



JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

October 6, 2008

ALL COUNTY INFORMATION NOTICE NO. I-70-08

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

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

REFERENCE: ALL COUNTY INFORMATION NOTICE NO. I-25-05, DATED MAY 23, 2005; ACIN I-41-08 AND I-41-08E

The purpose of this letter is to provide information, instructions and forms to complete the annual 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) plan update and report for State Fiscal Year (SFY) 2007-2008. The annual plan update and report will hereby be referred to as the annual report. The annual report has been expanded to include CCTF reporting requirements. Additionally, this notice provides instructions for submitting the annual CBCAP Application and Assurances Form for SFY 2008-2009; and to provide the CBCAP allocations for SFY 2008-2009.

Please note, pursuant to All County Information Notice (ACIN) NO. I-41-08, all counties are required to integrate the CAPIT/CBCAP/PSSF three-year plan into the California Children and Family Services Review (C-CFSR) process. In this regard, each county is required to submit a plan, based on the county's option under ACIN NO. I-41-08, attachment B, to the Office of Child Abuse Prevention (OCAP) on or before October 1, 2008. Attachment 1 of

REASON FOR THIS TRANSMITTAL

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

this ACIN requires a brief description of changes, if any, to the county's existing three-year plan applicable to SFY 2007-2008.

Counties are reminded that their prevention/early intervention funds are to be used to supplement rather than supplant existing child welfare services. Furthermore, these funds can be utilized to build the capacity of communities to strengthen families, keep children safe, and provide a continuum of quality family services, supports, and opportunities. County child abuse and neglect prevention partners, including the county Child Abuse Prevention Council (CAPC), are required to review the CAPIT/CBCAP/PSSF three-year plan annually to determine if the plan continues to meet local needs. The California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP), anticipates that county needs and priorities may change and, thus, plans may be amended. Although county liaisons are responsible for ensuring that the annual report is completed, some of the questions in the report may best be answered by a collaborative partner such as the CAPC or other community partner.

This All County Information Notice (ACIN) may be accessed at the following website:
<http://www.dss.cahwnet.gov/lettersnotices/>

SUBMISSION OF THE ANNUAL REPORT AND CBCAP APPLICATION AND ASSURANCES FORM (ATTACHMENTS 5 AND 6)

The report period for this annual report is July 1, 2007 through June 30, 2008. The report and CBCAP Application and Assurances Form for SFY 2008-2009 are due to the OCAP by **November 14, 2008**.

The annual report submission must include the following:

- Cover letter, including signatures from the county administrative agency designated by the county Board of Supervisors (BOS) for program administration and the CAPC designated by the BOS
- Narrative Report (Attachment 1)
- Completion of the online OCAP Data Collection Tool (Attachment 2)
- The OCAP Evidenced-Based and Evidence Informed Programs and Practices Checklist (Attachment 3)
- CBCAP Annual Report Matrix (Attachment 4)

The report consists of three parts (A-C):

A. Narrative (Attachment 1)

The narrative questions capture the information that the OCAP needs to meet current state and federal reporting requirements.

B. OCAP Data Collection Tool (Attachment 2)

The OCAP Data Collection Tool is designed to capture CAPIT/CBCAP/PSSF/CCTF service activity to meet current state and federal reporting requirements. The tool has been expanded to include the CCTF program summary. Pursuant to Welfare and Institutions (W&I) Code 18970 (c) (1), the OCAP and local commission designated by the county BOS are required to collect and publish information related to CCTF. The tool will be posted on the CDSS extranet and county Child Welfare Directors will be provided with an assigned username and password to access the secure website.

C. The CBCAP Annual Report Matrix (Attachment 4)

The CBCAP Matrix is used to gather information to be included in the state's annual CBCAP performance report that is submitted to the federal government. A hard copy of the completed matrix must be included with the county annual report as well as submitted electronically via e-mail to: OCAP-PND@dss.ca.gov. A Microsoft word document for the CBCAP Annual Report Matrix can be downloaded from the CDSS County Extranet: <http://www.cdsscounties.ca.gov/>

ANNUAL CBCAP FUNDING APPLICATION AND ASSURANCES FORM FOR FISCAL YEAR 2008-2009 (Attachments 5 and 6)

The CBCAP Application and Assurances Form is **required annually** and is separate from the county's annual report. Submission must include the following:

1. CBCAP Application and Assurances Form for SFY 2008-2009 (Attachment 5) with **original signatures in blue ink.**
2. Certification of County Children's Trust Fund Revenue for SFY 2007-2008 (Attachment 6). Please note that the form has been updated.

A Microsoft word document for the CBCAP Application and Assurance Form and the Certification of County Children's Trust Fund Revenue for SFY 2007-08 can be downloaded from the CDSS County Extranet: <http://www.cdsscounties.ca.gov/>

USE OF FUNDS

All county CAPIT/CBCAP/PSSF funds must be expended during the SFY allocated, in accordance with each county's approved SFY 2005-08 three-year plan. Unexpended funds may revert to the State Children's Trust Fund or be distributed among the remaining counties, depending on the source of funds.

COUNTY CBCAP ALLOCATIONS FOR SFY 2008-2009

County CBCAP allocations are determined, in part, by the total of annual birth certificate fees received by each county and reported to the OCAP on the County Children's Trust Fund Revenue Form for the previous SFY. Attachment nine provides the CBCAP funding methodology. It is essential that the information on the form reflect complete and accurate information and be submitted in a timely manner so that allocations can be calculated; and CBCAP Funds may be released to all counties. The SFY 2008-2009 allocations (Attachment 10) were based on the SFY 2006-2007 summary, which was the latest complete summary received from all participating counties.

The CBCAP annual report, including the cover letter, and CBCAP Application and Assurances Form should be submitted to:

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

The OCAP is committed to providing ongoing support to counties in order to prevent child abuse and neglect and to strengthen families and communities. Thank you for your continued efforts to improve the lives of children and families. If you have any questions please contact your program consultant (see Attachment 8) or email: OCAP-PND@dss.ca.gov

Sincerely,

Original Document Signed By:

LINNÉ STOUT
Acting Branch Chief
Child Protection and Family Support Branch

c: CWDA

Attachments

Attachments

Attachment 1 – Narrative Report Instructions for SFY 2007-08

Attachment 2 – OCAP Data Collection Tool and Instructions

Attachment 3 – CBCAP Evidence-Based/Evidenced Informed Programs and Practices Checklist

Attachment 4 – CBCAP Annual Report Matrix

Attachment 5 – CBCAP Application and Assurances Form

Attachment 6 – Certification of County Children's Trust Fund Revenue Form for SFY 2007-2008

Attachment 7 – Definitions

Attachment 8 – OCAP Program Consultants

Attachment 9 – CBCAP Allocation Methodology

Attachment 10 – CBCAP Allocations for SFY 2008-09

Narrative Report Instructions for State Fiscal Year (SFY) 2007-2008

Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF) and County Children’s Trust Fund (CCTF) Programs

Please note, pursuant to All County Information Notice (ACIN) NO. I-41-08, all counties are required to integrate the CAPIT/CBCAP/PSSF three-year plan into the California Children and Family Services Review (C-CFSR) process. In this regard, each county is required to submit a plan, based on the county’s option under ACIN NO. I-41-08, attachment B, to the Office of Child Abuse Prevention (OCAP) on or before October 1, 2008. Attachment 1 of this ACIN requires a brief description of changes, if any, to the county’s existing three-year plan applicable to SFY 2007-2008.

The report period is July 1, 2007, through June 30, 2008. This annual report concludes the SFY 2005-2008 three-year program cycle.

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

1. County Plan Update

Briefly describe changes, if any, to the county’s existing plan applicable to SFY 2007-2008.

2. County Monitoring

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

3. Service Outcomes/Client Satisfaction

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

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

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

Please refer to ACIN NO: I-25-05, dated May 23, 2005 for an explanation of each outcome indicator.

4. Parent Engagement and Parent Leadership:

Each CBCAP funded county should place emphasis on parent engagement and leadership. Parent leaders are parents who address the challenges of parenting, preferably by utilizing support or training to meet the challenges of parenting, have developed the knowledge and skills necessary in executing a meaningful leadership role and serve as a "parent voice" to help shape the direction of their families, programs and communities. Parent leaders can be parents, step-parents, grandparents, foster or adoptive parents, or anyone who is in a primary caregiver role.

- A. Describe the role of parent leaders in the planning, implementation and evaluation of funded programs.
- B. Describe any challenges or technical assistance needs regarding the recruitment and retention of parent leaders.
- C. Identify the number of parent consumers as voting members of the designated county prevention networks and describe their roles in the planning, implementation, and evaluation of funded programs.

5. Child Abuse Prevention Councils

- A. Describe how the county has supported and strengthened the local child abuse prevention council.
- B. Include a description of the council's role in the planning and coordination of services to children and families, pursuant to (W & I Code Section 18982).
- C. Describe any challenges and/or technical assistance needs in building the capacity of the CAPC to assist in its purpose to coordinate the community's efforts to prevent and respond to child abuse.

6. County Children's Trust Fund

Statute requires that the OCAP and the local commission designated by the county Board of Supervisors collect and publish information regarding the use of the local CCTF. Please provide the specified information in the OCAP Data Collection Tool (attachment 2).

7. Fiscal Management

- A. Did the county exhaust the full CAPIT allocation available for SFY 2007-2008?
- B. Did the county exhaust the full CBCAP allocation available for SFY 2007-2008?
- C. Did the county meet the minimum 20percent/20percent/20percent/20percent requirement and exhaust the full PSSF allocation for SFY 2007-2008?

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

Office of Child Abuse Prevention (OCAP) Data Collection Tool and Instructions

The OCAP **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) service activity and participant information in a consistent manner supporting federal reporting requirements while providing counties with a simple **web-based reporting process**.

The OCAP is requesting your **CAPIT/CBCAP/PSSF/CCTF service information** by logging onto the secure site at <http://www.cdsscounties.ca.gov> and scrolling to the bottom left page where you will see each of the CAPIT, CBCAP, PSSF, and CCTF icons. When clicking on the appropriate program icon, you will be prompted to input a user name and password.

Your county has been **assigned a user name and password** that has been provided to your county's **Child Welfare Director**. Contact your Child Welfare Director for the user name and password. Do not use any alternative method to access the web-based reporting process. If your 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, if different than the request

The user name and password will be e-mailed to the county Child Welfare Director.

The OCAP recommends counties compile the aggregate data provided by the service providers prior to accessing the online survey. The questions requested by the data tool are part of this attachment.

PLEASE NOTE:

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. Please be aware that incomplete surveys cannot be saved. When moving to the next reporting objective, survey users may use the tab option as a primary method of progressing through the survey.

If you have technical difficulties accessing the system, e-mail OCAP-PND@dss.ca.gov or call (916) 651-6960. **(The pages that follow are screenshots of the survey for your preview only and cannot be altered or filled in).**

County CAPIT Report—2007/08

Preventive Direct Services

(Detailed explanations of the content to be entered in this report are in ACIN number I-70-08.)

* denotes a required entry.

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

1. Number of Clients Served*

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

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Family Counseling,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent Education and Support,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Visiting,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatric Evaluations,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respite Care,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day Care / Child Care,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multidisciplinary Team Services,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homemakers,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Teaching & Demonstrating,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Workers,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temp In-Home Caretakers,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Services,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Law Enforcement,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Preventive Direct Services - Other

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

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

2. Additional Family Support Service -- 1*

Please specify another direct Core Support and Family Support Service provided (maximum 50 characters).

None

3. Number of Clients Served

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

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
###600###,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
###602###,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
###604###,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ethnic Groups

8. Enter client counts according to groups below*

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black--non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other--specify below	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

PART Evidence-Based Practice Data Reporting

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

Under PART, there is a new federal data collection requirement for CBCAP. All states are required to report aggregate baseline data regarding this efficiency measure in their annual report.

All programs receiving CBCAP or CAPIT (California's CBCAP matching funds) money will need to be assessed as to falling into one of the levels below.

- 10. PART Evidence-Based Practice Expenditures (whole dollars only—no decimals)*
(Please see Evidence-Based and Evidence-Informed Programs and Practices **checklist for guidelines** on rating programs.)

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

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

	Amount Received
Total County CAPIT Allocation,	<input type="text"/>

County CBCAP Report—2007/08

Preventive Direct Services

(Detailed explanations of the content to be entered in this report are in ACIN number I-70-08.)

* denotes a required entry.

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

1. Number of Clients Served*

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

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Voluntary Home Visiting,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parenting Program (Classes),	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent Mutual Support,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respite Care,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Resource Center,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Support Program,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Preventive Direct Services - Other

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

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

2. Additional Family Support Service -- 1 *

Please specify another direct Core Support and Family Support Service provided (maximum 50 characters).

None

3. Number of Clients Served*

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

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
###617###,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
###619###,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
###621###,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Public Awareness / Public Education

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

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

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

	PA/PE Totals
People exposed to TV / radio ads	<input type="text"/>
People attending public education sessions & workshops	<input type="text"/>
Newsletters mailed	<input type="text"/>
Phone calls to Parent Support line	<input type="text"/>

PART Evidence-Based Practice Data Reporting

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

Under PART, there is a new federal data collection requirement for CBCAP. All states are required to report aggregate baseline data regarding this efficiency measure in their annual report.

All programs receiving CBCAP or CAPIT (California's CBCAP matching funds) money will need to be assessed as to falling into one of the levels below.

- 10. PART Evidence-Based Practice Expenditures (whole dollars only—no decimals)*
(Please see Evidence-Based and Evidence-Informed Programs and Practices **checklist for guidelines** on rating programs.)

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

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

	Amount Received
Total County CAPIT Allocation,	<input type="text"/>

Ethnic Groups

10. Enter client counts according to groups below*

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black--non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other--specify below	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

PART Evidence-Based Practice Data Reporting

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

Under PART, there is a new federal data collection requirement for CBCAP. All states are required to report aggregate baseline data regarding this efficiency measure in their annual report.

All programs receiving CBCAP or CAPIT (California's CBCAP matching funds) money will need to be assessed as to falling into one of the levels below.

12. PART Evidence-Based Practice Expenditures (whole dollars only—no decimals)*
 (Please see Evidence-Based and Evidence-Informed Programs and Practices **checklist for guidelines** on rating programs.)

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

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

	Amount Received
Total County CBCAP Allocation,	<input type="text"/>

County PSSF Report—2007/08

Family Support Services

Detailed explanations of the content to be entered in this report are in ACIN number I-70-08.

* 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Home Visitation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drop-in Center	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respite Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Early Development Screening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mentoring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Literacy Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Information & Referral	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 (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
###800###	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Additional Family Support Service -- 2*

Please specify another direct 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
###810###	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Additional Family Support Service -- 3*

Please specify another direct Family Support Service provided (maximum 50 characters),

None

9. 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
###812###	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Ethnic Groups*

Enter client counts according to groups listed below (received Family Support Services)

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black--non-Hispanic,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native American,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Preservation Services

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

11. Target Population*
(Maximum 50 characters)

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

	Urban	Rural	Neighborhood	Countywide
Service Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
Preplacement Preventive Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
After Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respite Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parenting Education & Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infant Safe-Haven Programs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.)

14. Additional Family Preservation Service -- 1*

Please specify another direct Family Preservation Service provided (maximum 50 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
###814###	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. Additional Family Preservation Service -- 2*

Please specify another direct Family Preservation Service provided (maximum 50 characters),

None

17. Number of Clients Served

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

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
###816###	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Additional Family Preservation Service -- 3*

Please specify another direct Family Preservation Service provided (maximum 50 characters),

None

19. 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
###817###	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. Ethnic Groups*

Enter client counts according to groups listed below

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black--non-Hispanic,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native American,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Adoption Promotion and Support Services

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

21. Target Population*
(Maximum 50 characters)

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

	Urban	Rural	Neighborhood	Countywide
Service Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. 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 unit.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Pre-Adoptive Services	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Post-Adoptive Services	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Activities to Expedite Adoption Process	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Activities to Support Adoption Process	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic,	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Hispanic,	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Black--non-Hispanic,	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Asian,	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Native American,	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other,	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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)

25. Target Population*
(Maximum 50 characters)

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

	Urban	Rural	Neighborhood	Countywide
Service Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Number of Clients Served*

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

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Substance Abuse Treatment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Health Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Domestic Violence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary Child Care / Crisis Nurseries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation to / from Services / Activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
White--non-Hispanic,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black--non-Hispanic,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native American,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

County Children's Trust Fund Report

State Fiscal Year 2007/08

Report Submitted by:

1. Name*

2. Telephone*

Enter the area code and prefix following the format shown below (no parentheses).

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 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 & I Code 18970 (c)(1))

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

7. How is County Children's Trust Fund information published?*

Current Programs Funded by County Children's Trust Fund

List the programs funded by the CCTF.

8. Programs to Report*

9. Program 1*

10. Program 2*

11. Program 3*

12. Program 4*

13. Program 5*

14. Program 6*

Program Summaries

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

Program 1

15. Name of Service Provider/Grantee*

16. Population Served*
(40 characters, maximum)

17. % of CCTF Total*
Do not enter text

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

Activity 1

Activity 2

Activity 3

Activity 4

Program Summaries

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

Program 2

19. Name of Service Provider/Grantee*

20. Population Served*
(40 characters, maximum)

21. % of CCTF Total*
Do not enter text

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

Activity 1	<input type="text"/>
Activity 2	<input type="text"/>
Activity 3	<input type="text"/>
Activity 4	<input type="text"/>

Program Summaries

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

Program 3

23. Name of Service Provider/Grantee*

24. Population Served*
(40 characters, maximum)

25. % of CCTF Total*
Do not enter text

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

Activity 1

Activity 2

Activity 3

Activity 4

Program Summaries

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

Program 4

27. Name of Service Provider/Grantee*

28. Population Served*
(40 characters, maximum)

29. % of CCTF Total*
Do not enter text

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

Activity 1	<input type="text"/>
Activity 2	<input type="text"/>
Activity 3	<input type="text"/>
Activity 4	<input type="text"/>

Program Summaries

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

Program 5

31. Name of Service Provider/Grantee*

32. Population Served*
(40 characters, maximum)

33. % of CCTF Total*
Do not enter text

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

Activity 1	<input type="text"/>
Activity 2	<input type="text"/>
Activity 3	<input type="text"/>
Activity 4	<input type="text"/>

Program Summaries

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

Program 6

35. Name of Service Provider/Grantee*

36. Population Served*
(40 characters, maximum)

37. % of CCTF Total*
Do not enter text

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

Activity 1	<input type="text"/>
Activity 2	<input type="text"/>
Activity 3	<input type="text"/>
Activity 4	<input type="text"/>

CBCAP EVIDENCE-BASED AND EVIDENCE INFORMED¹
PROGRAMS AND PRACTICES CHECKLIST

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

Name of Program/Practice being evaluated: _____

Reviewed by: _____ **Date:** _____

Level I - EMERGING PROGRAMS AND PRACTICES

PROGRAMMATIC CHARACTERISTICS

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The program can articulate a <u>theory of change</u> which specifies clearly identified <u>outcomes</u> and describes the activities that are related to <u>those outcomes</u> . This is represented through a program <u>logic model</u> or <u>conceptual framework</u> that depicts the assumptions for the activities that will lead to the desired <u>outcomes</u> . |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services. |

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | There is no clinical or <u>empirical</u> evidence or theoretical basis indicating that the practice constitutes a <u>substantial</u> risk of harm to those receiving it, compared to its likely benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | Programs and practices have been evaluated using less rigorous <u>evaluation</u> designs that have with no <u>comparison group</u> , including “pre-post” designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an <u>“untreated” group</u> |

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

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.

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

Level II - PROMISING PROGRAMS AND PRACTICES

PROGRAMMATIC CHARACTERISTICS

YES NO

- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through presence of a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, and training materials that specifies the components of the practice protocol and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving services child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

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

Level III - SUPPORTED PROGRAMS AND PRACTICES*

PROGRAMMATIC CHARACTERISTICS

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The program articulates a <u>theory of change</u> which specifies clearly identified <u>outcomes</u> and describes the activities that are related to those <u>outcomes</u> . This is represented through the presence of a detailed <u>logic model</u> or <u>conceptual framework</u> <u>that depicts</u> the assumptions for the inputs and <u>outputs</u> that <u>lead to</u> the short, intermediate and long-term outcomes. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services. |

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | There is no clinical or <u>empirical</u> evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | The research supporting the <u>efficacy</u> of the program or practice in producing positive <u>outcomes</u> associated with reducing <u>risk</u> and increasing <u>protective factors</u> associated with the prevention of abuse or neglect meets at least one or more of the following criterion: <ul style="list-style-type: none">③ At least two rigorous <u>randomized controlled trials</u> (RCTs) in highly <u>controlled settings</u> (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, <u>peer-reviewed</u> literature. OR③ At least two between-group design studies using either a <u>matched comparison</u> or <u>regression discontinuity</u> have found the practice to be equivalent to another practice that would qualify as supported or well supported; or superior to an appropriate comparison practice. |

Level III - SUPPORTED PROGRAMS AND PRACTICES* (continued)

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

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

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

Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES*

PROGRAMMATIC CHARACTERISTICS

YES NO

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training or other available writings that specify components of the service and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

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

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

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

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

PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE

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

PROGRAMMATIC CHARACTERISTICS

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

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

RESEARCH & EVALUATION CHARACTERISTICS

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

OR

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

OR

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

SFY 2007-2008 CBCAP ANNUAL REPORT MATRIX

County: _____

The Community Based Child Abuse Prevention (CBCAP) Annual Report Matrix is a tool used to gather information to be included in the state’s annual CBCAP Performance Report. A Microsoft word document can be downloaded from: <http://www.cdsscounties.ca.gov/>

As a reminder, primary and secondary prevention activities are allowable under CBCAP funding, while tertiary activities are not funded under CBCAP dollars. Refer to definitions in Attachment 7. The target population for CBCAP:

- o Parents
- o Parents and/or children with disabilities
- o Racial and ethnic minorities
- o Members of underserved or underrepresented groups

The Office of Child Abuse Prevention is required by federal mandate to capture activities funded by CBCAP. When describing and discussing the following categories, include any technical assistance and training needs that would benefit your county.

This form was completed by (Print name) _____ Telephone # _____
E-mail: _____

1. INNOVATIVE FUNDING / INTERDISCIPLINARY SERVICES: CBCAP is intended to promote innovation and collaboration between disciplines to maximize the use of the various federal, state, local and private funds to enhance child abuse prevention programs.

a. Identify the county’s innovative and interdisciplinary services.	
b. Describe innovative funding mechanisms that blend federal, state, local, private funds for the enhancement, development, operation or expansion of countywide network of prevention programs.	
c. Describe activities that have promoted public investment in the prevention of child abuse and neglect and the improvement of local family support services.	
d. Describe technical assistance and/or training needs.	

SFY 2007-2008 CBCAP ANNUAL REPORT MATRIX

County: _____

2. SERVICES BASED ON UNMET NEEDS:	
a. Discuss collaboration efforts with local partners (Child Abuse Prevention Councils, parent partners, etc) to identify the high-risk populations/ communities, incidence of child abuse and neglect in the county, and unmet needs.	
b. Demonstrate how services have addressed unmet needs identified by the community.	
c. Describe technical assistance and/or trainings needs.	
3. OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS:	
a. Describe special populations in your county.	
b. List outreach activities conducted that maximized participation of parents, racial and ethnic minorities, children and adults with disabilities and members of other underserved or underrepresented groups.	
c. Describe the outreach considered for parents with mild to moderate disabilities.	
d. Describe efforts to promote father involvement in the healthy development of children.	
e. Describe technical assistance and/or trainings needs.	

SFY 2007-2008 CBCAP ANNUAL REPORT MATRIX

County: _____

4. PEER REVIEW: For purposes of CBCAP, Peer Review is a form of quality assurance that uses a process of self-assessment and external review by two or more similar programs to promote quality programs and practices.

a. Describe your CBCAP peer review activities. If no activities were conducted, provide an explanation as to why not. Describe challenges that the county has faced, if any; and how the county plans to address them.

b. Describe technical assistance and/or trainings needs.

5. PUBLIC AWARENESS/EDUCATION/OUTREACH:

a. Describe local public awareness/education activities conducted focused on the healthy and positive development of parents and the prevention of child abuse and neglect.

b. Discuss the agency’s activities in the promotion and observance of Child Abuse Prevention Month during April 2008.

c. Provide highlights regarding county public awareness/education/outreach activities.

d. Describe technical assistance and/or trainings needs.

**COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP)
STATE FISCAL YEAR 2008-2009****APPLICATION AND ASSURANCES FOR _____ COUNTY**

In order to receive CBCAP Incentive funds, this completed Application and Assurances Form (attachment 5) and Certification of County Children's Trust Fund Revenue for State Fiscal Year 2007-2008 (Attachment 6) must be received by the Office of Child Abuse Prevention on or before November 14, 2008.

The undersigned agrees that receipt of Federal Community-Based Child Abuse Prevention (CBCAP) Program funds requires that funds expended under this Grant must comply with all state and federal requirements. Funds received under this title will supplement, not supplant, other state and local public funds designated for the statewide network of community-based, prevention-focused, family resource and support programs.

In addition, the undersigned assures that allocations made by the county under this grant will be used in the development and implementation (or expansion and enhancement) of a statewide network of community-based child abuse prevention and family resource and support programs. This statewide network will be composed of local, collaborative, public/private partnerships directed by interdisciplinary structures with balanced representation from private and public sector members, parent consumers, private and public nonprofit service providers, and individuals and organizations experienced in working in partnership with families, particularly those with children with disabilities.

Signature of Authorized County Representative

Date

Print Name

Title

I am a parent who has received Office of Child Abuse Prevention funded services and has provided significant input in the planning, implementation and evaluation of services provided through this grant.

Signature

Date

Print Name

Child Abuse Prevention Council Representative

Date

Print Name

Title

This form was completed by _____

Print Name

Telephone # _____

E-Mail _____

**CERTIFICATION OF COUNTY CHILDREN’S TRUST FUND
REVENUE FOR STATE FISCAL YEAR 2007-2008**

I, _____, hereby affirm that I am duly authorized to account for the County Children’s Trust Fund (CCTF) for the State Fiscal Year (SFY) July 1, 2007 through June 30, 2008 and certify that the funds received into the CCTF, not including other federal and state prevention grants, during this period was \$_____.

I also affirm that these funds are used only for the broad range of child abuse and neglect prevention activities as mandated by state law (Welfare and Institutions Code section 18967). On June 30, 2008, the CCTF consisted of the following revenue sources and amounts:

NOTE: Only indicate amounts received in the categories below. Do not include State and/or federal grant monies.

Category in CCTF	Received in 2007/08	Expenditures in 2007/08	Balance in CCTF
Birth Certificates			
Gifts			
Bequests			
Fundraising			
Kids Plates			
Interest			
Total			

County

Signature of Authorized Representative

Telephone Number

Print Name and Title

E-mail

DEFINITIONS

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

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

Child with Disability: (Social Security Act: Section 1614B (C) (i)) An individual under the age of 18 shall be considered disabled for the purposes of this title if that individual has a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

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.

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

- service programs designed to help children where safe and appropriate, return to families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement;

- pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families;
- service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement;
- respite care of children to provide temporary relief for parents and other caregivers (including foster parents);
- services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition; and
- infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law. (42 U.S.C. 629a.)

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

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

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

Other: As defined locally.

The following services are primarily sub-classifications of Information and Referral. If an agency is providing these services directly with Child Abuse Prevention, Intervention and Treatment (CAPIT), and/or Community-Based Child Abuse Prevention (CBCAP) funds, the specific service should be identified under "Other" and counted individually. These services include:

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

Parent Education and Support (Self-help and Life Management Skills): Parent education and support programs are good first steps in fostering leadership in parents.

These programs provide parents with the tools they need to become more confident parents and to bond with other parents.

Parent Education services are designed to teach basic parenting skills, including, but not limited to: establishing realistic parental expectations and teaching child growth and development. These services may include home management, nutrition, health and consumer education provided through public and private social services programs. Examples include classroom or individual instruction and parent workshops.

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

Parent Engagement is the meaningful engagement of parents in a comprehensive program with components related to the design, delivery and implementation of one or more of the following: direct services, trainings, public awareness, public education, policy and systems change.

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

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

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

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

Prevention programs are categorized into three levels of services and include:

- **Primary Prevention:** Primary prevention programs are directed at the general population to prevent all parents from abusing or neglecting their children. The aim of primary prevention programs is to “inoculate” the total population.
- **Secondary Prevention:** Secondary prevention programs serve individuals or families in which maltreatment is more likely to occur such as children or families exhibiting acknowledged risk factors. The aim of secondary prevention programs is to attenuate the effects of risk.

- **Tertiary Prevention:** Tertiary prevention programs serve families in which maltreatment has already occurred such as among families in which maltreatment has been publicly documented. The aim of tertiary prevention programs is to remediate the adverse consequences of maltreatment.

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

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

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

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

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

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

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

importance of the prevention of child abuse and neglect; and increase community ownership and involvement in prevention activities. Over the long term, it is anticipated that these activities contribute to increasing the safety, permanency, and well-being of all children and families.

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

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

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

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

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

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

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

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

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

**Office of Child Abuse Prevention (OCAP)
Prevention Network Development Unit (PND)
Program Consultants**

Attachment 8

August 2008

<p align="center">Fresno Inyo Kern Kings Madera Merced Sacramento San Benito Sierra Stanislaus Sutter Tulare</p>	<p align="center">Del Norte Humboldt Lake Mendocino Marin Napa Placer San Francisco San Luis Obispo San Mateo Santa Barbara Sonoma</p>	<p align="center">Alpine Amador Calaveras Contra Costa El Dorado Imperial Mono San Joaquin Santa Clara Solano Tuolumne</p>	<p align="center">Butte Colusa Glenn Lassen Mariposa Modoc Nevada Plumas Shasta Siskiyou Tehama Trinity</p>	<p align="center">Alameda Los Angeles Monterey Orange Riverside San Bernardino San Diego Santa Cruz Ventura Yolo Yuba</p>
<p align="center">Ernie Lynch (916) 651-6952 ernest.lynnch@dss.ca.gov</p>	<p align="center">Theresa Sanchez (916) 651-6566 theresa.sanchez@dss.ca.gov</p>	<p align="center">Patty Harper (916) 651-6711 patricia.harper@dss.ca.gov</p>	<p align="center">Ernie Villalobos (916) 651-6702 ernie.villalobos@dss.ca.gov</p>	<p align="center">Ashley Franklin (916) 651-6717 ashley.Franklin@dss.ca.gov</p>

Yvette Albright, Program Manager
Email: Yvette.Albright@dss.ca.gov

OCAP Main Line: (916) 651-6960
Fax: (916) 651-6328
744 P Street, MS 11-82, Sacramento, CA 95814

Allocation Methodology for Community-Based Child Abuse Prevention (CBCAP) Funds

BASE ALLOCATION

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

- (1) Counties receiving less than twenty thousand dollars (\$20,000) for the year in their county children's trust fund from birth certificate fees are granted the difference from CBCAP funds necessary to bring the trust fund up to twenty thousand dollars (\$20,000). This is data reported individually by each county.
- (2) The balance remaining after (1) is distributed equally among all the counties, up to ten thousand dollars (\$10,000) per county.
- (3) The remaining CBCAP funds are distributed according to the percent of each county's child population to the total child population of California. The allocation uses current data from the Department of Finance.

Release of State Fiscal Year (SFY) 2008-2009 county CBCAP allocations is pending receipt of Attachments 5 (Applications and Assurances Form for Fiscal Year 2008-2009) and 6 (Certification of County Children's Trust Fund Revenue for State Fiscal Year 2007-2008) of these instructions.

FY 2008/09 CBCAP Allocation	
County	Allocation
Alameda	\$68,637
Alpine	\$30,035
Amador	\$27,823
Butte	\$17,738
Calaveras	\$29,652
Colusa	\$28,314
Contra Costa	\$52,295
Del Norte	\$25,610
El Dorado	\$16,562
Fresno	\$53,014
Glenn	\$29,426
Humboldt	\$14,508
Imperial	\$17,394
Inyo	\$26,273
Kern	\$46,356
Kings	\$16,451
Lake	\$28,214
Lassen	\$25,736
Los Angeles	\$452,742
Madera	\$18,540
Marin	\$18,065
Mariposa	\$29,991
Mendocino	\$13,849
Merced	\$22,504
Modoc	\$29,086
Mono	\$28,866
Monterey	\$29,007
Napa	\$15,010
Nevada	\$18,793
Orange	\$139,115
Placer	\$21,648
Plumas	\$26,549
Riverside	\$96,582
Sacramento	\$69,492
San Benito	\$20,371
San Bernardino	\$0
San Diego	\$132,754
San Francisco	\$27,778
San Joaquin	\$41,189
San Luis Obispo	\$18,237
San Mateo	\$36,383
Santa Barbara	\$26,028
Santa Clara	\$78,360
Santa Cruz	\$19,330
Shasta	\$16,797
Sierra	\$30,003
Siskiyou	\$25,229
Solano	\$28,474
Sonoma	\$27,880
Stanislaus	\$34,068
Sutter	\$13,836
Tehama	\$23,617
Trinity	\$29,524
Tulare	\$31,149
Tuolumne	\$21,604
Ventura	\$45,308
Yolo	\$17,264
Yuba	\$29,490
Total:	\$2,358,552