

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

FORM INSTRUCTIONS

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

This may be a specific program, practice, service or activity. This may also be a network development activity, public awareness campaign, or parent leadership training or development activity. Indicate (1) the name of the program **and** (2) line number from the CAPIT/CBCAP/PSSF Expenditure Workbook where this program is listed.

SERVICE PROVIDER

The name of the service provider(s) should be listed and should correlate with the name of the service provider listed on the CAPIT/CBCAP/PSSF Expenditure Workbook. There may be more than one service provider delivering the same program. If this is the case, list all of the service providers.

PROGRAM DESCRIPTION

Provide a description of the program, practice, service, or activity supported by CAPIT, CBCAP and/or PSSF funds. This is a description of the overall program and does not have to be limited to discussion of only the activities or components funded with CAPIT, CBCAP or PSSF.

FUNDING SOURCES

Specify any activity(ies) or component(s) of this program (described above) that is supported by CAPIT, CBCAP, or PSSF (i.e. Family Preservation, Community-Based Family Support, Time-Limited Family Reunification and/or Adoption Promotion and Support) funds. These will be the services or activities where participation numbers will be reported to OCAP in your Annual Report. Please refer to FACT SHEETS for each funding source for allowable activities and administrative costs.¹

SOURCE	LIST ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

What does the data and findings of your CSA tell you about the priority need(s) of the target community/county/population? Provide data or briefly describe the identified need. Please cross-reference to the page(s) of your CSA, as appropriate to facilitate clarification.

¹ <http://www.cdsscounties.ca.gov/OCAP/>

COUNTY:

DATE APPROVED BY OCAP:

TARGET POPULATION

Identify the populations the county will target for this program, (i.e., at-risk populations, clients referred or served by Child Welfare or Probation, children and families with disabilities, children of specific ages, etc.). Be as specific as possible.

TARGET GEOGRAPHIC AREA

Provide a brief description of the targeted geographic area, (i.e., rural or urban region within the county, specific zip code, county-wide, etc.).

TIMELINE

Describe the timeline of the program implementation and operation within the five-year span of the SIP. Also include whether a Request for Proposal (RFP) will be released and how that will affect the timeline.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT

Describe the program outcomes expected to be achieved as a result of the implementation of the program funded by CAPIT, CBCAP and/or PSSF during the period of the plan. Include the tool the county will use to measure progress towards achieving the outcomes listed below. Outcomes describe the results of your program and can be identified by:

- Preliminary steps participants must take before they begin to benefit from program services, also known as engagement outcomes;
- Changes in attitude, beliefs and knowledge also known as short-term outcomes;
- The development and use of new skills also known as intermediate outcomes;
- Permanent changes within the individual, impacts on larger social structures, systemic changes or a population wide impact also known as long-term outcomes;
- C-CFSR outcome impacts, such as a reduction in reentry following reunification (The program may or may not be one of the priority outcomes outlined in the SIP Chart, but may impact one of the other C-CFSR outcomes).

QUALITY ASSURANCE (QA) MONITORING

- Describe the method or process in which the county will monitor the following:
 - Service delivery method;
 - Progress towards achieving the desired outcomes; and
 - Tracking of participation rates, including how participants are tracked under each funding source.
- Describe the processes in place to address issues identified regarding program performance.

CLIENT SATISFACTION

[REFERENCE PAGE 57 OF THE INSTRUCTION MANUAL TBA]

Explain how client satisfaction will be assessed. Explain the methods or tools used to measure client satisfaction. Explain how client satisfaction feedback will be utilized.