CDSS

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September 9, 2009

ALL COUNTY INFORMATION NOTICE NO. I-65-09

<table>
<tr><td colspan="2">REASON FOR THIS TRANSMITTAL</td></tr>
<tr><td>[ ] State Law Change</td></tr>
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    Change</td></tr>
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    One or More Counties</td></tr>
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TO: COUNTY BOARDS OF SUPERVISORS
                COUNTY WELFARE DIRECTORS
                CHILD ABUSE PREVENTION COUNCILS
                CAPIT/CBCAP/PSSF LIAISONS
                REGIONAL COALITION COORDINATORS

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; AND THE APPLICATION AND ALLOCATIONS
                FOR THE COMMUNITY-BASED CHILD ABUSE PREVENTION
                PROGRAM

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

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) and the County Children's Trust Fund (CCTF) Programs. The period for this annual report is July 1, 2008 through June 30, 2009. All components of the report are **due** to the Office of Child Abuse Prevention (OCAP) **by Thursday, October 29, 2009**.

The agency designated by the Board of Supervisor's (BOS) to administer the CAPIT/CBCAP/PSSF funds should ensure that all components of this report are completed accurately and are submitted by the due date in order to comply with state and federal reporting requirements. Although county liaisons are assigned the responsibility for ensuring that all components of the annual report are completed, some of the questions in the report may best be answered by a community partner such as the Child Abuse Prevention Council (CAPC) and/or other community partner(s).

The annual report must include the following components:

(1) Cover letter, including:
   a. the date that the CAPIT/CBCAP/PSSF/CCTF automated data surveys were completed,
   b. the date that the completed narrative report template was e-mailed to the OCAP,
   c. the signature from the authorized person to sign on behalf of the agency designated by the BOS responsible for program administration; and
   d. the signature from a representative of county BOS designated CAPC.

(2) CAPIT/CBCAP/PSSF/CCTF Narrative Report Instructions and Template (Attachments 1a and 1b)
   Attachment 1a is the instructions for the narrative report template. The narrative report template (Attachment 1b) will capture information regarding the current status of the county's CAPIT/CBCAP/PSSF interim or integrated plan as well as collect information to assist the OCAP in meeting current state and federal reporting requirements.

(3) CAPIT/CBCAP/PSSF/CCTF Automated Data Survey System (Attachment 2a, 2b, 2c and 2d)
   The OCAP automated data survey system is designed to capture CAPIT, CBCAP, PSSF, and CCTF service activity and participant information. This information is used by OCAP in meeting current state and federal reporting requirements. A brief overview of the four survey sections and instructions on how to access the surveys is included in Attachment 2a. The CBCAP Evidenced-Based and Evidenced Informed Programs and Practices Checklist Purpose and Instructions (Attachment 2b) and checklist (Attachment 2c) will assist counties in capturing CBCAP information required for the CBCAP survey. Attachment 2d is a print out of the four surveys: CAPIT, CBCAP, PSSF, and CCTF. **Please note that the CBCAP survey has been expanded to include some of the questions previously captured in the CBCAP Matrix.**

(4) Certification of the County Children's Trust Fund Revenue Form (Attachment 3)
   Certification of the County Children's Trust Fund Revenue for SFY 2008-2009 must be completed and signed by the county's authorized representative.

(5) CBCAP Application and Assurances Form (Attachment 4)
   The CBCAP Application and Assurances Form for State Fiscal Year (SFY) 2009-2010 serves as the county's formal application for CBCAP funds and assures the OCAP that CBCAP funds expended during the SFY will comply with

all state and federal requirements. The CBCAP Application and Assurance Form must contain **original signatures in blue ink.**

A Microsoft word document for the CAPIT/CBCAP/PSSF/CCTF Narrative Report template, the CCTF Revenue form and the CBCAP Application and Assurance form can be downloaded from the CDSS County Extranet: http://www.cdsscounties.ca.gov/

USE OF FUNDS

Counties are reminded that their prevention/early intervention funds are to be used to supplement rather than supplant existing child welfare services. Fact sheets for CAPIT, CBCAP, PSSF and the CCTF are attached (Attachment 5) and contain information regarding the use of each of the funding sources.

All county CAPIT, CBCAP and PSSF funds must be expended during the SFY allocated, in accordance with each county's approved CAPIT/CBCAP/PSSF interim or integrated plan. 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. Funds not utilized in SFY 2009-2010 cannot rollover and be expended in SFY 2010-2011.

COUNTY CBCAP ALLOCATIONS FOR SFY 2009-2010

The SFY 2009-2010 allocations were based, in part, by the total annual birth certificate fees received by each county and reported to the OCAP on the CCTF Revenue Form from the previous SFY. It is essential that the information on the CCTF form (Attachment 3) reflect complete and accurate information since this information will be utilized for SFY 2010-2011 allocations. In addition, the OCAP plans to release a one-time supplement of CBCAP funds to counties who apply for CBCAP funds during SFY 2009-2010 (Attachment 6). This one-time supplement is in addition to the federal funds allocated for CBCAP for SFY 2009-2010. These funds are to be expended during SFY 2009-2010. Future allocation amounts will reflect federal funds provided for the related fiscal year and will not reflect this one-time supplement. The CBCAP funding methodology is provided in (Attachment 7).

SUBMISSION OF THE ANNUAL REPORT

The hard copy portion of the CBCAP annual report that includes the cover letter, CBCAP Application and Assurances Form and the Certification of CCTF Form should be submitted to:

California Department of Social Services
Office of Child Abuse Prevention

744 P Street, MS 8-11-82
Sacramento, CA 95814
Attention: Yvette Albright

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

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

Sincerely,

Original Document Signed By:

LINNĖ STOUT, Chief
Child Protection and Family Support Branch

Attachments

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

Narrative Report Instructions for the Reporting Period of:
July 1, 2008 through June 30, 2009

Use the following narrative report instructions in conjunction with the narrative report template.

The narrative report will provide the Office of Child Abuse Prevention (OCAP) with an update regarding each county's interim or integrated three year plan. In addition, the OCAP is required to submit an annual performance report to the federal U.S Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. In order for OCAP to demonstrate compliance, the county's responses to the questions below will be used to satisfy federal requirements. A Microsoft word document containing a template for the Narrative Report can be downloaded from the CDSS County Extranet: http://www.cdsscounties.ca.gov/

1. **CAPIT/CBCAP/PSSF PLAN UPDATE**

   A. **Interim or Integrated CAPIT/CBCAP/PSSF Plan**
      Pursuant to All County Information Notice (ACIN) No. I-41-08, California Department of Social Services (CDSS) announced the integration of the CAPIT/CBCAP/PSSF plan into the California Children and Family Services Review (C-CFSR) process. In order to maintain continuity of services for CAPIT/CBCAP/PSSF programs, each county was required to submit an interim plan during the transitional period on or before October 1, 2008.

      Select one of the five options available on the narrative report template that addresses the county's status regarding their interim plan and the status of the integration of the CAPIT/CBCAP/PSSF three year plan into the County Self Assessment (CSA) and System Improvement Plan (SIP).

   B. **Update the Interim or Integrated CAPIT/CBCAP/PSSF Plan**

      Utilizing the template provided (Attachment 1b) indicate if any changes have occurred since the CAPIT/CBCAP/PSSF interim or integrated plan was approved. If changes have occurred then the county needs to briefly describe the changes to the CAPIT/CBCAP/PSSF interim or integrated plan.

2. **PREVENTION SERVICE ARRAY**

   A. **Prevention Services That Meet Community Needs**
      Utilizing the template, provide two examples of the community's unmet need(s) identified in the CAPIT/CBCAP/PSSF interim plan or integrated CSA

as well as the local prevention program(s) and/or activities developed and/or implemented to meet those needs. At least one example of a prevention program and/or activity must be from a CBCAP funded program. The template will allow the county to indicate via check mark which example is a CBCAP funded program.

Example:
County Unmeet Need: The CSA indicates a 5% increase in teen pregnancy in the county. The data shows a prevalence of child neglect among teen parents.

Program developed and/or implemented to meet identified unmeet need: The County implemented the Project SafeCare In-home Intervention Program. The program provides teen parents with training in three aspects of child care: treating illnesses and maximizing their health-care skills (health), positive and effective parent-child interaction skills (bonding), and maintaining hazard-free homes (safety) for their children.

B. Child Abuse Prevention Council
Utilizing the template:
i. Describe the structure and role of the local Child Abuse Prevention Council (CAPC).
ii. Describe the CAPC role in the coordination of the county's child abuse and neglect prevention and family support efforts.

C. Interdisciplinary/Innovative Services and Funding
CBCAP funding 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. Utilizing the template identify and describe a community-based and prevention-focused program developed, implemented or operating in the county that was a result of innovative funding and interdisciplinary collaboration. An example identifying the required information is provided below.

Example:
Name: Family Resource Centers (FRC) Network
Description of the program: FRC Network is a comprehensive, countywide integrated service delivery system
Services that the program provides: Parenting education and support, public awareness/education, individual and family counseling, respite care, and information and referral.
Interdisciplinary collaboration involved in program implementation: The FRCs utilize a multidisciplinary approach supported through a commitment from child welfare, health, mental health, developmental health services, CalWORKs and public and private agencies who are committed to the prevention of child abuse and neglect.
Innovative funding to support the program: The following funding streams were used in the development, implementation and maintenance of this network: County Children's Trust Fund, Healthy Families, CBCAP, CAPIT, PSSF, Child Welfare Services Outcome Improvement Project, First Five, Health Services

Targeted Case Management, Mental Health Services Act, private donations and Stuart Foundation Grant.

3. COUNTY MONITORING

A. Service Delivery
Utilize the template to report on the methods used to monitor the following:
    i. the quality of service delivery for programs funded by CAPIT/CBCAP/PSSF;
    ii. each programs' effectiveness; and
    iii. the administration of contract/grants for CAPIT/CBCAP/PSSF funded programs.

4. CBCAP EVALUATION

A. 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 programs to promote quality programs and practices. Utilizing the template provided, select one of the following two options to report on peer review activities:

    i. Describe your CBCAP peer review activities. These activities include a review of the CBCAP-funded agency(ies) by peers who are offering similar service(s). If CBCAP peer review activities did not occur, select "None."

    ii. If "None" is selected, provide an explanation as to why not. Include challenges in the implementation of a peer review process.

B. Client Satisfaction
Provide two examples of client satisfaction (feedback) from a parent/consumer receiving services funded by CBCAP funds; and the tool used to measure the client satisfaction. Utilize the template provided to report on the following:

    i. Provide a <u>case specific example</u> (micro-system level) that depicts client satisfaction from a parent/consumer who benefited from CBCAP services during this reporting period. Include the name of the CBCAP program in the description.

    ii. From the tools listed in the template, indicate the tool utilized to assess the client's satisfaction for the local CBCAP funded program identified in B.i., above.

iii. Describe changes, if any, the service provider will implement as a result of the feedback received from parent/consumers of the CBCAP program indicated in section B.i.

C. Evaluating and Reporting on CBCAP Direct Service Outcomes

Outcomes can be a:

- *Short-term outcome* that may result in changes in attitude, beliefs and knowledge;
- *Intermediate outcome* that may result in the development and practice of new skills;
- *Long term outcome* that may result in permanent changes at an individual level or changes that create an impact on larger social structures.

Select one of the CBCAP funded programs in your county and using one of the CBCAP outcomes above demonstrate how it is used to measure the effectiveness of this program utilizing the table provided on the template.

Example:

Name of CBCAP Program	Regional Intervention Program (RIP)
Purpose	To teach parents methods for interacting with children that will maximize positive, developmentally appropriate behavior, while minimizing noncompliant and negative behaviors.
Description	The parent training has three modules: • Behavioral Skills Training; • Social Skills Training; and • Preschool Classroom. Each segment of the training takes place in the context of a variety of structured adult-child interaction sessions on-site as well as daily-living programs at home.
[X] **Intermediate Outcomes**	Intermediate Outcomes that were achieved for RIP parents and children: • Parents demonstrated improved child behavior management skills. • Children demonstrated increased compliant behavior in the school setting and at home. • Children demonstrated more appropriate and positive social interaction.

5. PARENTS/CONSUMERS

A. LEADERSHIP AND FAMILY INVOLVEMENT
The OCAP maintains a commitment to strengthen parent leadership and parent involvement throughout the State. Parent leaders assist counties with their efforts to improve service delivery and outcomes. Parent leaders can be parents, step-parents, grandparents, foster or adoptive parents, or anyone who is in a primary caregiver role or a previous consumer of service. Utilizing the template, report on the following:

    i.   List one activity that was carried out during the reporting period to enhance parent participation and leadership in the prevention of child abuse and neglect. If no activity was provided, select "None."

    ii.   List one training activity that was conducted during the reporting period to enhance parent participation and leadership in the prevention of child abuse and neglect. If no training was provided, select "None."

    iii.   Describe the county's efforts to involve parents in the planning, implementation and evaluation of a CBCAP funded program. Include a description of the results of those efforts.

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

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

Narrative Report Template for the Reporting Period of:
July 1, 2008 through June 30, 2009

Utilize this narrative report template in conjunction with the narrative report instructions.

County:

➢ *Yellow highlighted areas indicate that a checkmark is required per the instructions.*
➢ Blue highlighted areas need dates that are applicable to the plan
➢ Grey highlighted areas indicate where a narrative response is required.

1. CAPIT/CBCAP/PSSF PLAN

A. Interim or Integrated CAPIT/CBCAP/PSSF Plan

Place an "x" in ONLY ONE of the following and complete the information as requested

[x]	No.	Options
	1	• The interim plan was **extended** until m/d/yy (expiration date of the extended plan). • The planning process for the integrated CSA will begin on m/d/yy and the integrated SIP is due on m/d/yy.
	2	• The interim plan was **updated** until m/d/yy (expiration date of the updated plan,). • The planning process for the integrated CSA will begin on m/d/yy and the integrated SIP is due on m/d/yy.
	3	• A **new interim** plan was submitted and will expire on m/d/yy. • The planning process for the integrated CSA will begin on m/d/yy and the integrated SIP is due on m/d/yy.
	4	• The CAPIT/CBCAP/PSSF Plan was integrated with the CSA and SIP. • The SIP was submitted on m/d/yy.
	5	• Other - other options do not apply. • Indicate below the status of the county's interim plan or planning process of the CSA and/or SIP (Dates of when documents are due should be included):

B. Update The Interim or Integrated CAPIT/CBCAP/PSSF Plan

Since the CAPIT/CBCAP/PSSF Plan has been submitted, there has been:

Enter an "x" to select one of the options below:

	No changes
	Changes,* see below

*The following includes a description of all changes to the plan. If changes to the expenditure workbook (integrated plan) or expenditure plan summary (interim plan) have occurred, please attach.

2. PREVENTION SERVICE ARRAY

A. Prevention Services that Meet Community Needs

Example 1:

☐ Enter an "x" if the following example is a CBCAP funded program
Describe the unmet need:
Describe the local prevention program(s) and/or activities developed and/or implemented:

Example 2:

☐ Enter an "x" if the following example is a CBCAP funded program
Describe the unmet need:
Describe the local prevention program(s) and/or activities developed and/or implemented:

B. Child Abuse Prevention Council

Describe the structure and role of the local CAPC including the relationship between the CAPC and county Child Welfare Services agency:
Describe the CAPC's role in the coordination of the county's child abuse and neglect prevention and family support efforts:

C. Interdisciplinary/Innovative Services and Funding

Name of the program:
Description of the program:
List the services this program provides:
Describe the interdisciplinary collaboration involved in implementing the above program:
List the Innovative funding provided to support the above program:

3. COUNTY MONITORING

A. Service Delivery

What methods were used to monitor the:

Quality of service delivery for programs funded by CAPIT/CBCAP/PSSF:
Each programs' effectiveness:
The administration of contract/grants of CAPIT/CBCAP/PSSF funded programs:

4. CBCAP EVALUATION

A. Peer Review

Enter an "x" to select one of the options below:

	i	Local CBCAP peer review activities included:

	ii	None, CBCAP peer review activities did not occur:
Describe the challenges that prevent the implementation of a peer review process:		

B. Client Satisfaction

i.	Provide below a case specific example of a parent/consumer who benefited from CBCAP services. (Include the name of the CBCAP program).

ii.	Using the example cited in B.i, above, enter an "x" to indicate which tool was utilized to assess client satisfaction of the local CBCAP funded program.
	Telephone Survey
	On-line Survey
	In person pre and post test
	Focus Group
	Other, explain:

iii.	Describe the changes, if any, the service provider will implement as a result of the client satisfaction assessment indicated in Bi:

C. Evaluating and Reporting on CBCAP Direct Service Outcomes

Provide below a CBCAP funded program's name, purpose, description and outcome achieved. Include at least three examples indicating how the outcome was achieved:

Name of CBCAP Program	
Purpose	
Description	
Enter an "x" to select one of the outcomes below: ☐ Short-term ☐ Intermediate-term ☐ Long-term	The outcome was achieved as indicated by the following: •

5. PARENTS/CONSUMERS

A. LEADERSHIP AND FAMILY INVOLVEMENT

Below is a description of one activity that was provided to enhance parent participation and leadership in the prevention of child abuse and neglect:

	Enter an "x" if no activity occurred during this reporting period.

Below is one training activity that was provided during the reporting period to enhance parent participation and leadership in the prevention of child abuse and neglect:

	Enter an "x" if no training was provided during this reporting period.

Below is a description and results of the county's efforts to involve parents in the planning, implementation and evaluation of a CBCAP funded program:

Below is a description of the challenges or technical assistance needs regarding the recruitment and retention of parent leaders:

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

CAPIT/CBCAP/PSSF/CCTF
Automated Data Survey System Overview and 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

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

1. *CAPIT Survey* captures service activities, participant data, and allocation and expenditures for the CAPIT program.

2. *CBCAP Survey* captures service activities, participant data, information and referral, public awareness/education and outreach activities, training and technical assistance needs, collaboration and coordination activities, funds spent on Evidence-Based/Evidence-Informed Programs/Practices (EBP/EIP), and allocation and expenditures for the CBCAP Program.

   CBCAP EBP/EIP Checklist (Attachment 2c) must be completed to determine the level of EBP/EIP for CBCAP funded programs and subsequently the amount of funds spent on EBP/EIP. This information will be required to complete the CBCAP EBP/EIP section of the CBCAP survey. See the CBCAP EBP/EIP Checklist Purpose and Instructions (Attachment 2b) for further information.

3. *PSSF Survey* captures service activities and participant data for the PSSF program as required for federal reporting.

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

A print out of the surveys (Attachment 2d) is attached to assist counties in collecting the data from their service providers since the data will need to be aggregated prior to accessing and completing the online surveys.

ACCESSING THE SURVEY
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 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.

Automated Data Survey System and Instructions continued

Your county has been **assigned a user name and password** that has been e-mailed to your county's **Child Welfare Director**. **Contact your Child Welfare Director for the user name and password.** 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

Key points to remember when completing each survey:
- 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.
- Incomplete surveys cannot be saved.
- When moving to the next reporting field, survey users may use the tab option as a primary method of progressing through the survey.

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

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

PURPOSE

The federal Office of Management and Budgets (OMB) requires that all government programs and practices receiving CBCAP funds be rated on their effectiveness. This requirement is for all Community - Based Child Prevention (CBCAP) Evidence-Based and Evidence-Informed Programs and Practices (EBP/EIP) that qualify as either a "practice" or a "program" as defined below (CBCAP funded activities such as public awareness and brief information and referral activities are not required to be rated for effectiveness at this time).

> Practice is defined as a skill, technique, and strategy that can be used by a practitioner. For purposes of this efficiency measure, we only want to capture the EBP/EIP practices that have evidence to support their effectiveness. Please note that the general strategies such as a "therapy" or "parenting classes" would not qualify as an EBP/EIP practice 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). For example, the PCIT is rated as "Well-Supported" on the California Clearinghouse on Evidence Based Practice in Child Welfare (The California Clearinghouse on Evidenced-Based Practice in Child Welfare is one resource available to assist counties in identifying evidence-based programs and practices. More information on the California Clearinghouse on Evidenced-Based Practice in Child Welfare can be found at: http://www.cachildwelfareclearinghouse.org/)

> Program consists of a collection of practices that are done within specific known parameters (philosophy, values, service delivery, structure, and treatment components). This specifies a specific set of activities to form the entire program. Please note that generic terms such as "home visiting program" would not qualify as an EBP/EIP program alone. The program would need to be implementing a specific program with positive evidence such as the Nurse Family Partnership, which is a specific home visiting programs and considered "Well Supported."

This effort has three primary, but equally important, purposes:

1. Promote more efficient use of CBCAP funding by investing in programs and practices with evidence that produce positive outcomes for children and families.
2. Promote critical thinking and analysis at the state and local level to be more informed as funders, consumers, and community partners to prevent child abuse and neglect.
3. Foster a culture of continuous quality improvement by promoting ongoing evaluation and quality assurance activities.

The Office of Child Abuse prevention (OCAP) recognizes that it is not possible or even desirable for counties to fund all programs that meet the highest level of evidence (i.e. Well-Supported or Supported). At a minimum, the OCAP expects that all CBCAP funded

programs meet the needs of their target populations, as well as, meet the criteria for "Emerging and Evidence-Informed Programs and Practices or demonstrate that the county is working towards implementing "Emerging and Evidence-Informed Programs and Practices. It is critical that counties and community partners consider the needs of the population to be served and review the compatibility between the needs and the available evidence-based or evidence-informed programs and practices

To meet the OMB's requirement, each CBCAP funded program/practice, providing a direct service to families should be categorized as an EBP/EIP. Typical programs include voluntary home visiting, parenting programs, parent mutual support, respite care, family resource centers or other family support programs.

INSTRUCTIONS

Since the information gathered below will be inputted into the CBCAP survey, the OCAP recommends reviewing the screenshots of the CBCAP survey while following the instructions below:

1. To determine if the OMB requirement applies to the CBCAP program/practice currently operating in your county, review and determine if the program/practice definitions above apply to the counties' CBCAP program/practices. Document the number of CBCAP funded programs/practices that correspond with one of the definitions above (**This number will be recorded in the CBCAP survey, question number 22**).

2. The county will then utilize the attached checklist to rate the level of the EBP/EIP for each of the programs/practices that were determined to correspond with one of the definitions above. *The 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.* Use (Attachment 9), Efficiency Measure Glossary, for an explanation of the terms in the checklist.

   Each program/practice assessed will fall within one of the following levels:

   Level 0   - PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE
   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

3. When completing the checklist, 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 that level in order to be categorized as Evidence-based or Evidence- informed for the CBCAP Efficiency measure for that level. The following table depicts the results of this step:

1	Program	Checklist Completed	Level II
2	Program	Checklist Completed	Level III
3	Program	Checklist Completed	Level II
4	Program	Checklist Completed	Level III

4. Once <u>one of the following levels</u> of evidence for each CBCAP program/practice has been determined, the county will then determine the total dollars expended for each of the levels. Using the example in step 3, the following table depicts the results of this step:

#	Program	Level of EIB/EIP	Funds Spent
1	Program	Level II	$2,000
2	Program	Level III	$3,000
3	Program	Level II	$1,500
4	Program	Level III	$2,500

Total Funds spent on Level II: $3,500*
Total Funds spent on Level III: $5,500*

*Total funds spent on each of the levels will be recorded in the CBCAP Survey, question number 21.

5. Once the levels have been determined for each program/practice, determine the number of programs that have a logic model. The following table depicts the results of this step:

1	Program	Logic model developed
2	Program	Logic model developed
3	Program	No logic model
4	Program	No logic model

Number of programs with a logic model: 2*

*Total number programs with a logic model will be recorded in the CBCAP Survey, question number 23.

COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP) EVIDENCE-BASED AND EVIDENCE INFORMED₁ 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.

Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES* continued

☐   ☐   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.

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

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

2. Community-Based Child Abuse Prevention Program (CBCAP) Survey

3. Promoting Safe and Stable Families (PSSF) Survey

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

County CAPIT Survey—2008/09

Preventive Direct Services

Detailed explanations of the content to be entered in this report are in ACIN number I-65-09.
* 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.

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.

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,					

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.)

2.   Addtional 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--specify below					

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

CAPIT Allocation and Total Expenditures

10. **CAPIT Allocation Received***
    Enter whole dollars only—no decimals

                                                                    Amount Received

    Total County CAPIT Allocation Received:

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

                                                                    Amount Spent

    Total County Allocated CAPIT Funds Expended:

County CBCAP Survey—2008/09

Preventive Direct Services

Detailed explanations of the content to be entered in this report are in ACIN number I-65-09.
* 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.

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.

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

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Voluntary Home Visiting,					
Parenting Program (Classes),					
Parent Mutual Support,					
Respite Care,					
Family Resource Center,					
Family Support Program,					

Preventive Direct Services - Other

(If the county provided other/additional 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--specify below					

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

Information and Referral

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

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

	I & R Totals
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 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 to be at increased risk of abuse or neglect.

11. **Child Abuse Prevention Month Activities***
    Describe the activities that the agency coordinated or participated in for the promotion and observance of Child Abuse Prevention Month during April 2009. If the agency did not engage in any activities enter, "None."

    (Maximum 500 Characters)

12. **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, counties are advised to **provide the most accurate estimate** based on the number of participants that reasonably received these activities.*
    (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 Estimates
People attending public education sessions & workshops	
Newsletters mailed	
Phone calls to Parent Support line	
Newspaper - Public Service Announcements	
Television - Public Service Announcements	
Radio - Public Service Announcements	
News Flyer	
Community Event Book	
Public Speakers	
Distribution of New Parent Kits	
Brochures	
Bill Boards	
Community Events	
Wristbands/Buttons/Memorabilia	
Art Contests	
None	

Public Awareness / Education—Estimates (Con't)

13. Enter brief descriptions of up to 4 additional methods/activities that were used (not listed on the previous page) and the estimated population reached by each one.

(Maximum 50 Characters)

	Description	PA/PE Estimates
Other Method/Activity 1		
Other Method/Activity 2		
Other Method/Activity 3		
Other Method/Activity 4		

Outreach to Special Populations

14. List one target population and corresponding outreach activity (question 15) 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)

15. 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 (Maximum 400 characters)

16. 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 (Maximum 400 characters)

17. 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 (Maximum 400 characters)

Training and Technical Assistance

18. **Training & Technical Assistance Priorities**
From the following list of technical assistance and/or training topics, select 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 ☐

Tapping into Grants and Grant Writing ☐

County Self Assessment Guide ☐

County System Improvement Guide ☐

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 ☐

19. 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

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.

20. 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 exist throughout the State during this reporting period. Check as many as apply.*

☐ Child Care Programs

☐ Early Head Start Programs

☐ Head Start programs

☐ Department of Developmental Disabilities Programs/Services

☐ Child Support Enforcement Access and Visitation Programs

☐ CalWORKs

☐ Tribal TANF Program

☐ Maternal and Child Health – Title V programs

☐ Early Childhood Comprehensive Systems Programs

☐ Home Visiting Programs

☐ Faith-based Agencies

☐ Other, please specify

EBP/EIP Program and Practices Data Reporting

The federal Office of Management and Budgets (OMB) has passed the requirement that all government programs be rated in their effectiveness (see Attachment 2 of the ACIN for an overview of the purpose of this requirement).

All counties receiving CBCAP funds must determine whether their CBCAP programs/practices meet the definitions outlined in Attachment 2 of the ACIN.

21. CBCAP EBP/EIP 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

Level 2 Services--Promising Programs and Practices

Level 3 Services--Supported Programs and Practices

Level 4 Services--Well Supported Programs and Practices

Level 0 Services--Programs and Practices Lacking Support or Positive Evidence

Total Spent on All Services--all levels

Total Amount Spent on Other Activities--Public Awareness; Public Education; Network Development or Support; etc.

Amount of CBCAP Money Spent--Services plus Other (total should match allocation)

Amount of Additional Money County Contributes Toward Services or Activities

22. **Programs Funded With CBCAP***
What is the number of programs funded from the total amount reported for all levels above (Total Spent on All Services).

Program Count

Number of Programs,

23. **Logic Model***
Of the programs reported in question 22, how many of these programs have a "logic model."

Program Count

Programs with Logic Model,

24. **CBCAP Allocation Received***
Enter whole dollars only—no decimals

Amount Received

Total County CBCAP Allocation

County PSSF Survey—2008/09

Family Support Services

Detailed explanations of the content to be entered in this report are in ACIN number I-65-09.
* 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.

	Children	Parents / Caregivers	Children with Disabilities	Parents / Caregivers w/Disabilities	Families
Home Visitation					
Drop-in Center					
Parent Education					
Respite Care					
Early Development Screening					
Transportation					
Information & 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 (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 -- 1					

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
Additional Family Support Service -- 2					

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
Additional Family Support Service -- 3					

10. Ethnic Groups*
    Enter total client counts for questions 3 - 9 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. (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	⊙	⊙	⊙	⊙

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					
Services Designed to Return Child Home					
After Care					
Respite Care					
Parenting Education & Support					
Case Management 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.

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
Additional Family Preservation Service -- 1					

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
Additional Family Preservation Service -- 2					

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
Additional Family Preservation Service -- 3					

20. Ethnic Groups*
Enter total client counts for questions 13-19 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,					

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	○	○	○	○

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					
Post-Adoptive Services					
Activities to Expedite Adoption Process					
Activities to Support Adoption Process					

24. Ethnic Groups*
Enter total client counts for question 23 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)

25. Target Population*
(Maximum 50 characters)

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

	Urban	Rural	Neighborhood	Countywide
Service Area	○	○	○	○

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					
Substance Abuse Treatment Services					
Mental Health Services					
Domestic Violence					
Temporary Child Care / Crisis Nurseries					
Transportation to / from Services / Activities					

28. Ethnic Group*
Enter total client counts for question 27 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,					

County Children's Trust Fund Survey 2008-09

State Fiscal Year 2008/09

Report Submitted by:

1. Name*

   [   ]

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

   [aaa-ppp-nnnn]

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 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?

◯ Yes ◯ No

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY   CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
                                                             OFFICE OF CHILD ABUSE PREVENTION

CERTIFICATION OF COUNTY CHILDREN'S TRUST FUND
REVENUE FOR STATE FISCAL YEAR 2008-2009

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, 2008 through June 30, 2009 and certify that the funds received into the CCTF, <u>not</u>
<u>including other federal and state prevention grants</u>, 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, 2009, 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.*

Balance in County Children's Trust Fund as of June 30, 2008	

Category in CCTF	Received in 2008/09	Expenditures in 2008/09	Balance in CCTF
Birth Certificates			
Gifts			
Bequests			
Fundraising			
Kids Plates			
Interest			
Total			

Balance in County Children's Trust Fund as of June 30, 2009	

_____
County

_____   _____
Signature of Authorized Representative   Telephone Number

_____   _____
Print Name and Title   E-mail

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY   CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
                                                                OFFICE OF CHILD ABUSE PREVENTION

COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP)
STATE FISCAL YEAR 2009-2010

APPLICATION AND ASSURANCES FOR _____COUNTY

The Application and Assurances Form must be received by the Office of Child Abuse Prevention on or before October 29, 2009 and must contain original signatures in blue ink in order to receive CBCAP funds for SFY 2009-2010.

The undersigned agrees that receipt of Federal CBCAP Program funds requires that funds expended 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. These funds must be utilized during SFY 2009-2010.

In addition, the undersigned assures that allocations made by the county under this program will be used in the development and implementation (or expansion and enhancement) of a county network of community-based child abuse prevention and family resource and support programs. This county 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

_____   _____
Signature of Child Abuse Prevention Council Representative   Date

_____   _____
Print Name   Title

_____
Form was completed by (Print Name)

_____   _____
Telephone Number   E-mail Address

Revised 6/09

FACT SHEETS

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

2. Community-Based Child Abuse Prevention Program (CBCAP)

3. Promoting Safe and Stable Families (PSSF)

4. County Children's Trust Fund (CCTF)

CHILD ABUSE PREVENTION, INTERVENTION, and TREATMENT (CAPIT) PROGRAM

March 2009

Questions may be directed to the Office of Child Abuse Prevention (OCAP) at (916) 651-6960.

THE CHILD ABUSE PREVENTION, INTERVENTION, AND TREATMENT (CAPIT) PROGRAM

I.   Purpose

Assembly Bill 1733 (Chapter 1398, Statutes of 1982) provided the first major commitment of State General Fund dollars to the California Department of Social Services (CDSS) to fund child abuse and neglect prevention projects in all 58 counties. The Child Abuse Prevention, Intervention and Treatment (CAPIT) Program requirements are now contained in Welfare and Institution Code Sections 18960-18964. The intent of the program is to encourage child abuse and neglect prevention and intervention programs by the funding of agencies addressing needs of children at high risk of abuse or neglect and their families.

Assembly Bill 2779 (Chapter 329, Statutes of 1998) augmented funding for CAPIT, but the additional funding was subsequently rescinded due to budget constraints.

II.   Funding

Funds to the State

The CAPIT funding is 100 percent State General Fund and is subject to appropriation in the annual Budget Act. These funds are used to fulfill federal Community-Based Child Abuse Prevention (CBCAP) grant matching and leveraging requirements. The State Children's Trust fund receives seven (7) percent of the funds. Of the remainder, the CDSS receives about eight (8) percent of the funding for its use for state contracts for training, technical assistance, innovative projects and are also used as a match for the five year federal Linkages grant.

Funds to Counties

A little more than ninety two (92) percent of the remainder of the funds are allocated to counties. Small counties receive a minimum funding level, and the remainder is allocated to counties using a formula that considers a county's child population, children receiving public assistance and the number of child abuse reports.

Applicant agencies must demonstrate the existence of a ten (10) percent cash or in-kind match (other than funding provided by the CDSS), which will support the goals of child abuse and neglect prevention and intervention. Funding can be used to supplement, but not supplant, child welfare services.

III.   Program Features

Service priority is to be given to prevention programs provided through nonprofit agencies, including, where appropriate, programs that identify and provide services to isolated families, particularly those with children five years of age or younger. Service

priority is also to be given to high quality home visiting programs based on research-based models of best practice, and services to child victims of crime.

Projects funded by CAPIT should be selected through a competitive process, and priority given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.

In order to be eligible for funding, agencies must provide evidence, submitted as part of the application, to demonstrate broad-based community support. In addition, the application must contain that proposed services cannot be duplicative of other services in the community, must be based on the needs of children at risk, and are supported by a local public agency. These are including, but not limited to, one of the following:

- the county welfare department
- a public law enforcement agency
- the county probation department
- the county board of supervisors
- the county public health department
- the county mental health department
- a school district

Services provided shall be culturally and linguistically appropriate to the population served and may include, but not be limited to, family counseling, day care, respite care, teaching and demonstrating homemaking, family workers, transportation, temporary in-home caretakers, psychiatric evaluations, health services, multidisciplinary team services, and special law enforcement services.

Training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded by CAPIT. Training and technical assistance shall encompass all of the following: multidisciplinary approaches to child abuse prevention, intervention and treatment; facilitation of local service networks; establishment and support of child abuse councils; dissemination of information addressing issues of child abuse among multicultural and special needs populations.

IV.   Target Population for CAPIT

Priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected, and other children who are referred for services by legal, medical, or social services agencies.

Projects funded by CAPIT needs to clearly be related to addressing the unmet needs of children, especially those 14 years of age and under. Services for minority populations shall also be reflected in the funding of projects.

V.   Program Oversight

The Office of Child Abuse Prevention (OCAP) within the California Department of Social Services (CDSS) has been designated as the single state agency to administer and oversee the funds.

Counties are required to submit annual reports to OCAP on program services. The board of supervisors of each county shall provide a list of projects funded in the prior fiscal year. The report shall include by each of the listed projects: the amounts granted to the projects; the expenditures; a description of services provided; the population served; and the results of the provision of services.

Each county shall monitor the projects that are funded by CAPIT. The OCAP provides administrative oversight and consultation to ensure that each county (1) allocates revenues through the use of an accountable process that utilizes a multidisciplinary approach and (2) ensures compliance and adherence with the county plan and the legislative intent.

VI.   References

Welfare and Institution Code sections 18960-18964 establishes the funding

Welfare and Institutions Code sections 18961(2) (A-G) contains the definition of services

Welfare and Institutions Code sections 18961(7) (A-D) contains the definition of training and technical assistance

COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM
(CBCAP)

March 2009

Questions may be directed to the office of Child Abuse Prevention (OCAP) at (916) 651-6960

THE COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP) PROGRAM

I.   Purpose

The CBCAP Program was established by Title II of the Federal Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996 and most recently reauthorized in June of 2003 (P.L. 108-36). The purpose of the CBCAP Program is:

- to support community-based efforts to develop, operate, expand, enhance, and where appropriate, to network initiatives aimed at the prevention of child abuse and neglect,
- to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect, and
- to foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect.

II.   Funding

Funds to States

The CBCAP federal funding is distributed to states and territories under a formula grant. Each state must provide a cash match in non-Federal funding of the total allotment. The match funds may come from state or private funding.

Funds to Counties

In accordance with California Welfare and Institutions Code (W&IC) Section 18966.1(a), CBCAP funds are allocated annually to counties. The allocation formula is contained in each annual fiscal allocation letter. Once the county allocations are received, the following must be insured:

- Counties receiving less than twenty thousand dollars ($20,000) per year in their county Children's Trust Fund from birth certificate fees must use the amount of CBCAP funds necessary to bring the trust fund balance up to twenty thousand dollars ($20,000).
- If sufficient funds exist after meeting the above Children's Trust Fund requirement, the remaining funds may be used to fund allowable CBCAP activities.

Currently, 57 counties have elected to participate in the CBCAP allocation process. Counties must apply for the funds annually and submit all required reporting information. No more than ten (10) percent of the funds may be used for administrative costs.

III.   Program Features

Counties receiving CBCAP funds are authorized to fund child abuse prevention programs in their service area that provide a multitude of services and supports. These services and programs may include, but are not limited to:

- Comprehensive support for parents
- Promoting meaningful parent leadership
- Promoting the development of parenting skills
- Improving family access to formal and informal resources
- Supporting the needs of parents with disabilities through respite or other activities
- Providing referrals for early health and development services

The CBCAP funds can be used to foster the development of a continuum of preventive services through public-private partnerships; finance the start-up, maintenance, expansion, or redesign of specific family support services; maximize funding through leveraging of funds; and finance public education activities that focus on the promotion of child abuse prevention.

There are three levels of prevention services; primary prevention, secondary prevention, and tertiary prevention. Primary and secondary prevention activities are allowable activities under CBCAP funding.

- **Primary Prevention**

  o 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 are made. Primary prevention services 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 it is an attempt to impact something before it happens, an unknown variable.

- **Secondary Prevention**

  o Secondary prevention consists of activities targeted to families that have one or more risk factors, including families with substance abuse, teen parents, parents of special need children, single parents, and low income families. Some examples of secondary prevention services include parent education classes targeted for high risk parents, respite care for parents of a child with a disability, or home visiting programs.

Activities not eligible for funding under CBCAP include tertiary prevention activities, which are targeted towards families who are known to the child welfare system.

- **Tertiary Prevention**

    - Tertiary prevention consists of activities targeted towards families that have confirmed or unconfirmed 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 and are not a focus of CBCAP programs.

IV. Target Population for CBCAP Programs

The CBCAP funds should be used to target services to vulnerable families with children that are at risk of abuse or neglect. These families include:
- Parents, especially young parents and parents with young children (all, new, teens, etc.)
- Children and adults with disabilities
- Racial and ethnic minorities
- Members of underserved or underrepresented groups
- Homeless families and those at risk of homelessness

The CBCAP funds should also be used to fund activities available to the general public, such as public awareness and education regarding the prevention of child abuse and neglect.

V. Program Oversight

The California Department of Social Services (CDSS) has been designated by the Governor as the single state agency to administer and oversee the funds. The Office of Child Abuse Prevention (OCAP), an office within the CDSS, is responsible for the oversight of CBCAP funds.

The OCAP is required to submit an application for funding each year and to report annually regarding activity from the previous year.

The OCAP provides training and technical assistance through OCAP consultants and departmental resources, as well as its training and technical assistance contracts.

All programs receiving federal assistance are reviewed under the federal Program Assessment Rating Tool (PART). The CBCAP Program's outcome measure is to decrease the rate of first-time victims of child maltreatment. The CBCAP Program also has an efficiency measure to increase the percentage of total CBCAP funding in support

of evidence-based and evidence-informed child abuse prevention programs and practices.

The intent of this effort is to:

- Promote more efficient use of CBCAP funding by investing in programs and practices with evidence that they produce positive outcomes for children and families.
- Promote critical thinking and analysis across the CBCAP Lead Agencies and their funded programs so that they can be more informed funders, consumers, and community partners in preventing child abuse and neglect.
- Foster a culture of continuous quality improvement by promoting ongoing evaluation and quality assurance activities across the CBCAP Lead Agencies and their funded programs.

VI.   References

The (Federal) Child Abuse Prevention and Treatment Act, Title II—Community Based Grants for the Prevention of Child Abuse and Neglect (Sec. 201-210)

Welfare and Institutions Code sections 18965; 18966; 18966.1; 18967; 18968

http://www.friendsnrc.org/prevention/index.htm#prevention

County Fiscal Letters: http://www.dss.cahwnet.gov/lettersnotices/PG960.htm

PROMOTING SAFE AND STABLE FAMILIES
(PSSF)

March 2009

Questions may be directed to the Office of Child Abuse Prevention (OCAP) at (916) 651-6960.

THE PROMOTING SAFE AND STABLE FAMILY (PSSF) PROGRAM

I.   Purpose

The primary goals of the Promoting Safe and Stable Families (PSSF) Program are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption, or by another permanent living arrangement.

The Omnibus Budget Reconciliation Act of 1993 established the Family Preservation and Support Services Program, geared toward community-based family preservation and support under Title IV-B of the Social Security Act and according to the United States Code, Title 42, Chapter 7, Subchapter IV, Part B, subpart 2, commencing with section 629a. In 1997, the program was reauthorized under the Adoption and Safe Families Act (Public Law 105-89), and renamed the Promoting Safe and Stable Families Program (PSSF) with two additional services put in place: time-limited reunification, and supportive adoption services. The PSSF Amendment of 2001 (H.R. 2873) (Public Law 107-133) extended the program through 2006.

Recently, the PSSF Program was reauthorized through federal fiscal year 2011 by the Child and Family Services Improvement Act of 2006 (Public Law 109-288).

II.   Funding

Funds to States

The PSSF federal funding is distributed to states under a formula grant. There is a required 25 percent match required by each state. California meets the required 25 percent federal match using funds from the State Family Preservation Program.

Eighty five (85) per cent of PSSF funds are allocated to the counties. The State is permitted to use ten (10) percent of the funding for state overhead costs. California has chosen to use about twenty (20) percent of the total amount allocated for overhead for state support costs, and the remaining roughly eighty (80) percent is used to fund state contracts. These contracts are used to provide training and technical assistance for community based organizations, for kinship support services, post adoption services, permanency mediation services, etc.

Funds to Counties

The funds that go to counties are allocated to each county based on the number of children zero to 17 years of age in the county, as well as the number of children in poverty. The minimum PSSF county allocation is $10,000 to ensure a minimum level of funding for smaller counties. Counties can utilize all funds provided in this allocation without a match at the local level (as the match is provided by the State), but no more than ten (10) percent of the funds may be used for administrative costs.

Counties submit a three-year plan outlining their PSSF services to the CDSS Office of Child Abuse Prevention (OCAP) and submit annual reports on the plan. All of California's 58 counties receive PSSF funding, and each county is responsible for the use of PSSF funding at the local level.

III.   Program Features

The PSSF funding is used to support services to strengthen parental relationships and promote healthy marriages, to improve parenting skills and increase relationship skills within the family to prevent child abuse and neglect, while also promoting timely family reunification when children must be separated from their parents for their own safety. The PSSF funds are also to be used by child welfare agencies to remove barriers which impede the process of adoption when children cannot be safely reunited with their families and to address the unique issues adoptive families and children may face.

With the reauthorization under the Adoptions and Safe Families Act, PSSF funds must be expended with a minimum of twenty (20) percent designated under each of four service components. Failure to do so will require the state to provide a strong rationale if the funds are below the required twenty percent in each category. The four service components are:

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. Services include:

- Services designed to help children, where safe and appropriate, return to families from which they have been removed, or to be placed for adoption with a legal guardian, or, if adoption or legal guardianship is determined not to be safe, in some other planned permanent living arrangement
- Pre-placement preventive services programs, such as intensive family preservation/maintenance 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 to 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

- Infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to state law (i.e. Safely Surrendered Babies).

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)
- Increase parents' confidence and competence in their parental capacity
- Afford children a safe, stable, and supportive family environment
- To strengthen parental relationships, promote healthy marriages, and otherwise to enhance child development

Adoption Promotion and Support Services

The term "adoption promotion and support services" means services and activities designed to ensure permanency for children through family reunification, by adoption or by another permanent living arrangement. Such activities include but are not limited to:

- Pre- and post-adoptive services as necessary to support adoptive families so that they can make a lifetime commitment to their children.
- Activities designed to expedite the adoption process and support adoptive families.

Time-Limited Family Reunification Services

The term "time-limited family reunification services" means the services and activities that are provided to a child that is removed from their home and placed in a foster family home or a child care institution, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child, safely, appropriately and in a timely fashion, but only during the 15-month period that begins on the date the child is considered to have entered foster care. Services and activities include but are not limited to:

- 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 above

VI.   Target Population

The PSSF Program provides grants to states and Indian tribes to help vulnerable families remain intact by establishing and operating integrated, preventive family preservation services and community-based family support services for families at risk or in crisis.

V.   Program Oversight

The Office of Child Abuse Prevention (OCAP) within the California Department of Social Services (CDSS) has been designated by the Governor as the single state agency to administer and oversee the funds.

In accordance with federal Title IV-B Plan mandates, the CDSS submits an Annual Progress and Services Report that includes an annual report regarding PSSF activity from the previous year.

The OCAP provides training and technical assistance through its consultants and departmental resources, as well as its training and technical assistance contracts.

VI.   References

P.L. 109-288, September 28, 2006

Definitions of the four required components are found in United States Code, Title 42, Chapter 7, Subchapter IV, Part B, subpart 2, section 629a.

Welfare and Institutions Code section 16600

County Fiscal Letters: http://www.dss.cahwnet.gov/lettersnotices/PG960.htm

**COUNTY
CHILDREN'S TRUST FUND
(CCTF)**

March 2009

Questions may be directed to the Office of Child Abuse Prevention (OCAP) at (916) 651-6960.

COUNTY CHILDREN'S TRUST FUND

I. Purpose

In 1983, the Legislature passed Assembly Bill 2994, which authorized the creation of a County Children's Trust Fund (CCTF) in any county in which the board of supervisors establishes a commission, board or council to coordinate child abuse and neglect prevention and intervention activities.

The purpose of the CCTF is to fund child abuse prevention coordinating councils (CAPCs), along with child abuse and neglect prevention and intervention programs operated by private nonprofit organizations or public institutions of higher education, with recognized expertise in fields related to child welfare.

II. Fund Features

The Board of Supervisors in each county is responsible for the fund and determines what programs and/or projects are funded. The commission designated by the Board of Supervisors performs the following:

- establishes criteria for determining those programs which shall receive funding;
- accepts all program proposals that meet criteria set by the commission;
- prioritizes the proposals; and
- recommends to the Board those proposals that the commission feels should receive funding.

III. Funding

Revenue sources for the CCTF consist of:

- Federal Community-Based Child Abuse Prevention Program (CBCAP) grants;
- Fees from birth certificates;
- Restitution fines for child abuse/molest crimes;
- Fees from "Help Our Kids" special license plate sales; and
- Donations, i.e. gifts, bequests, etc.

IV. Fund Oversight

Assurances are required that the county will provide to the California Department of Social Services' (CDSS) Office of Child Abuse Prevention (OCAP) all information necessary to meet federal reporting mandates for receipt of any federal funds for deposit in the CCTF.

The county commissions designated by the board of supervisors are required to collect and publish annually the following:

- descriptions of the types of programs and services funded from the CCTF;
- target populations benefitting from these programs;
- amount of each revenue source (e.g. CBCAP grants, birth certificate fees, Kids Plate fees, and donations, etc.) in the CCTF as of June 30 of each year; and
- amount disbursed in the preceding fiscal year.

Administrative expenses are limited to 5 percent of the fund.

V. References

Welfare and Institutions Code Sections 18285, 18965, 18966.1, 18967, 18968 and 18970(c)(1-2));18983

Health and Safety Code Section 103625

Penal Code Section 294

Vehicle Code section 5072

County	FY 2009/10 CBCAP Allocation		
	Base	Supplement	Full Allocation
Alameda	$59,248	$77,126	$136,374
Alpine	$30,031	$48	$30,079
Amador	$27,405	$1,388	$28,793
Butte	$16,531	$10,228	$26,759
Calaveras	$30,034	$1,732	$31,766
Colusa	$27,800	$1,358	$29,158
Contra Costa	$44,604	$54,192	$98,796
Del Norte	$25,907	$1,342	$27,249
El Dorado	$15,445	$8,528	$23,973
Fresno	$47,543	$58,796	$106,339
Glenn	$29,479	$1,710	$31,189
Humboldt	$13,760	$5,888	$19,648
Imperial	$16,459	$10,116	$26,575
Inyo	$25,657	$832	$26,489
Kern	$44,270	$53,670	$97,940
Kings	$16,084	$9,528	$25,612
Lake	$27,882	$2,750	$30,632
Lassen	$26,081	$1,462	$27,543
Los Angeles	$390,113	$595,290	$985,403
Madera	$15,822	$9,118	$24,940
Marin	$17,284	$11,408	$28,692
Mariposa	$29,928	$660	$30,588
Mendocino	$18,132	$4,366	$22,498
Merced	$20,929	$17,116	$38,045
Modoc	$29,112	$448	$29,560
Mono	$28,814	$634	$29,448
Monterey	$26,405	$25,692	$52,097
Napa	$14,714	$7,382	$22,096
Nevada	$20,192	$3,972	$24,164
Orange	$118,852	$170,472	$289,324
Placer	$21,406	$17,862	$39,268
Plumas	$26,818	$830	$27,648
Riverside	$92,169	$128,684	$220,853
Sacramento	$61,428	$80,540	$141,968
San Benito	$20,397	$3,758	$24,155
San Bernardino	-	-	-
San Diego	$119,795	$171,948	$291,743
San Francisco	$25,948	$24,976	$50,924
San Joaquin	$41,240	$48,924	$90,164
San Luis Obispo	$17,292	$11,420	$28,712
San Mateo	$32,231	$34,816	$67,047
Santa Barbara	$24,298	$22,392	$46,690
Santa Clara	$71,514	$96,336	$167,850
Santa Cruz	$17,820	$12,246	$30,066
Shasta	$15,779	$9,050	$24,829
Sierra	$29,945	$122	$30,067
Siskiyou	$25,503	$2,018	$27,521
Solano	$24,792	$23,166	$47,958
Sonoma	$25,952	$24,982	$50,934
Stanislaus	$33,148	$36,252	$69,400
Sutter	$13,969	$6,216	$20,185
Tehama	$23,210	$3,196	$26,406
Trinity	$29,418	$600	$30,018
Tulare	$28,825	$29,482	$58,307
Tuolumne	$21,843	$2,076	$23,919
Ventura	$39,295	$45,878	$85,173
Yolo	$16,493	$10,168	$26,661
Yuba	$29,044	$4,806	$33,850
Total:	**$2,184,089**	**$1,999,996**	**$4,184,085**

Allocation Methodology for
Community-Based Child Abuse Prevention (CBCAP) Funds
For State Fiscal Year 2009-2010

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).

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

(3)   If CBCAP funds exist after (1) and (2) have been implemented, the remaining CBCAP funds are apportioned by child population percentages of participating counties. This allocation uses current data from the Department of Finance.

In addition, the Office of Child Abuse Prevention (OCAP) plans to release a one-time supplement of CBCAP funds to the counties.   This one-time supplement is in addition to the federal funds allocated for CBCAP for SFY 2009-2010. These funds are to be utilized during SFY 2009-2010. Future allocation amounts will reflect federal funds provided for the related fiscal year and will not reflect this one-time supplement.

Release of State Fiscal Year (SFY) 2009-2010 county CBCAP allocations is pending receipt of the annual report specifically:
- Attachment 3 - Certification of County Children's Trust Fund Revenue for State Fiscal Year 2008-2009 and
- Attachment 4 - CBCAP State Fiscal Year 2009-10 Application and Assurances Form.

Copies of these forms are attached to this ACIN or may be downloaded from
http://www.cdsscounties.ca.gov/

Office of Child Abuse Prevention (OCAP)
Prevention Network Development (PND) Unit
County Consultants
January 2009

Yvette Albright, PND Unit Manager
Email: Yvette.Albright@dss.ca.gov

	Del Norte Humboldt Kern* Kings* Lake Mendocino Marin Napa Placer San Francisco San Luis Obispo San Mateo Santa Barbara Sonoma Tulare*	Alpine Amador Calaveras Contra Costa El Dorado Fresno* Imperial Inyo* Mono San Joaquin Santa Clara Solano Stanislaus* Tuolumne	Butte Colusa Glenn Lassen Mariposa Modoc Nevada Plumas San Benito* Shasta Sierra* Siskiyou Sutter* Tehama Trinity	Alameda Los Angeles Madera* Merced * Monterey Orange Riverside Sacramento* San Bernardino San Diego Santa Cruz Ventura Yolo Yuba
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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. 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: Refer to the Child Abuse Prevention Intervention and Treatment (CAPIT) program fact sheet.

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: The term "children with disabilities" has the same meaning given 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 (AB 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): 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: 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. 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 CFR 1305.2(e)],

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

Family Resource Center: An organization that provides community-based and prevention focused program(s) and activities to strengthen and support families and child abuse and neglect.

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

Information and referral activities: 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. For example, increased knowledge, changed attitudes or beliefs, or altered behavior. One example of an outcome is reduced incidence of child maltreatment (measured by the number of substantiated reports). 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. For example, the number of children served, the length of time treatment was provided, or the types of services provided.

Outreach Activities: Activities or services to assist consumers in becoming aware, in accessing and participating in direct service programs/activities for the prevention of child abuse and neglect. These programs may include family resource and support program services.

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 or improve parenting skills by reinforcing parents confidence in their strengths, and helping them to identify where improvement are needed and to obtain assistance in improving those skills. These skills may include, but are not limited to: 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 include 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 and shared responsibility, 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): 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 has the same meaning for a child or adult with disability under 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.
- **Pretest:** A test or measurement taken before services or activities begins. It is compared with the results of a posttest to show change in outcomes during the time period in which the services or activities occurred. A pretest can be used to obtain baseline data.
- **Posttest:** A test or measurement taken after services or activities have ended. It is compared with the results of a pretest to show change in outcomes during the time period in which the services or activities occurred.

Preventive direct services under CBCAP 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*,

These 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.

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.

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: 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 all children and families.

For purposes of the 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 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.

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

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

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

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

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.

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 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.

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

Transportation: 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: See home visiting.