fact sheet.

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.

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

Homeless Youth: Unaccompanied homeless youth include young people who have run away from home, been thrown out of their homes, and/or been abandoned by parents or guardians. These young people are separated from their parents for a variety of reasons.

Information and referral activities: This includes providing information and referral to the community through the telephone such as a parent support hotline, in-person, or through a mail out or website.

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 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.

Other: for purposes of completing the survey, if other is checked a specific service should be identified and counted individually. These services may include: services to/prevention of homelessness, educational/job readiness, early childhood development/screening or can be another service as defined by the county.

Outcomes: The results of program operations or activities; the effects triggered by the program. Examples of this can be, 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). For the purposes of CBCAP reporting, 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. Examples of this are, the number of children served, the length of time treatment was provided, or the types of services provided.

Outreach: Activities to bring services or information to people in their homes or usual environments.

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 designed to improve parenting skills by reinforcing parent's confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills. These skills may include: establishing realistic parental expectations and teaching child growth and development. These services may include home management, family budgeting, coping with stress, nutrition, health and consumer education provided through public and private social services programs. Examples of these includes classroom or individual instruction and parent workshops.
- **Parent Mutual Support** services are designed to facilitate parents supporting each other.

Parent Leadership is successfully achieved when parents and practitioners build effective partnerships based upon mutual respect, shared responsibility, and expertise and leadership in the decisions being made that affect their own families, other families and their communities.

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

Parenting Program (classes): Please see parent education.

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.

Person with disability is defined for a child or adult with a disability as is defined in the Individuals with Disabilities Education Act (IDEA). (For more information, visit: http://idea.ed.gov/

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.

Pre-Post Test Design: A study design that includes both a pre-test and a post-test and examines change in the two.
- **Pre-test:** A test or measurement taken before services or activities begins. It is compared with the results of a post-test to show change in outcomes during the time period in which the services or activities occurred. A pre-test can be used to obtain baseline data.
- **Post-test:** A test or measurement taken after services or activities have ended. It is compared with the results of a pre-test to show change in outcomes during the time period in which the services or activities occurred.

Preventive direct services are activities aimed at preventing child abuse and neglect. Such activities may be directed toward the general population or toward specific populations identified as being at 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.

For purposes of completing the CBCAP survey, 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 one-time public education events or other public awareness campaigns should be counted as part of the Public Awareness Activities section as a CBCAP activity. Recipients of brief information or*

referral services should be counted as part of the Information and Referral section if the activity is CBCAP funded.

The preventive direct service must be provided to an individual or family and the <u>planned duration</u> of the services should be more than a one-time event. Some examples of preventive 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 <u>planned duration</u> was for more than one-time.

Primary Prevention: Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families prior to any allegations of abuse and neglect. Primary prevention programs and strategies are available to all families and may include public education activities, parent education classes that are open to anyone in the community, and family support programs. Primary prevention can be difficult to measure because you are attempting to impact something before it happens, an unknown variable.

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.

Promoting Safe and Stable Families (PSSF) Program: Please refer to the Promoting Safe and Stable Families (PSSF) program fact sheet.

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.

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 children and families.

For purposes of completing the CBCAP survey, public awareness or public education activities may be a one-time event or a series of public education and information sessions. Some examples of public awareness, public education or information and referral activities include: Blue Ribbon Campaign or other Child Abuse Prevention Month activity, providing information on child abuse prevention at a local festival, presenting information about child abuse prevention to various agencies or the general public or through television or radio ads or newsletter mailings.

Quasi-experimental: A research design with some, but not all of the characteristics of an experimental design (or randomized control trial as 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-Kindergarten 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.

Respite Care: The term "respite care services" means short term care services including the services of crisis nurseries, 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; or 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.

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.

Secondary Prevention: Secondary prevention consists of activities targeted to children and families who are at risk of abuse and neglect and who may have one or more risk factors including families with substance abuse, teen parents, parents of special need children, single parents, and low income families. Secondary prevention services may include parent education classes targeted for high risk parents, respite care for parents of a child with a disability, or home visiting programs for new parents.

Tertiary Prevention: Tertiary prevention consists of activities targeted to families that have confirmed child abuse and neglect reports. These families have already demonstrated the need for intervention, either with or without court supervision. These are families that qualify for services under child welfare programs.

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.

Time-Limited Family Reunification: Please refer to the Promoting Safe and Stable Families (PSSF) fact sheet.

Transportation: Please refer to the Promoting Safe and Stable Families (PSSF) fact sheet.

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).

Voluntary Home Visiting: Please see the definition of home visiting.

Office of Child Abuse Prevention (OCAP) County Consultants

April 2011

Glenn	*Alameda	Alpine
Inyo	*Amador	*Butte
*Kings	Del Norte	Calaveras
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Shasta	Sonoma	Stanislaus
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*Siskiyou	*Ventura	Tuolumne
Sutter	*Yuba	*Yolo
Trinity		
Heather Cotto	**Theresa Sanchez**	**Patty Harper**
(916) 654-1678	(916) 651-6566	(916) 651-6711
heather.cotto@dss.ca.gov	theresa.sanchez@dss.ca.gov	patricia.harper@dss.ca.gov

Yvette Albright, Prevention Network Development (PND) Unit Manager
Email: Yvette.Albright@dss.ca.gov

OCAP Main Line: (916) 651-6960
744 P Street, MS 8-11-82, Sacramento, CA 95814

*Interim County Assignments